
Smoking Cessation
Leadership Center



University of California
San Francisco

Systems Change: Increasing Treatment for Tobacco Dependence in Behavioral Health

Brenna VanFrank, MD, MSPH

September 16, 2020

Moderator

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University of California, San Francisco

A National Center of Excellence for Tobacco-
Free Recovery

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New Accreditation!

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Visit SCLC's website at: <https://smokingcessationleadership.ucsf.edu/back-school-free-cmecees>



- **Free CME/CEUs** will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP)
- For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.
- For technical assistance please contact (877) 509-3786 or Jessica.Safier@ucsf.edu.
- Visit CABHWI.ucsf.edu for more information



CDC Tips Campaign 2020 and COVID-19

- New wave of media ads and a referral to **1 800 QUIT NOW**
- Smoking doubles the risk of developing respiratory infections
- Smoking doubles the risk of getting sicker from COVID-19
- Tobacco cessation services and resources are more important than ever
- COVID 19 fact sheets for smokers and providers:

<https://smokingcessationleadership.ucsf.edu/resources/factsheets>

Today's Presenter

Brenna VanFrank, MD, MSPH
Sr. Medical Officer

Office on Smoking and Health,
Centers for Disease Control and
Prevention



SYSTEMS CHANGE: INCREASING TREATMENT FOR TOBACCO DEPENDENCE IN BEHAVIORAL HEALTH

BRENNA VANFRANK, MD, MSPH | SENIOR MEDICAL OFFICER | OFFICE ON SMOKING AND HEALTH
SMOKING CESSATION LEADERSHIP CENTER (SCLC) • SEPTEMBER 16, 2020



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Office on Smoking and Health

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



LEARNING OBJECTIVES

At the conclusion of this webinar, participants will be able to:



Describe a comprehensive treatment approach to tobacco use and dependence



Explain how population-level strategies can extend and support clinical tobacco dependence treatment



Identify at least three strategies for integrating tobacco treatment into routine care



Describe how the Tobacco Cessation Change Package can assist professionals in behavioral health settings to integrate tobacco treatment into routine care

TOBACCO USE IS THE SINGLE MOST PREVENTABLE CAUSE OF DISEASE, DISABILITY, AND DEATH IN THE UNITED STATES

Smoking causes disease and death



All Organs

Smoking impacts **nearly every organ system** in the body and causes **chronic disease and death**.



480,000

Cigarette smoking and secondhand smoke exposure kill about **480,000** people in the U.S. each year.



1 vs. 30

For every smoking-related death, **at least 30** people – 16 million in all – live with a serious smoking-related illness.

Secondhand smoke causes disease and death



41,000+

Secondhand smoke exposure contributes to approximately **41,000 deaths** among nonsmoking **adults** and **400 deaths** in infants each year.



2 in 5

About **two in every five children** are exposed to secondhand smoke.

Tobacco use is still a significant public health problem



34M

An estimated **34.2 million** U.S. adults smoked in 2018.

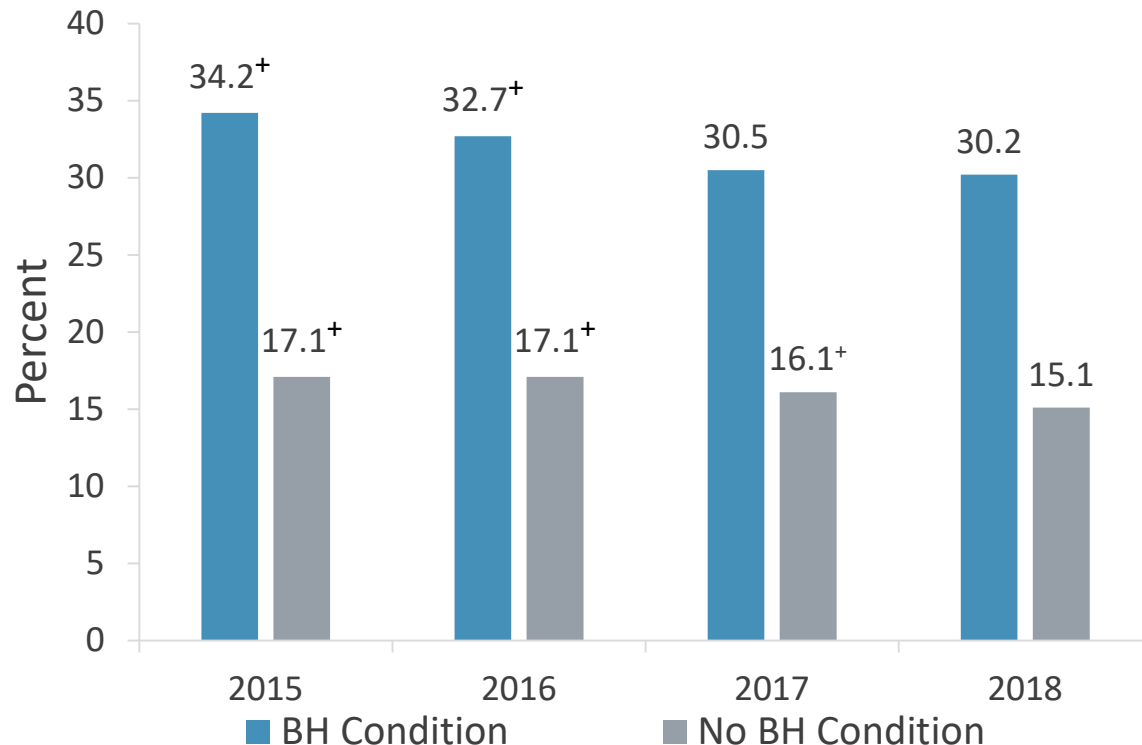


Disparities persist

Large disparities in tobacco use remain across **multiple population groups**.

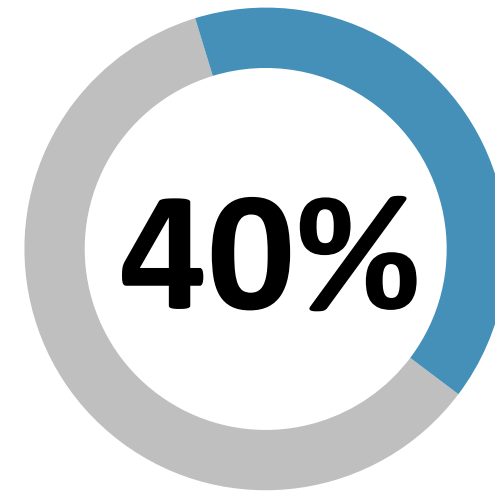
PREVALENCE OF CURRENT CIGARETTE SMOKING AMONG ADULTS, BY BEHAVIORAL HEALTH CONDITION

Current Smoking Among Adults (Age ≥ 18) with a Past Year Behavioral Health (BH) Condition: NSDUH, 2015-2018



Current Smoking is defined as any cigarette use in the 30 days prior to the interview date among those ≥18 Behavioral Health Condition includes Any Mental Illness (AMI) and/or Substance Use Disorder (SUD).

* Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

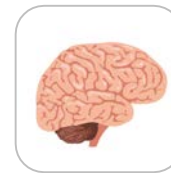
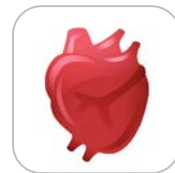


Adults with behavioral health conditions represent 25% of the U.S. population but account for **40% of all cigarettes** smoked in the U.S.

Source: United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. *The NSDUH Report: Data Spotlight*. "Adults with Mental Illness or Substance Use Disorder Account for 40 Percent of All Cigarettes Smoked." Rockville, MD. March 20, 2013 [accessed 2019 December 2019].

GOOD NEWS: SMOKING CESSATION LOWERS RISK

After quitting smoking, the body begins a series of changes that continue for years.



Minutes After Quitting

Heart rate drops

24 Hours

Nicotine level in the blood drops to zero

Several Days

Carbon monoxide level in the blood drops to level of someone who does not smoke

1 to 12 Months

Coughing and shortness of breath decrease

1 to 2 Years

Risk of heart attack drops sharply

3 to 6 Years

Added risk of coronary heart disease drops by half

5 to 10 Years

Risk of stroke decreases
Added risk of cancers of the mouth, throat, and voice box drops by half

10 Years

Added risk of lung cancer drops by half after 10–15 years

Risk of cancers of the bladder, esophagus, and kidney decreases

15 Years

Risk of coronary heart disease drops to close to that of someone who does not smoke

20 Years

Risk of cancers of the mouth, throat, voice box, and pancreas drops to close to that of someone who does not smoke
Added risk of cervical cancer drops by about half

Quitting Smoking Benefits All Patients

- Smoking can exacerbate mental health symptoms and complicate treatment.
- Quitting smoking can improve mental health and substance use disorder recovery outcomes.



QUITTING TOBACCO...

Supports behavioral health treatment.

Growing evidence indicates that quitting smoking has positive effects on and is associated with improvements in mental health. Quitting smoking does **not interfere** with behavioral health treatment and does not worsen or impede recovery from SUDs.

Could improve mental health.

Quitting smoking is associated with a decrease in depression, anxiety, and stress, and can increase quality of life.

Could make relapse less likely.

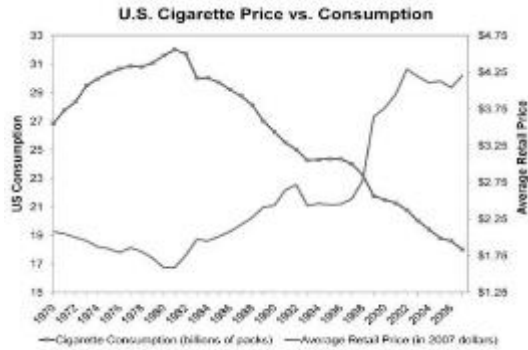
Quitting smoking is associated with an increase in long-term abstinence from alcohol and other drugs and a reduction in substance use disorder relapse.

Has immediate physical health benefits.

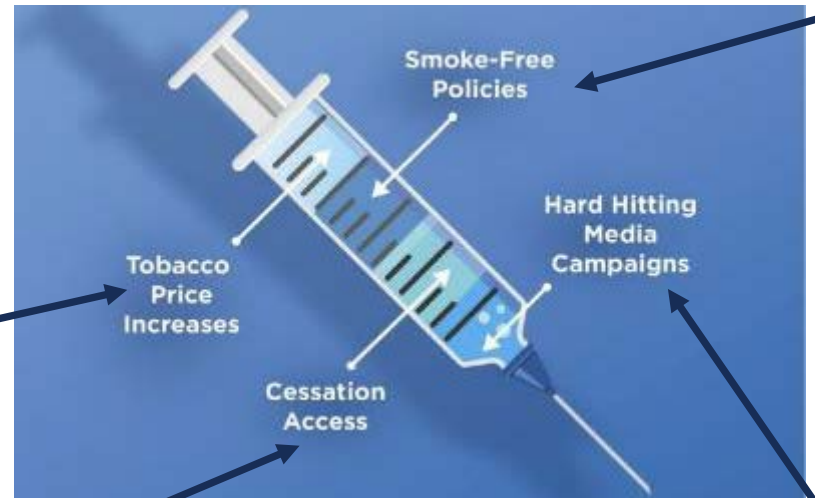
Quitting smoking dramatically reduces the risk of heart disease, stroke, and cancer.



POPULATION-LEVEL STRATEGIES PROMOTE SMOKING CESSATION



“Increasing the price of cigarettes reduces smoking prevalence, reduces cigarette consumption, and increases smoking cessation.”



“With adequate promotion, **comprehensive, barrier-free, evidence-based insurance coverage** increases the availability and utilization of treatment services for smoking cessation.”

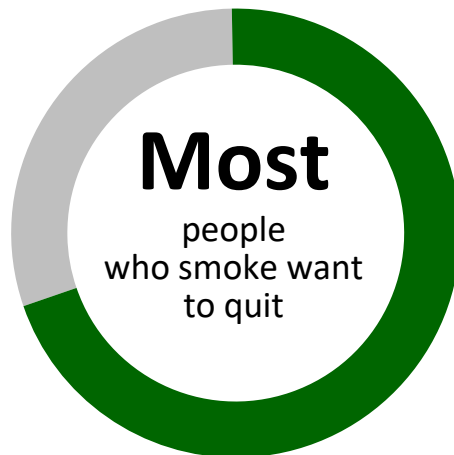


“Smokefree policies reduce smoking prevalence, reduce cigarette consumption, and increase smoking cessation.”



“Mass media campaigns increase the number of calls to quitlines and increase smoking cessation.”

CESSATION REMAINS A CHALLENGE

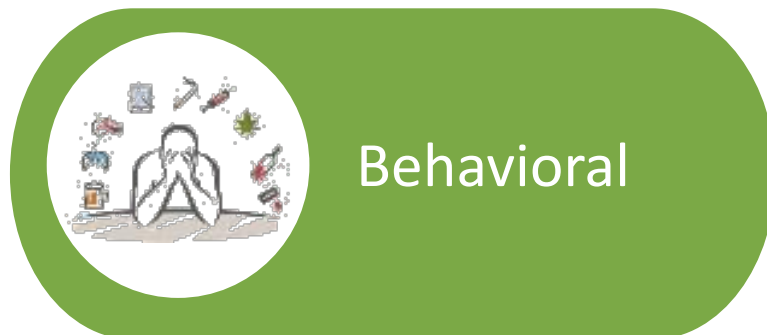


Treatment can double the odds of success

WHY IS QUITTING SO HARD?



Tobacco dependence is a chronic, relapsing condition driven by addiction to nicotine.



WE KNOW WHAT WORKS FOR CESSATION

Evidence-based interventions that increase quit rates:

I'm Ready to QUIT!



Advice to quit from a health care professional



Counseling: individual, group, telephone, web, text



7 FDA-approved medications



Barrier-free insurance coverage of evidence-based treatment



Health systems changes to integrate treatment into routine care

How U.S. Adults Tried to Quit Smoking, 2015



57%
received
clinician
advice to
quit



69% did
NOT use
evidence-
based
cessation
treatment



Far more
used
medication
(29%) than
counseling
(6.8%)



< 5% used
BOTH
counseling
and
medication

**Tobacco
Cessation
Interventions
Are
Underutilized**

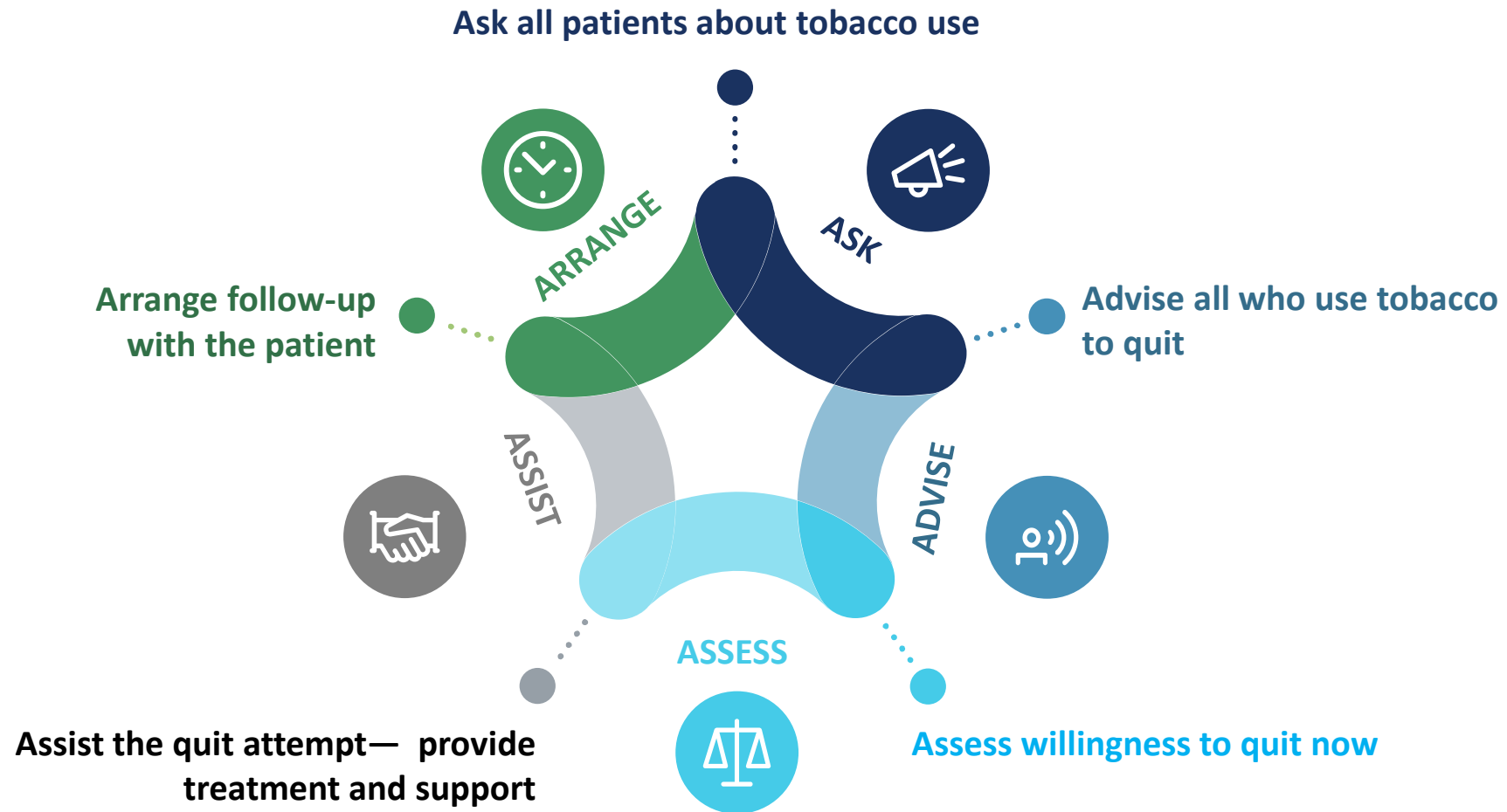
BENEFITS OF CLINICIAN INTERVENTION



- Patients expect it
- Increases satisfaction with care
- Improves patient outcomes
- Can help meet certain quality measures
- Reimbursable
- Covered as a preventive service
- Cost effective

Can double the odds that a patient will successfully quit.

DELIVERING THE EVIDENCE-BASED APPROACH: THE 5 A'S BRIEF TOBACCO INTERVENTION



PATIENTS WANT SUPPORT, RESPECT, AND GUIDANCE

- Be straightforward and non-judgmental.
- Have a clear, strong, personalized message.
- Be empathetic and supportive.
- No lecture, no negative framing, no finger-wagging.
- Craft your 30 seconds: be supportive, offer help, and open the door.

WHAT YOU SAY SETS THE TONE

You don't smoke....do you?

Are you a smoker?
Are you *still* a smoker?

You know that stuff will kill you....

If you quit smoking, your cough
would get better.

Have you ever smoked cigarettes or
used other tobacco products?

The first few weeks after quitting can be
hard. Have you felt the urge to smoke?

Quitting using tobacco is one of the
most important things you can do for
your health.

I understand quitting can be hard. I am
here to support you. There are
resources that can help.

I'd like to hear your thoughts about
stopping smoking.

IT'S OKAY IF THEY AREN'T READY



Set the stage for the future

- Explore ambivalence, build discrepancy (Motivational Interviewing)
- Offer encouragement
- Offer informational materials



Leave the door open

- You are available to help when patient is ready
- You will follow-up in the future

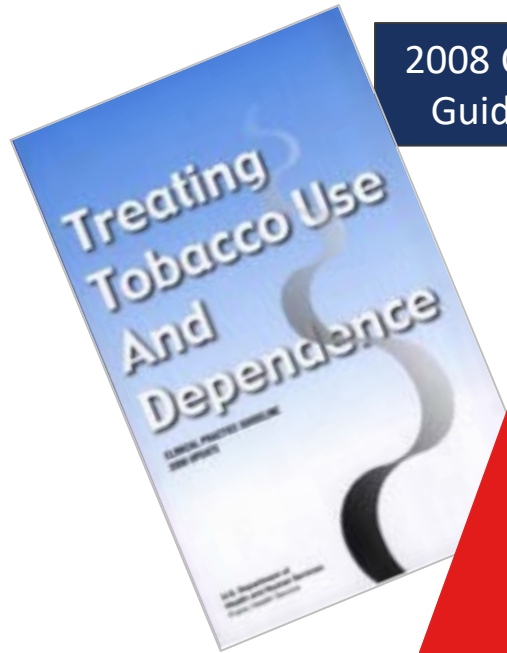


Follow-up

- You never know when “now” will be right

COMPREHENSIVE TREATMENT IMPROVES SUCCESS

2008 Clinical
Guideline



2020 Surgeon
General's Report



FDA-
Approved
Medication

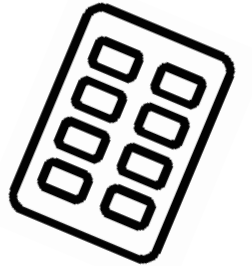


Counseling



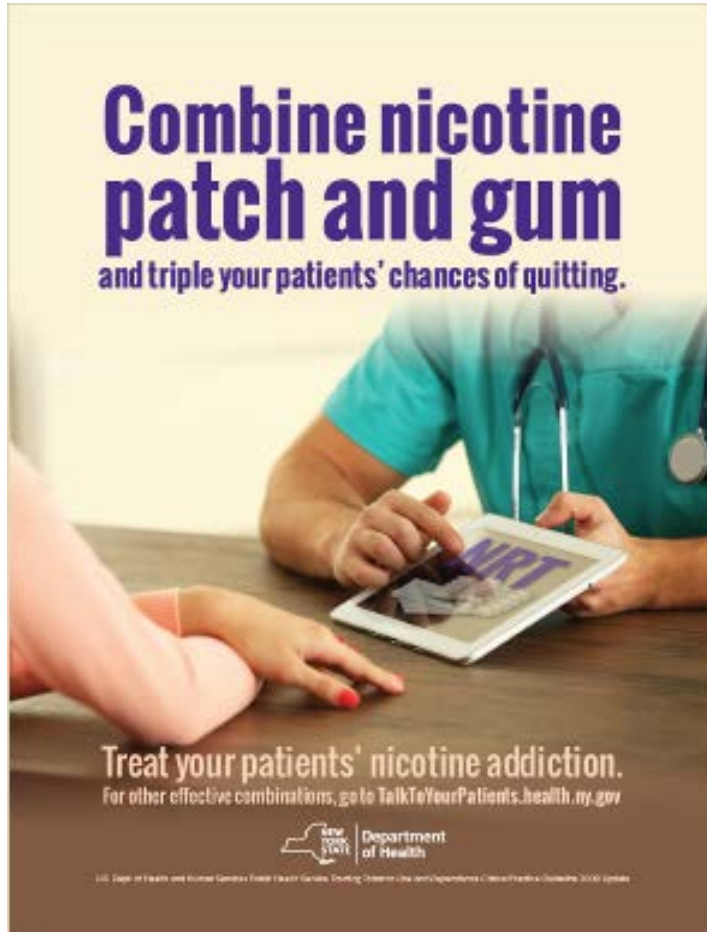
**Counseling +
Medication =
Doubles the
Odds of
Success**

SEVEN FDA-APPROVED MEDICATIONS



MEDICATION	Over the Counter	Prescription	Short Acting	Long Acting
Nicotine transdermal patch	✓			✓
Nicotine gum	✓		✓	
Nicotine lozenge	✓		✓	
Nicotine nasal spray		✓	✓	
Nicotine inhaler		✓	✓	
Bupropion		✓		
Varenicline		✓		

MEDICATION EFFECTIVENESS



Results from meta-analyses comparing to placebo at 6-month postquit:

Medication	No. of Studies	OR	95% CI
Nic. Patch (6-14 wks)	32	1.9	1.7-2.2
Nic. Gum (6-14 wks)	15	1.5	1.2-1.7
Nic. Inhaler	6	2.1	1.5-2.9
Nic. Spray	4	2.3	1.7-3.0
Bupropion	26	2.0	1.8-2.2
Varenicline (1 mg/day)	3	2.1	1.5-3.0
→ Varenicline (2 mg/day)	5	3.1	2.5-3.8
→ Patch (>14 wks) + ad lib NRT (gum or spray)	3	3.6	2.5-5.2

Combination NRT has high effectiveness for quit success.

WHAT IS “COUNSELING”?



COMPONENTS

Motivational interviewing

Increasing self-efficacy

Practical counseling

Development of a quit plan

SETTINGS

One-on-one clinician interventions

Individual or group counseling sessions

Referral resources (quitlines, mHealth, etc.)

Dose matters – more is better!

WHAT IS “PRACTICAL COUNSELING?”

Requires one-on-one patient interaction to address three components:

Basic Information

- Benefits of quitting
- Quitting techniques
- Withdrawal symptoms
- Explore referral to support services – quitline, texting, web, etc.

Recognizing Triggers

- Situations, places, and things
- Avoid people who use tobacco
- Avoid situations when usually smoke (car, alcohol, social situations, etc.)
- Remove matches, ash-trays, etc.

Developing Coping Skills

- Find new ways to manage stress
- Exercise
- Relaxation breathing
- Focus on existing hobby
- Distraction techniques
- Change routines

More ideas at www.cdc.gov/tobaccoHCP; “A Practical Guide”

QUITLINES AND M-HEALTH CAN SUPPORT AND EXTEND CARE



Quitlines



- Tailored service: counseling, *± medications*
- National telephone portal
- Multiple languages
- Multiple modalities
- Clinician Referral: e-Referral, fax, web
- Access: 33% uninsured; 33% Medicaid or Medicare

m-Health



- Online, web-based
- Mobile – texting
- Mobile – apps (evidence limited, quality variable)
- Adjunct to telephone or stand-alone

QUITLINE RESOURCES

www.cdc.gov/quitline

Tips From Former Smokers*

Tips From Former Smokers® - How to Quit Smoking

Tips From Former Smokers*

About the Campaign +

How to Quit Smoking -

5 Ways Quitlines Help -

Top 10 Qs About Quitlines

Quit Guide +

Quitting Resources

quitSTART App

Real Stories +

Diseases/Conditions Featured in the Campaign +

For Specific Groups +

Partners +

Campaign Resources +

Stay Connected

Newsroom +

Get Email Updates

To receive email updates about this page, enter your email address:

Email Address

What's this Submit

Related Links

Smoking & Tobacco Use

Smokefree.gov

National Cancer Institute

Five Reasons Why Calling a Quitline Can Be Key to Your Success

Expanded (Spanish)

1. You can get help to stop smoking—free, with no judgment.

Calling a quitline can help you quit smoking.



Audio Description Low Resolution Video

If you are thinking about quitting smoking and would like some help, a quitline might be just what you need to succeed. Quitlines provide free coaching—over the phone—to help you quit smoking.

- When you call 1-800-QUIT-NOW, you can speak confidentially with a highly trained quit coach.
- Quitlines provide many of the services and similar support you get in a stop-smoking class or from your doctor, and can be a valuable complement to your doctor's care.
- Quitlines are available throughout the United States.
- Coaching help is available in several languages.

2. Quit coaches help create a plan that can work for you.

A quitline can help you find your own way to quit.



Audio Description Low Resolution Video

Quit coaches are trained to help smokers quit. They understand what you are going through. Many are former smokers themselves. They are all trained to be good listeners, offer encouragement, support, and helpful tips.

A quit coach will ask questions to find out what type of support you are interested in. They will also ask about your past experiences with trying to quit smoking. This information helps them offer useful suggestions on the type of program that could work best for you.

3. Quit coaches can help you get quit-smoking medications.

Calling a quitline can help you find quitting resources.

Quit coaches can help you connect with quit-smoking medications through your health insurer or community programs. They may

FREE Quit Help

Call to Talk to a Quit Smoking Coach Today!

1-800-QUIT-NOW (1-800-784-8669)

In Spanish:

1-855-010-ELO-YA

(1-855-335-3569)

In Asian languages:

Mandarin and Cantonese:

1-800-838-8917

Korean:

1-800-556-5564

Vietnamese:

1-800-778-8440

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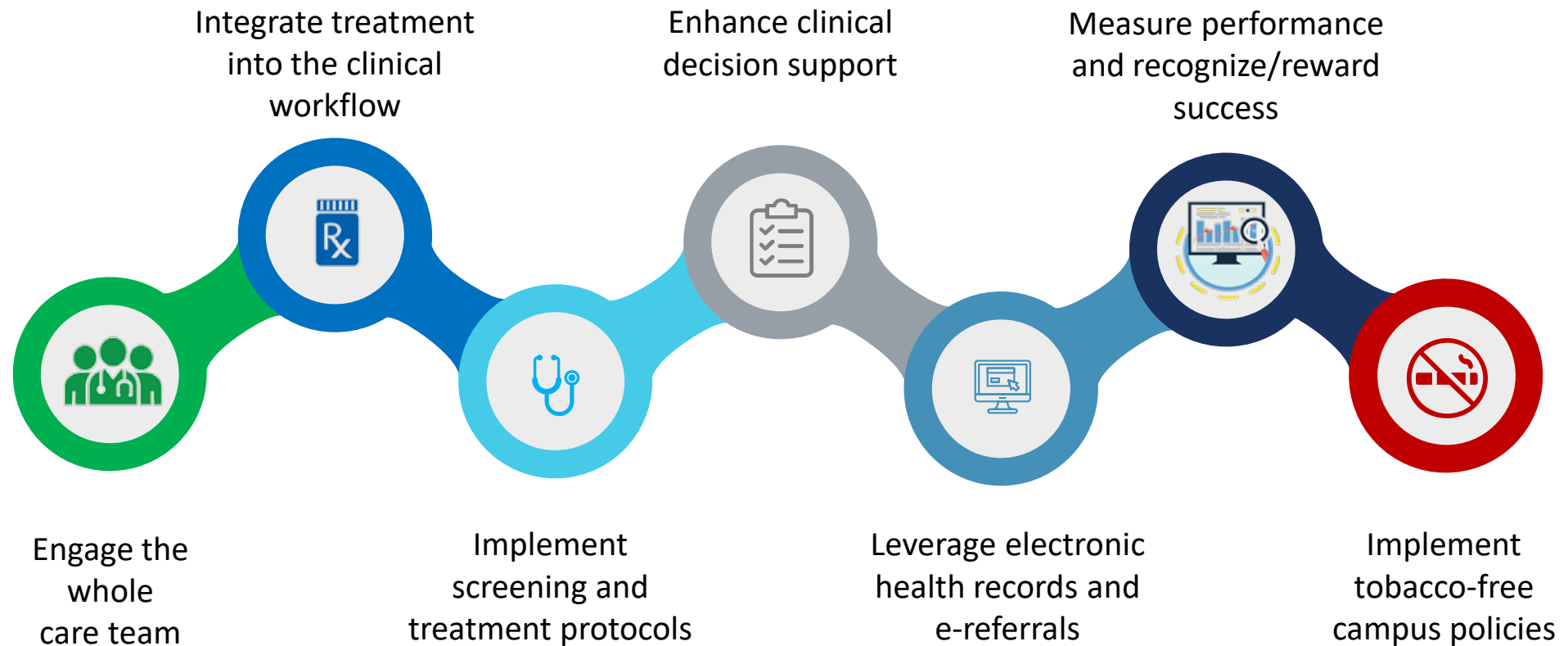
Korean:

1-800-556-5564

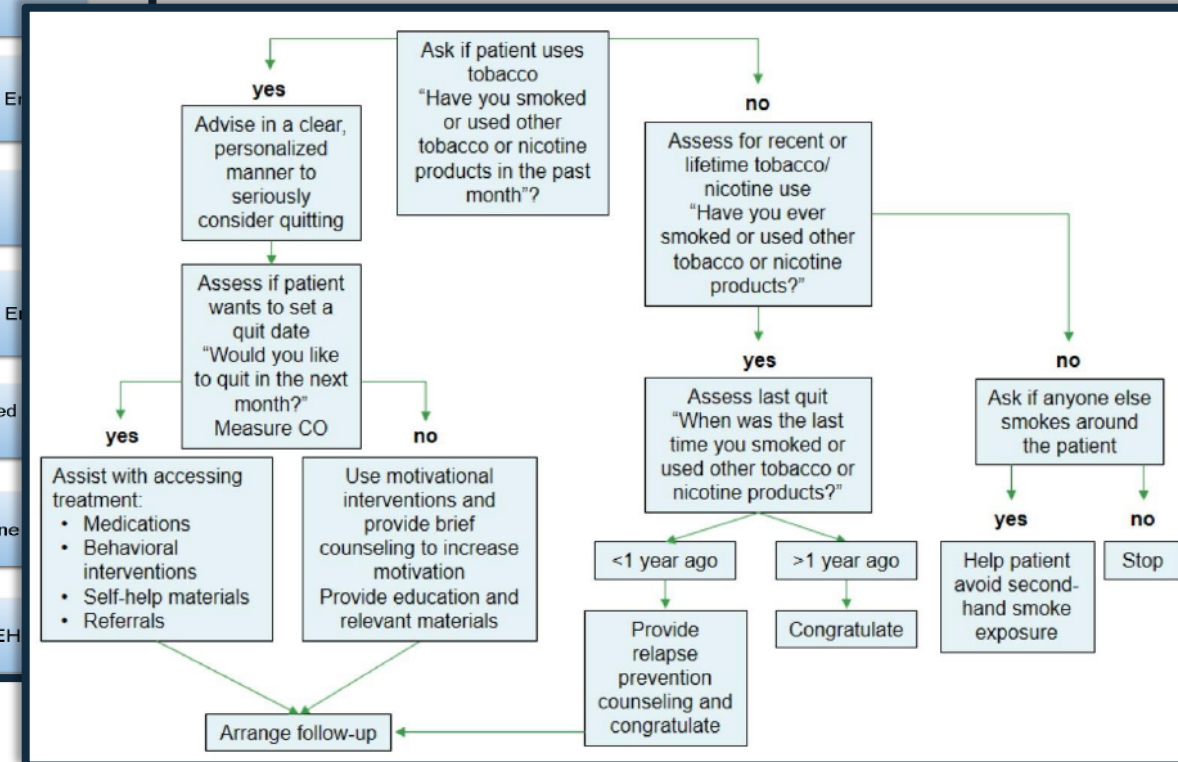
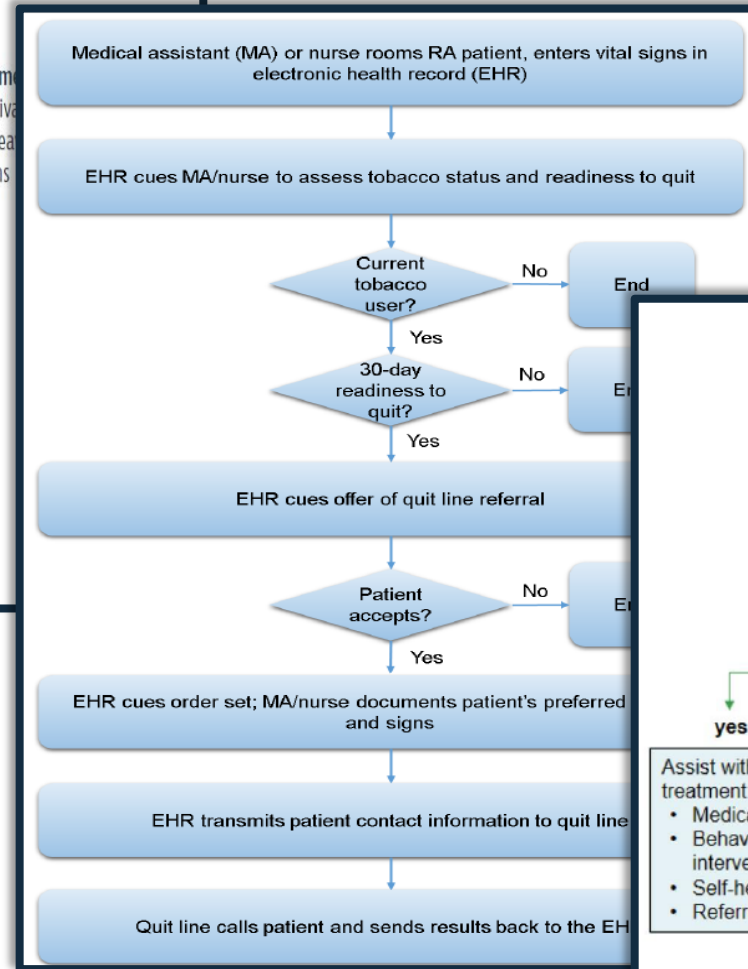
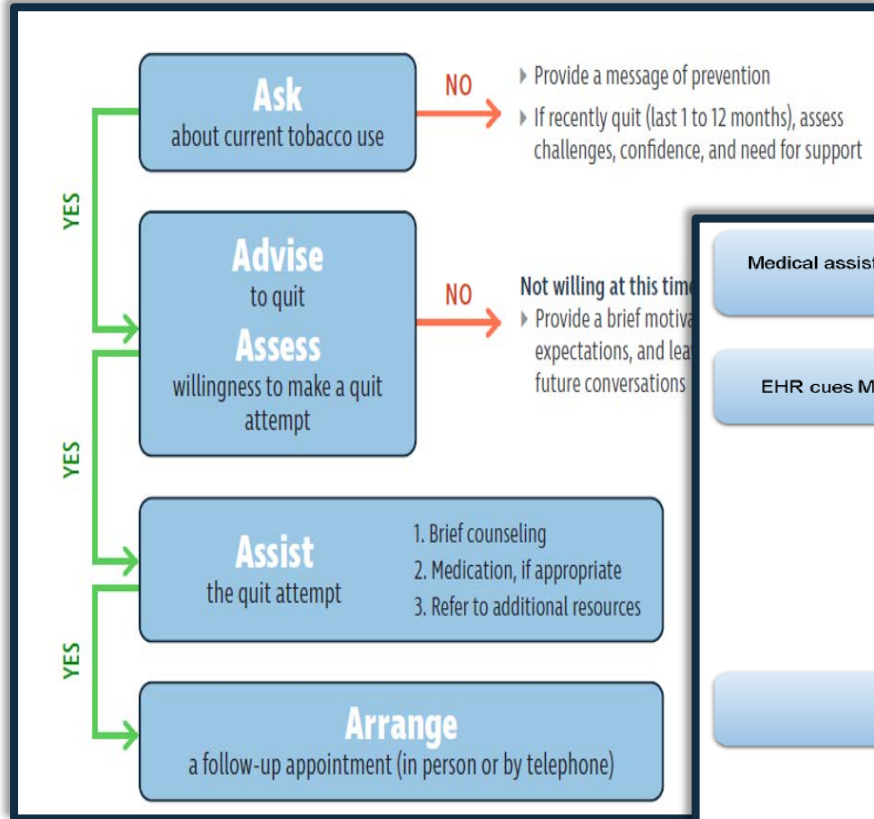
Vietnamese:

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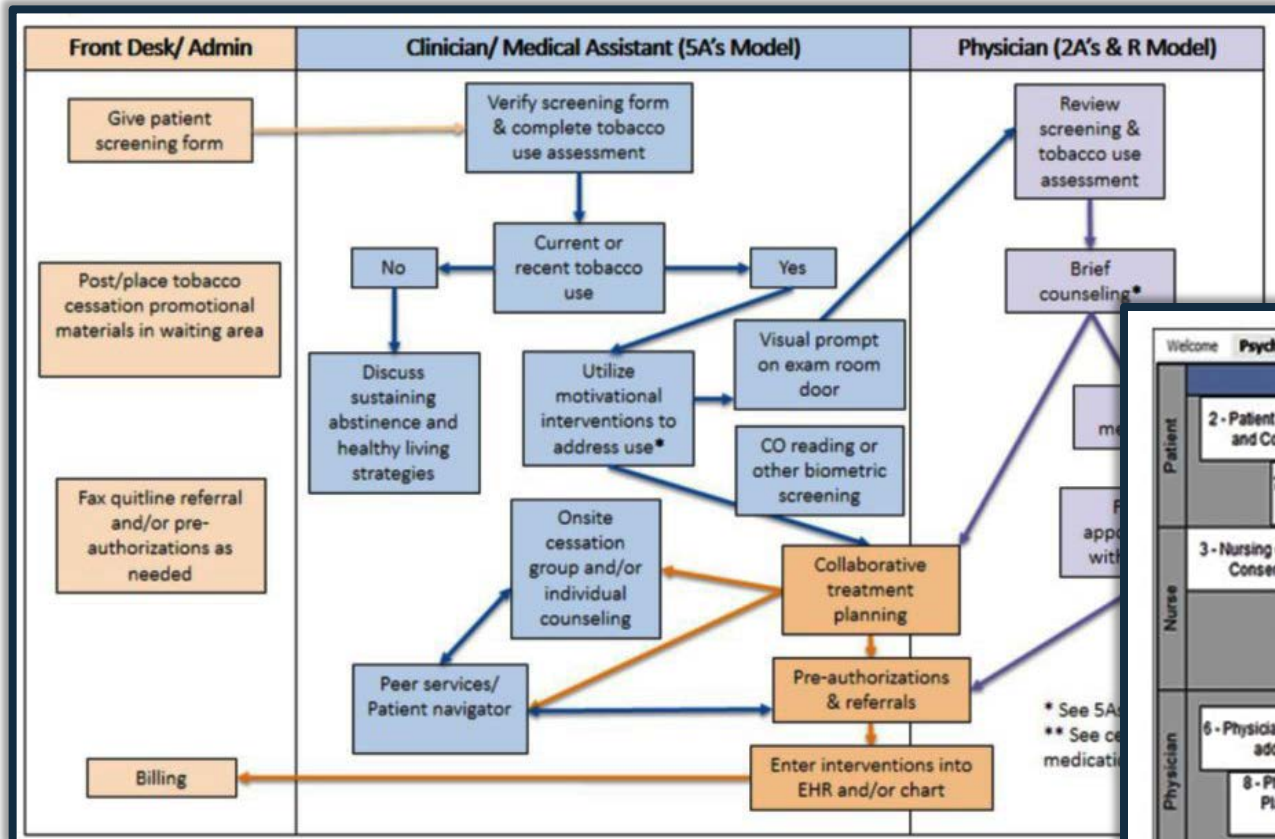
SYSTEM-LEVEL CHANGE CAN INCREASE INTERVENTION



PROTOCOL



WORKFLOW



Welcome Psych IP Tobacco Cessation with Ambulatory Follow-up 1.10*		1 - Inpatient	11 - Intra-Visit Interval	18 - Ambulatory FU Visit
Patient		2 - Patient Gives Tobacco Status and Consents to Referral 7 - Patient attends weekly Tobacco Cessation Group Class	13 - Patient Discusses Tobacco Cessation Plan with Outline 16 - Patient attends Smoking Cessation Class	19 - Patient updates on Tobacco Cessation Activities with Physician
Nurse		3 - Nursing enters Tobacco Use and documents Consent to Tobacco Cessation Outline 4 - Nursing give Tobacco Cessation Handout and informs patient to attend Tobacco Cessation Group Class		
Physician		6 - Physician copies Tobacco Use to add to Social History 8 - Physician notes Tobacco Cessation Plan and Education on Discharge Summary	15 - Physician reviews Smoking Cessation Results in INBOX; annotates results if applicable	20 - Physician Reviews Smoking Cessation Activities with Patient at Follow-up visit and documents to add plan to End of Visit Summary
Triggered Process		5 - MLM Triggered by Consent Documentation creates Tobacco Cessation Outline Order and adds Tobacco Cessation Health Event	14 - Smoking Cessation Results sent via Order Result Interface to Quest	
Quitline Center			12 - Quitline Center Contacts Patient and documents results of patient encounter	
		9 - Patient DC'd	17 - Patient arrives for Follow-up Visit	21 - EO/V given to Patient

University of Colorado Anschutz Medical Campus School of Medicine

UC Irvine Health

TOBACCO-FREE MEANS TRIGGER-FREE

Comprehensive Policies

- Space-agnostic
 - Inside, outside, campus-wide
- Product-agnostic
 - Combustible, smokeless, electronic
- Person-agnostic
 - Patients, visitors, staff, contractors

Protect people from:

- Secondhand emissions
- Addiction triggers

Anyone can help!

- Facility policies
- Educate and inform policy makers

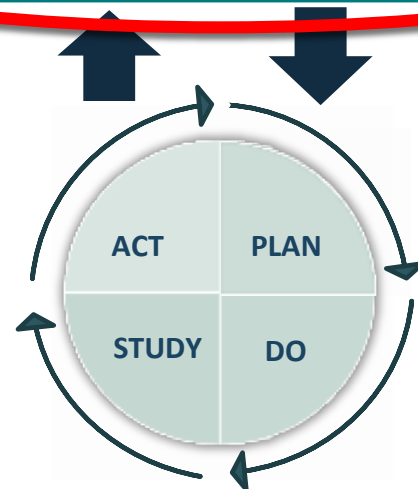


HOW TO MOVE THE DIAL: A MODEL FOR CONTINUOUS QUALITY IMPROVEMENT

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?



A “change package” is an evidence-based set of changes that are critical to the improvement of an identified care process

TOBACCO CESSATION CHANGE PACKAGE (TCCP)

Table 1. Key Foundations

Change Concept	Change Idea	Tools and Resources	Settings
Make Tobacco Cessation a Practice and System Priority	Identify one or two key champions and assemble a multidisciplinary team	Center of Excellence for Health Systems Improvement for a Tobacco-Free NY — Supporting Evidence-Based Tobacco Dependence Screening & Treatment (p. 155)	○ ▲ ■
		ICSI — Tobacco Health Systems Change Starter Toolkit for Clinics (pp. 5–6)	○ ▲ ■
		UW Health, UW-Madison SMPH, and UW-CTRI — Quit Connect Health: A Specialty Staff Protocol to Improve Referrals to Tobacco Quit Lines (pp. 12–13)	○ ▲ ■
		UW-CTRI — Treating Tobacco Use and Dependence in Hospitalized Patients: A Practical Guide (p. 9)	▲ ■
		UCSF SCLC — Destination Tobacco Free: A Practical Tool for Hospitals and Health Systems (p. 19)	▲ ■
	As a multidisciplinary group, conduct an assessment of your clinic/system and develop an action plan to address the current gaps <i>(continued on next page)</i>	Center of Excellence for Health Systems Improvement for a Tobacco-Free NY — Supporting Evidence-Based Tobacco Dependence Screening & Treatment (pp. 154–160)	○ ▲ ■
		ICSI — Tobacco Health Systems Change Starter Toolkit for Clinics (pp. 5–6)	○ ▲ ■
		AAFP — Treating Tobacco Dependence Practice Manual: A Systems-Change Approach (pp. 4–6, 19)	○ ▲ ■
		UW-CTRI — Treating Tobacco Use and Dependence in Hospitalized Patients: A Practical Guide (p. 9, Appendix 1)	○ ▲ ■
		OK Health Care Authority and OK State Department of Health, Center for Chronic Disease Prevention and Health Promotion <ul style="list-style-type: none"> Primary Care Practice Facilitation Curriculum, Module 12 – An Introduction to Assessing Practices: Issues to Consider TSET Clinical Practice Self-Evaluation Summary 	○ ▲ ■

outpatient

inpatient

behavioral health

Table 3. Screening

Change Concept	Change Idea	Tools and Resources	Settings
Make Tobacco Use a Vital Sign: Screen Every Patient for Tobacco Use at Every Visit	Adopt a tobacco use screening protocol	Million Hearts® — Protocol for Identifying and Treating Patients Who Use Tobacco	○ ▲ ■
		NYC DOHMH and HealthyHearts NYC — ABCS Toolkit for the Practice Facilitator (p. 84)	○ ▲ ■
		UW Health, UW-Madison SMPH, and UW-CTRI — Quit Connect Health: A Specialty Staff Protocol to Improve Referrals to Tobacco Quit Lines (p. 10)	○ ▲ ■
		UW-CTRI — Treating Tobacco Use and Dependence in Hospitalized Patients: A Practical Guide (pp. 8, 13–14)	▲ ■
		UCSF SCLC — Destination Tobacco Free: A Practical Tool for Hospitals and Health Systems (pp. 6–7, Appendix N)	▲ ■
	Establish a workflow and determine roles for tobacco use screening and documentation	Center of Excellence for Health Systems Improvement for a Tobacco-Free NY — Supporting Evidence-Based Tobacco Dependence Screening & Treatment (pp. 148–153)	○ ▲ ■
		ICSI — Tobacco Health Systems Change Starter Toolkit for Clinics (pp. 24–26)	○ ▲ ■
		CU Anschutz Medical Campus — A Patient-Centered Tobacco Cessation Workflow for Healthcare Clinics (pp. 2–4)	○ ▲ ■
		CA Quits — CA Quits Toolkit (pp. 7–8)	○ ▲ ■
		NYC Health & Hospitals — EHR Screenshots (Epic): Ambulatory Tobacco Screening and Treatment Workflow (pp. 1–5)	○ ▲ ■
Embed a tobacco use status prompt in the EHR or other patient record-keeping system <i>(continued on next page)</i>	UW Health, UW-Madison SMPH, and UW-CTRI <ul style="list-style-type: none"> Quit Connect Health: A Specialty Staff Protocol to Improve Referrals to Tobacco Quit Lines (pp. 14–28) Quit Connect Health Overview and Staff Instructions (p. 11) 	○ ▲ ■	

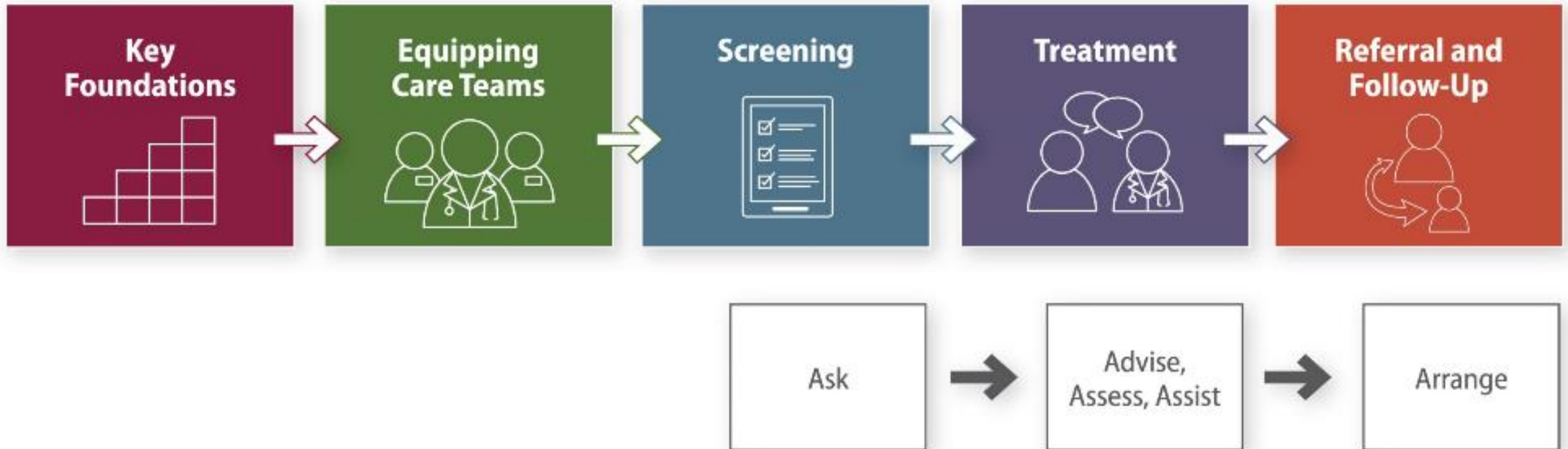
Million Hearts®

A MILLION HEARTS® ACTION GUIDE

Tobacco Cessation CHANGE PACKAGE

https://millionhearts.hhs.gov/files/Tobacco_Cessation_Change_Pkg.pdf

TCCP FOCUS AREAS



CHANGE PACKAGE FORMAT

Change Concept

- General notions that are useful in the development of more specific ideas for changes that lead to improvement

Change Idea

- Actionable, specific ideas for changing a process

Tools & Resources

- Can be adapted by or adopted in a health care setting

- Outpatient
- Inpatient
- Behavioral Health

SCREENING

Change Concept

Change Ideas

Make Tobacco Use a Vital Sign:
Screen Every Patient for Tobacco Use at Every Visit

Adopt a tobacco use screening protocol.

Establish a workflow and determine roles for tobacco use screening and documentation.

Embed a tobacco use status prompt into the EHR or other patient record keeping system.

Embed decision support scripts for screening into the EHR or other patient record keeping system.

Tools & Resources

CA QUILTS

ASSESS TOBACCO STATUS | UC DAVIS STAFF SCRIPT AND DOCUMENTATION

- 1) Ask: Have you used tobacco, including electronic cigarettes, in the past month?
- 2) Ask: Do you live with a household smoker?

Quit Connect Health Tobacco E-Referral Protocol Reminders for MA or NURSE

Given our shared goal to improve health across UW Health, patients who use tobacco should have readiness to quit assessed and be offered treatment connection. Below is the order generated by the e-referral protocol that an MA or nurse will see.

The protocol has 2 alerts and 2 steps.

ALERT 1 fires if either

- a) Tobacco use is **not** assessed – or –
- b) Patient is a tobacco user and "ready to quit" is **not** assessed.

STEP 1: Assess tobacco use and readiness to quit.

Tobacco Use Status Not Assessed

1. Please assess patient's tobacco use if not done yet: "We're now asking about tobacco use at each visit and asking users if they're ready to quit."
2. Please ask tobacco users about readiness to quit: "Have you considered quitting? We can help you with your health as you quit tobacco, and we can help. Are you interested in trying to cut back or quit in the next 30 days?"

If you have clinical questions, you can contact Dr. Smith. Optional: You may also [click here](#) to provide questions or feedback.

Vitals

BP: 147/93
Temp:
Weight:
Pulse:

Tobacco Use

Smoking Status: Smoker
Ready to quit? Yes No
Counseling given? Yes No
 Mark as Reviewed

Number	EHR Component	EHR System
1	Smoking status and quit date documentation	Epic
2	Smoking status drop-down menu from the tobacco use documentation field	Epic
3	Smoking start date and quit date drop-down menu from the tobacco use documentation field	Epic
4	Alert/best practice advisory for patient who smokes	Epic
5	Medication order template	Can be programmed into any EHR system
6	Smoking cessation office visit SmartSet – Epic	Epic
7	Tobacco registry and dashboard	Epic
8	Smoking cessation registry	Cerner
9	Population health registry	NextGen

1. Smoking status and quit date documentation – Epic

2. Smoking status drop-down menu from the tobacco use documentation field – Epic

Are you considering quitting? Yes No

Buttons to Print Handouts Take You to Tobacco Intervention Tab and to Update Problem List

TREATMENT

Change Concept

Change Ideas

Establish a Tobacco Treatment Protocol

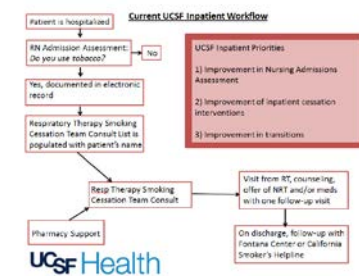
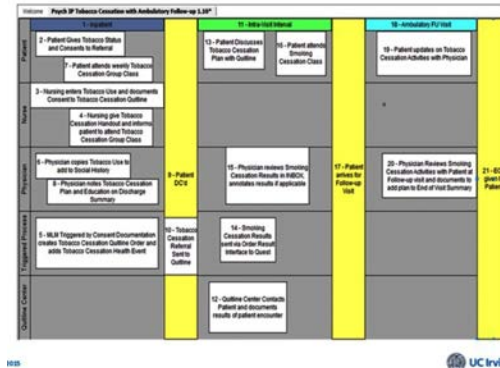
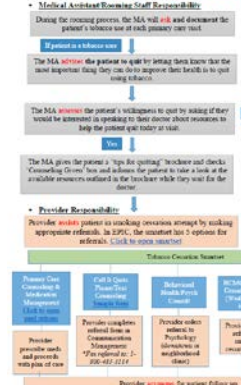
Implement a treatment intervention

Establish a workflow and determine roles for delivering the treatment intervention

Tools & Resources

Tobacco Cessation Workflow

Ask - Advise - Assess - Assist - Arrange



UCSF Outpatient Workflow



- 1 - Client is determined eligible for program
- 2 - Client completes screening forms. Staff asks and documents extent of tobacco use
- 3 - Client completes validated screening tool for tobacco use. Clients who indicate tobacco use are flagged in the electronic health record.
- 4 - Client completes comprehensive evaluation. Staff asks for permission from the client to talk about further tobacco use (EM). Staff determines charge of change of client with regard to tobacco use. Staff determines if tobacco use. Monitor extent and severity of disorder.
- 5 - Staff and client complete treatment plan. Counselor and client agree on long term and short term goals. Counselor documents intervention expected to support acquisition of client goals.
- 6 - Counselor provides services indicated on treatment plan and related to tobacco use. Services, including client response to services, are documented in the clinical chart. Counselor ensures coordination of care with prescribing clinician and other providers.
- 7 - Client is assessed if responding to tobacco treatment and smoking goals in treatment plan. Staff works with client to discuss progress, relapse, or regression with regard to tobacco goals.
- 8 - Client assessed for tobacco treatment plan goals quarterly.

THE MILLION HEARTS TOBACCO CESSATION SUITE

Reset Form

Protocol for Identifying and Treating Patients Who Use Tobacco

Name of Practice
No level of smoking or tobacco use is safe.¹ Tobacco addiction is a chronic condition, often requiring multiple quit attempts for a tobacco user to become tobacco free.² There are effective, evidence-based, brief clinical interventions available to help patients who smoke. The intervention protocol³ below can be integrated into the tobacco use identification and intervention clinical workflow for every patient aged 13 years and older. This protocol can also serve as a model to build clinical decision support into the electronic health record (EHR) to achieve tobacco use intervention goals. In terms of the core components of a clinical tobacco cessation intervention, all patients can benefit from behavioral counseling. All patients 13 and older, with the exception of pregnant women, adolescents, light smokers, and smokeless tobacco users (due to insufficient evidence), can benefit from medication. The combination of counseling and medication is most effective, and both should form the foundation of a brief cessation intervention.⁴ It is important to monitor patients during their quit attempt for behavioral and medication adherence, efficacy, and side-effects, to provide support, and to offer continued assistance in the case of slips or relapses to tobacco use.

Tobacco Cessation Brief Clinical Intervention Protocol⁵

ASK
Do you currently use tobacco?⁶

*Currently, there is insufficient evidence on e-cigarettes and other electronic nicotine-delivery systems (ENDS) to recommend a clinical intervention.⁷

ICD-10 Tobacco/Nicotine Dependence Codes (See Appendix A)
SNOMED Smoking/Tobacco Use Classifications (See Appendix B)

YES → **ADVISE** to quit
ASSESS willingness to quit
"The most important thing you can do to improve your health is to quit smoking, and I can help. Are you willing to quit within the next 30 days?"
OR your own scripting

NO → **ARRANGE** follow-up
Schedule a telephone or in-clinic follow-up appointment.
"Before you leave today, we are going to schedule a follow-up appointment (phone or in-clinic) around your quit date. We will check in to see how your quit attempt is going. If you have any questions, or if there are ways we can support your quit attempt, please contact us at any point. We are here to help and support you." OR your own scripting.

NO
If patient has recently quit (last 6-12 months), assess challenges, confidence, need for support

ASSIST with a quit plan
(see next page to recommend interactive format)

- **Provide and document brief tobacco cessation counseling** (1-3 minutes; 3-10 minutes)
Set a quit date within 30 days
Review past quit attempts, including counseling and medication used
Discuss potential triggers and coping strategies
- **Discuss, prescribe, and document tobacco cessation medications.** *Exceptions: (insufficient evidence): pregnant (unless medical clearance and patient consent); adolescent; light smoker (<5 cigarettes/day); smokeless/chew tobacco.*
FDA approved – Nicotine patch, gum, lozenge, inhaler, and nasal spray; bupropion; varenicline (Patch + bupropion. Use clinical experience/judgment to consider nicotine patch (steady state) + nicotine gum or lozenge (cavating relief); these combinations are not FDA approved
- **Make a referral to additional in-depth tobacco cessation counseling:** tobacco quitline (800-QUIT-NOW); in-clinic/hospital counseling; community/local counseling



Provide brief motivational message such as:
"I feel so strongly about tobacco use and its impact on your health that I will ask you about it when I see you next." OR your own scripting.


ARRANGE follow-up
Schedule a telephone or in-clinic follow-up appointment.
"Before you leave today, we are going to schedule a follow-up appointment (phone or in-clinic) around your quit date. We will check in to see how your quit attempt is going. If you have any questions, or if there are ways we can support your quit attempt, please contact us at any point. We are here to help and support you." OR your own scripting.

References:
¹ US Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.
² Fiore MC, Dale DC, Baker TB, et al. *Smoking Tobacco Use and Dependence, 2008 Update: Clinical Practice Guideline*. Rockville, MD: US Department of Health and Human Services, Public Health Service; 2008. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2603536/>. Accessed September 1, 2015.
³ Rigotti NA, Wu W. *Addressing patients' dual electronic cigarette use*. *JAMA*. 2013;309(17):176.
⁴ Fiore MC, Schneider SA, Baker TB. *Smoking, the chief killer – strategies for targeting combustible tobacco use*. *N Engl J Med*. 2014;370(6):297-299.

Protocol for Identifying and Treating Patients Who Use Tobacco

Print Form Save Form









Identifying and Treating Patients Who Use Tobacco

ACTION STEPS for Clinicians

A MILLION HEARTS® ACTION GUIDE



Tobacco Cessation

CHANGE PACKAGE

A MILLION HEARTS® ACTION GUIDE



KEY TAKEAWAYS

1

Tobacco dependence is a **chronic, relapsing disorder**. We know what works for treatment, but these treatments are underutilized.

2

Strategies to support and improve cessation exist at the **clinical, systems, and population levels**.

3

Integrating treatment into routine clinical care can improve reach and effectiveness of intervention delivery. **Health systems change** can be leveraged to improve treatment integration.



Thank You!

www.cdc.gov/tobacco

“
I wish I had known how much
strength I really had in me.
”

-Smokefree Michele

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Q&A

- Submit questions via the **‘Ask a Question’ box**



Free 1-800 QUIT NOW cards

Take Control

1-800-QUIT-NOW

Call. It's free. It works.

1-800-784-8669

For details on your state services, go to: <http://map.naquitline.org>



✓ Refer your clients to cessation services

CME/CEU Statements

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The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of *1.0 AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

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California Behavioral Science Professionals: University of California, San Francisco School of Medicine (UCSF) is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for behavioral health providers. UCSF maintains responsibility for this program/course and its content.

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New Accreditation!

Addiction Counselors

The UCSF Office of Continuing Medical Education is accredited by the **California Consortium of Addiction Programs and Professionals (CCAPP)** to provide continuing education credit for California Addiction Counselors*.

UCSF designates this live, virtual activity, for a maximum of **1.0 CCAPP credit**. Addiction counselors should claim only the credit commensurate with the extent of their participation in the activity. Provider number: 7-20-322-0722.

** If you are an addiction counselor in another state, you should check with your state board for approval of this credit.*



- **Free CME/CEUs** will be available for all eligible California providers, who joined this live activity thanks to the support of the California Tobacco Control Program (CTCP)
- For our California residents, SCLC offers regional trainings, online education opportunities, and technical assistance for behavioral health agencies, providers, and the clients they serve throughout the state of California.
- For technical assistance please contact (877) 509-3786 or Jessica.Safier@ucsf.edu.
- Visit CABHWI.ucsf.edu for more information

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- You will receive the following in our post webinar email:
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 - PDF of the presentation slides
 - Instructions on how to claim FREE CME/CEUs
 - Information on certificates of attendance
 - Other resources as needed
- All of this information will be posted to our website!

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Visit SCLC's website at: <https://smokingcessationleadership.ucsf.edu/back-school-free-cmecees>

Save the Date!

SCLC's next live webinar, "*Integrating Tobacco Treatment within the Stanford Cancer Center: An NCI Moonshot Initiative*", with Jodi Prochaska, PhD, Stanford University

- **Wednesday, October 7, 2020, 2 – 3 pm EDT**
- Registration will open soon!



Contact us for technical assistance

- Visit us online at smokingcessationleadership.ucsf.edu
- Call us toll-free at [877-509-3786](tel:877-509-3786)

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