

“Leveraging Quitlines for Tobacco Cessation: Real-World Implementation”

on Tuesday, August 24, 2021, at 2:00 pm EDT (75 minutes)

Speakers:

- **Michael Fiore, MD, MPH, MBA**, University of Wisconsin Hilldale Professor of Medicine, Director, Center for Tobacco Research and Intervention (UW-CTRI), University of Wisconsin School of Medicine and Public Health
- **Joann Yoon Kang, JD**, Team Lead, Health Systems and Data Visualization, Policy Unit of the Office on Smoking and Health (OSH) at the Centers for Disease Control and Prevention (CDC)
- **Chad Morris, PhD**, Clinical Psychologist and Professor of Psychiatry at the University of Colorado- School of Medicine, and the Director of the Behavioral Health & Wellness Program and Wellness Leadership Institute

I. Policy

Q: Dr. Morris, can accreditation bodies require the use of Quitlines and integration of referral systems? Can the curricula used to train and certify SUD counselors include information about how and why to use cessation services and NRT/MAT?

A: I have no knowledge of accreditation bodies requiring use of the quitline or referral system specifically- but it can often be a chosen quality improvement target (e.g., NCQA, Joint Commission for Hospitals- see <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4461200/>). HRSA, for primary or integrated care clinics, requires tobacco treatment to receive bundled funding, and referral to quitline qualifies as treatment. Some states, through their Medicaid and behavioral health contracts, are requiring agencies to be tobacco free and offer cessation services if they are to receive services. This is also an expertise area of Dr. Fiore’s so he may have more to add.

Regarding the second question- yes SUD certification programs can and are increasingly integrating tobacco cessation guidelines into certification – Colorado is one state that has been doing this for 10+ years.

Q: Ms. Kang, with the ongoing and serious challenges posed by the COVID-19 pandemic, how do we get organizations and government to address tobacco cessation?

A: We appreciate this question and the tireless efforts of health care providers, health systems, and community organizations who have been working to address the COVID-19 pandemic for so many months now. CDC continues to share the latest science on what is known about certain health conditions which, when present in adults, may make it more likely for individuals to get severely ill from COVID-19. As shared during the webinar, being a current or former smoker can make an individual more

likely to get severely ill from COVID-19. The accompanying public health messaging is that if an individual currently smokes, they should quit. If they used to smoke, they should stay quit. And if they never smoked, they shouldn't start. Emphasizing this information may help to stress the importance of tobacco cessation, including at a time like now.

Q: Ms. Kang, is it possible to make it a condition of receiving federal funding (SAMHSA, Medicare, Medicaid) that healthcare institutions and treatment programs utilize the 5As, A-A-R, and/or Quitlines?

A: CDC is unable to speak to the feasibility of placing conditions on federal funds administered through sister Agencies.

II. Clinical Practice

Q: Dr. Morris, can the combination model (NRT + behavioral therapy via Quitline) for tobacco cessation be initiated effectively for mental health clients in the acute general hospital setting? How about the acute psychiatric hospital setting?

A: Yes, this combination model has been utilized successfully in both general hospital and psychiatric hospital settings