Welcome
Please stand by. We will begin shortly.

A Team Approach: Integrating Tobacco Dependence Treatment Into Routine Clinical Practice

Wednesday, May 27, 2015 · 12pm ET (90 minutes)
Drs. Chad Morris and Alek Sripipatana have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.
Moderator

Catherine Saucedo

- Deputy Director, Smoking Cessation Leadership Center, University of California, San Francisco
- catherine.saucedo@ucsf.edu
Thank you to our funders
Housekeeping

- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC’s website, along with the slides.
- **Use the chat box to send questions** at any time for the presenters.
Today’s Speaker

Alek Sripipatana, PhD, MPH

• Director, Data and Evaluation Division, US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care, Office of Quality Improvement
Today’s Speaker

Chad Morris

- Associate Professor and Director of the Behavioral Health & Wellness Program, Department of Psychiatric at the University of Colorado, Anschutz Medical Campus
2013 Health Center Data

National Program Grantee Data

Total Number of Reporting Program Grantees: 1,202
Total Patients Served: 21,726,965
87.8% 61%

View Information by Criteria Reported Table 3A through 9E:
View Full 2013 National Report

<table>
<thead>
<tr>
<th>Age and Race/Ethnicity</th>
<th>Patient Characteristics</th>
<th>Services</th>
<th>Clinical Data</th>
<th>Cost Data</th>
<th>Footnotes</th>
</tr>
</thead>
</table>

* Persons using assistive technology may not be able to fully access information in these files. They will be replaced as soon as possible with accessible files. For assistance, please contact us.
### Clinical Data

<table>
<thead>
<tr>
<th>Patients</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2011 - 2013 Trend %Change</th>
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<tbody>
<tr>
<td>Medical Conditions (% of patients with medical conditions)</td>
<td></td>
<td></td>
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<tr>
<td>Hypertension³</td>
<td>22.0%</td>
<td>22.7%</td>
<td>23.6%</td>
<td>7.5%</td>
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<tr>
<td>Diabetes⁴</td>
<td>11.9%</td>
<td>12.0%</td>
<td>12.6%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Asthma</td>
<td>3.2%</td>
<td>5.6%</td>
<td>5.9%</td>
<td>81.4%</td>
</tr>
<tr>
<td>HIV</td>
<td>0.5%</td>
<td>0.6%</td>
<td>0.6%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Prenatal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prenatal Patients</td>
<td>487,562</td>
<td>495,658</td>
<td>494,869</td>
<td>1.5%</td>
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<td>Prenatal patients who delivered</td>
<td>263,327</td>
<td>268,206</td>
<td>263,927</td>
<td>0.2%</td>
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<tr>
<td>Quality of Care Indicators/Health Outcomes</td>
<td></td>
<td></td>
<td></td>
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<td>Perinatal Health</td>
<td></td>
<td></td>
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<tr>
<td>Access to Prenatal Care (First Prenatal Visit in 1st Trimester)</td>
<td>70.0%</td>
<td>70.2%</td>
<td>71.6%</td>
<td>2.2%</td>
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<td>Low Birth Weight</td>
<td>7.4%</td>
<td>7.1%</td>
<td>7.3%</td>
<td>-1.6%</td>
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<td>Preventive Health Screening &amp; Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Cervical Cancer Screening</td>
<td>57.8%</td>
<td>57.2%</td>
<td>57.8%</td>
<td>0.1%</td>
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<td>Adolescent Weight Screening and Follow Up</td>
<td>39.2%</td>
<td>46.7%</td>
<td>51.8%</td>
<td>32.2%</td>
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<tr>
<td>Adult Weight Screening and Follow Up</td>
<td>39.3%</td>
<td>47.7%</td>
<td>53.3%</td>
<td>35.8%</td>
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<tr>
<td>Tobacco Use Screening</td>
<td>79.5%</td>
<td>85.6%</td>
<td>91.5%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Tobacco Cessation Counseling for Tobacco Users</td>
<td>52.7%</td>
<td>57.6%</td>
<td>63.7%</td>
<td>20.9%</td>
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<tr>
<td>Colorectal Cancer Screening</td>
<td>-</td>
<td>30.2%</td>
<td>32.6%</td>
<td>-</td>
</tr>
</tbody>
</table>
A Team Approach: Integrating Tobacco Dependence Treatment into Routine Clinical Practice

Chad Morris, Ph.D.
May 27, 2015
The Triple Aim

Better Health

Better Quality

Lower Cost
What is killing the majority of us is not infectious disease, but our chronic and modifiable behaviors.
Trends in U.S. Adult Smoking

17.8% of adults are current smokers
Annual Causes of Death in the United States

Number of deaths (thousands)

- Heart Disease*
- Cancer*
- Chronic Respiratory Diseases*
- Cerebrovascular Disease*
- Accidents**

*Tobacco Related Illnesses
**Tobacco Use is a Risk Factor
Behavioral Causes of Death in U.S.

- **Tobacco**: 480,000
- **Obesity**: 112,000
- **Drug-Induced**
  - **MVAs**: 35,303
  - **Suicide**: 35,518
  - **AIDS/HIV**: 15,529
  - **Homicide**: 16,238
  - **Alcohol**: 26,654

*Persons with behavioral health conditions*
Tobacco Dependence Treatment Does Not Need to Be in a Silo
Chronic Care Model

Community
Resources & Policies

Self-Management Support
Delivery System Design
Decision Support
Clinical Information Systems

Health System
Health Care Organization

Productive Interactions

Informed Activated Patient
Prepared Proactive Practice Team

IMPROVED OUTCOMES
Decision Support & Prepared Practices
The Biology of Nicotine Addiction
Dopamine Reward Pathway

Nicotine enters brain

Stimulation of nicotine receptors

Dopamine release

Prefrontal cortex

Nucleus accumbens

Ventral tegmental area

Nicotine enters brain
Nicotine addiction is often a chronic, relapsing condition (e.g., Foulds, 2006; Steinberg et al., 2008) A problematic pattern of tobacco use leading to clinically significant impairment (DSM-5, 2013)
DSM-5 – Substance Related and Addictive Disorders

There are four tobacco-related disorders:

① Tobacco Use Disorder
② Tobacco Withdrawal
③ Other Tobacco-Induced Disorders
④ Unspecified Tobacco-Related Disorder
The Stress and Smoking Connection

• The majority of smokers recognize smoking is physically unhealthy
  • But mistakenly believe it has positive psychological functions
    • In particular- stress relief
      • Smoking is used as an indirect coping strategy
      • And perceived stress reduction is often relief of withdrawal symptoms
Tobacco Cessation Interventions: Effectiveness
Tobacco Dependence Has Two Parts

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>
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</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>
Smoking Cessation Outcomes

- Smoking cessation is associated with:
  - ↓ depression, anxiety, and stress
  - ↑ positive mood and quality of life compared with continuing to smoke
  - The effect size seems as large for those with psychiatric disorders as those without
  - The effect sizes are equal or larger than those of antidepressant treatment for mood and anxiety disorders

Taylor et al, 2014
Tobacco Cessation Interventions:
Screening & Assessment
Tobacco Cessation Interventions: The 5 A’s and 2A’s & R Models

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

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
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: 5 A’s

**ASSESS** readiness to quit

- “How do you feel about your smoking?”
- “Have you considered quitting?”
- Explore barriers to quitting
- Assess nicotine dependence
  - “How many cigarettes do you smoke a day?”
  - “How soon after you wake do you have your first cigarette?”
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
Tobacco Cessation Interventions: 5 A’s

**ARRANGE** follow-up visits to track progress
- Encourage individuals to join the Tobacco Free group
- Discuss ways to remove barriers
- Congratulate successes
- Encourage individuals to talk with their providers
The 5A’s Model

- **Ask if patient uses tobacco**
  “Have you smoked our used other tobacco/nicotine products in the past month”?

- **Assess if patient wants to set a quit date**
  “Would you like to quit in the next month?”

- **Assess last quit**
  “When was the last time you smoked or used other tobacco or nicotine products?”

- **Arrange follow-up**

- **Assist with accessing treatment:**
  - Medications,
  - Behavioral interventions,
  - Self-help materials,
  - Referrals

- **Use motivational interventions and provide brief counseling to increase motivation**
  Provide education and relevant materials

- **Provide relapse prevention counseling and congratulate**

- **Assist with accessing treatment:**
  - Medications,
  - Behavioral interventions,
  - Self-help materials,
  - Referrals

- **Use motivational interventions and provide brief counseling to increase motivation**
  Provide education and relevant materials

- **Provide relapse prevention counseling and congratulate**

- **Arrange follow-up**

- **Assess last quit**
  “When was the last time you smoked or used other tobacco or nicotine products?”

- **Assess for recent or lifetime tobacco/nicotine use**
  “Have you ever smoked or used other tobacco or nicotine products?”

- **Assess if patient uses tobacco**
  “Have you smoked our used other tobacco/nicotine products in the past month”?

- **Assess if patient wants to set a quit date**
  “Would you like to quit in the next month?”

- **Assess last quit**
  “When was the last time you smoked or used other tobacco or nicotine products?”

- **Arrange follow-up**

- **Assist with accessing treatment:**
  - Medications,
  - Behavioral interventions,
  - Self-help materials,
  - Referrals

- **Use motivational interventions and provide brief counseling to increase motivation**
  Provide education and relevant materials

- **Provide relapse prevention counseling and congratulate**

- **Arrange follow-up**

- **Assess if anyone else smokes around the patient**

- **Help patient avoid second-hand smoke exposure**

- **Stop**
Tobacco Cessation Interventions: Counseling
Health Behavior Change Interventions

- Cognitive-Behavioral Therapy
- Motivational enhancement
- Individual counseling >4 sessions
- Psycho-educational groups
- Individualized treatments based on diagnoses
Creating New Habits

① Identify Cues
② Change the Reward Pathway
③ Shape the Environment
# Matching Patient Motivation

<table>
<thead>
<tr>
<th>Stage</th>
<th>Definition</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-contemplation</td>
<td>Not considering changing</td>
<td>Educate/Inform</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Thinking about making a change</td>
<td>Encourage/Motivate</td>
</tr>
<tr>
<td>Preparation</td>
<td>Actively considering changing in the immediate future or within the next month</td>
<td>Assist with goal setting</td>
</tr>
<tr>
<td>Action</td>
<td>Making overt attempts to change</td>
<td>Provide support, assist as needed to overcome barriers</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Made changes for longer than six months</td>
<td>Continued support, set new goals when ready</td>
</tr>
</tbody>
</table>
Motivational Interventions

Evoking an individual’s own motivations and ideas for change

- Planning
- Evoking
- Focusing
- Engaging
Discord Management

“What does it matter?”

“Yes, but...”

“You don’t know what it’s like to be in my shoes.”
The Stethoscope of Smoking Cessation

- Non-invasive
- Visual motivational tool
- Myth busting
- Severity of dependence
Motivational Intervention

How Much Does Smoking Cost?

Review the chart below. Look for the approximate number of cigarettes you smoke each day in the left-hand column. When you find the row that matches the number of cigarettes you smoke each day, look across the row to find out how much you spend per day, week, month, year and 10 years. Write down these amounts in the chart below.

<table>
<thead>
<tr>
<th>Approximate Number of Cigarettes I Smoke Each Day</th>
<th>Average Cost* Per Day</th>
<th>Average Cost* Per Week</th>
<th>Average Cost* Per Month</th>
<th>Average Cost* Per Year</th>
<th>Average Cost* In 10 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>½ pack (10 cigs)</td>
<td>$2.50</td>
<td>$17.50</td>
<td>$75.00</td>
<td>$912.50</td>
<td>$9125.00</td>
</tr>
<tr>
<td>1 pack (20 cigs)</td>
<td>$5.00</td>
<td>$35.00</td>
<td>$150.00</td>
<td>$1,825.00</td>
<td>$18,250.00</td>
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<tr>
<td>1 ½ packs (30 cigs)</td>
<td>$7.50</td>
<td>$52.50</td>
<td>$225.00</td>
<td>$2,737.50</td>
<td>$27,375.00</td>
</tr>
<tr>
<td>2 packs (40 cigs)</td>
<td>$10.00</td>
<td>$70.00</td>
<td>$300.00</td>
<td>$3,650.00</td>
<td>$36,500.00</td>
</tr>
<tr>
<td>2 ½ packs (50 cigs)</td>
<td>$12.50</td>
<td>$87.50</td>
<td>$375.00</td>
<td>$4,562.50</td>
<td>$45,625.00</td>
</tr>
<tr>
<td>3 packs (60 cigs)</td>
<td>$15.00</td>
<td>$105.00</td>
<td>$450.00</td>
<td>$5,475.00</td>
<td>$54,750.00</td>
</tr>
</tbody>
</table>

*The average costs in this chart are determined based on a $5 per cigarette pack cost.

On average, I spend
$__________ per day
$__________ per week
$__________ per month
$__________ per year
$__________ per 10 years
Relapse

Relapse - (tobacco use after tobacco cessation) can be another challenge

- For many people, quitting takes more than one try
- People may need to practice quitting first
- Discussion: What can be learned from past quit attempts?
Tobacco Cessation Interventions: Pharmacotherapy
Tobacco Cessation Medications

The only medications approved by the Food and Drug Administration (FDA) for tobacco cessation are:

- Nicotine gum
- Nicotine lozenge
- Nicotine patch
- Nicotine nasal spray
- Nicotine inhaler
- Bupropion SR tablets
- Varenicline tablets
Nicotine Gum & Lozenge Dosages

- **Scheduled dosing increases success with this treatment**
  - <20 cigarettes per day
    - 2 mg gum or lozenge every 1-2 hours
  - >20 cigarettes per day
    - 4 mg gum or lozenge every 1-2 hours
  - Slowly taper dosing as tolerated over 8 to 12 weeks

- **Possible Side Effects:**
  - Mouth soreness, hiccups, dyspepsia (indigestion) and jaw ache
NRT Patch Dosages

**NicoDerm CQ**

**Patch strength** | **Duration**
---|---
21 mg/day | 6-8 weeks
14 mg/day | 2-4 weeks
7 mg/day | 2-4 weeks

**Nicotrol:**

**Patch strength** | **Duration**
---|---
15 mg/16 hours | 8 weeks

**Possible Side Effects:**
local skin reaction, insomnia

*When using the patch on sites #3 and #4, place it on the outer arm area between the shoulder and the elbow.*
Label Update: Nicotine Replacement Therapy

- There are no significant safety concerns associated with the concomitant use of nicotine replacement therapy (NRT) products with other nicotine-containing products, including cigarettes.
- There are no significant safety risks associated with the use of NRT products for longer than the labeled number of weeks of use.
- Current marketed NRT products do not appear to have significant potential for abuse or dependence.
Bupropion SR Tablets

- Does not contain nicotine
- The tablet is swallowed whole, and the medication is released over time
- Sold with a prescription as Zyban or generic
- Initial dose of 150 mg/day for 3 days, followed by 150 mg twice daily for 6-12 weeks
Bupropion

Side Effects and Precautions

- **Side effects include:**
  - Insomnia (35-40%)
  - Dry mouth (<10%)
  - Agitation, decreased appetite, dizziness, headache, nausea

- **Avoid recommending to individuals:**
  - With eating disorders
  - At increased risk for seizures
  - Diagnosed with bipolar disorder
  - And take precautions for individuals with schizophrenia
  - Concomitant or recent use (past 2 weeks) of MAO inhibitors
Varenicline

- Does not contain nicotine
- The tablet is swallowed whole
- Sold with a prescription only as Chantix
- People who take Chantix should be in regular contact with their doctor
- Initial dosing is 0.5 mg/day for 3 days and then twice daily for 4 days. For next 11 weeks, dosing is 1 mg twice daily
Varenicline

Side Effects and Precautions

- **Side effects include:**
  - Nausea
  - Headache
  - Insomnia and abnormal dreams
  - Constipation and flatulence

- **Precautions for individuals:**
  - Operating heavy machinery
  - With kidney or cardiac problems
  - Taking insulin, asthma medications, or blood thinners
Combination Therapy

Use of two or more forms of tobacco cessation medications can improve cessation rates:

PLUS OR OR OR

PLUS

OR

OR

OR

PLUS

OR

OR

OR
Educate Providers

DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers

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

- Interactive, 4-day course
- Effectively treat tobacco dependence in healthcare settings

SAVE THE DATE:
October 12-15, 2015
in Aurora, Colo.

For detailed information visit http://www.bhwellness.org/programs/rmtts-c/
ATTUD is an organization of providers dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user

www.attud.org
Delivery System Design & Clinical Information Systems
Adoption of Electronic Health Records

• Health centers are encouraged to continue to expand HIT capacity including using the EHR for reporting the UDS clinical measures
  – Health centers may use their EHR for some or all of the measures depending on their readiness
New in 2014: Tobacco use screening and cessation intervention, formerly two separate measures, are now combined into one measure

Measure: Percentage of patients aged 18 and older who were screened for tobacco use at least once during the measurement year or prior year AND who received cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user

| Tobacco Use Screening and Cessation Intervention | Total Patients Aged 18 and Older (a) | Number Charts Sampled or EHR Total (b) | Number of Patients Assessed for Tobacco Use And Provided Intervention if a Tobacco User (c) |
Healthcare Reform: 2014 Clinical Quality Measures

- Clinical quality measures track the tobacco cessation services providers offer
- Tobacco is one of 9 Core Quality Measures
- CQMs may be reported electronically, or via attestation

Tobacco Registry

• A promising option for comprehensive structured care and coordinated counseling

• 2- to 4-fold increase in the adoption of evidenced-based tobacco use treatments (counseling and pharmacotherapy)

Ripley-Moffitt et al 2015
## Billing Diagnosis and Codes

<table>
<thead>
<tr>
<th>Diagnosis &amp; Treatment</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Use Disorder Diagnosis</td>
<td>305.1</td>
</tr>
<tr>
<td>Personal History of Tobacco Use</td>
<td>V15.82</td>
</tr>
<tr>
<td>Symptomatic Tobacco Use Counsel 3-10 min</td>
<td>99406</td>
</tr>
<tr>
<td>Symptomatic Tobacco Use Counsel &gt;10 min</td>
<td>99407</td>
</tr>
<tr>
<td>Asymptomatic Tobacco Use Counsel 3-10 min</td>
<td>G0436</td>
</tr>
<tr>
<td>Asymptomatic Tobacco Use Counsel &gt;10 min</td>
<td>G0437</td>
</tr>
</tbody>
</table>

*Group sessions by a physician, 99078 and other qualified individuals S9453 may also reimbursable*
Upcoming ICD-10 Codes

- ICD-10 Codes: F17.2 Nicotine Dependence
  - F17.20 Nicotine dependence, unspecified,
  - F17.21 Nicotine dependence, cigarettes;
  - F17.22 Nicotine dependence, chewing tobacco,
  - F17.29 Nicotine dependence, other tobacco product
Medicare Providers

• Medicare Part B covers tobacco use treatment multiple times each year.
  – 8 visits per year (4 sessions per attempt)
  – At intermediate (3 to 10 min) or intensive (>10 min) levels

• Medicare Part D covers cessation medications
**Tobacco Cessation Workflow**

### Front Desk/Admin
- Screening form
- Post/place tobacco cessation promotional materials in waiting area
- Fax quitline referral preauthorizations

### Clinician/Medical Assistant (5A’s Model)
1. Verify screening form & complete tobacco use assessment
2. Current or recent tobacco use
   - No
     - Discuss sustaining abstinence and healthy living strategies
   - Yes
     - Utilize Motivational Interventions to Address Use*
     - Visual Prompt on Exam Room Door
     - Onsite cessation group and/or individual counseling
     - CO Reading
     - Peer services/Patient navigator
     - Enter interventions into EHR and/or chart

### Physician (2A’s & R Model)
1. Review screening & tobacco use assessment
2. Brief counseling*
3. Rx meds**
4. Collaborative treatment planning
5. Preauthorizations & referrals
6. Follow up appointment set within 1 month

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* 5A’s algorithm
** Cessation medications protocol
A Patient-Centered Tobacco Cessation Workflow for Health Care Clinics

24 February, 2015

http://www.bhwellness.org/resources/fact-sheets-reports/
Self Management
DIMENSIONS: Tobacco Free & Well Body Program Training Materials

- Advanced Techniques Manual
- Group Facilitator Manual
- Electronic copies of materials
Role of the Tobacco Free Program Facilitators

- Raise awareness through center in-services, lunch and learns, and trainings
- Conduct individual motivational interventions
- Facilitate Tobacco Free groups
- Make referrals to other healthcare providers and community cessation services
- Create a positive social network
Tobacco Free Group (or Individual Counseling)

- Session A: Creating a Plan
- Session B: Healthy Behaviors
- Session C: The Truth about Tobacco
- Session D: Changing Behaviors
- Session E: Coping with Cravings
- Session F: Maintaining Change

*Groups are typically 90 minutes
A Peer-to-Peer Model

Peer Advocate/Mentor: An individual with “lived experience” who has received specialized training and supervision to work with others who have a similar history.
Agency Culture & Provider Well-Being
Creating New Habits

① Identify Cues
② Change the Reward Pathway
③ Shape the Environment
Tobacco Free Policy: A Parallel Process

- Client, visitor, and staff policy
- Client and staff resources
  - Facilities
  - Incentives
  - Medications
  - Peer support
A Tobacco-Free Toolkit for Community Health Facilities

Project TRUST Edition

Made possible by funding from the Department of Health and Human Services through the Los Angeles County Department of Public Health

http://www.bhwellness.org/resources/toolkits/
Why Focus on Physician Health & Well-Being?

• Healthy doctors live longer, lead more satisfying lives and are safer practitioners
Why Focus on Physician Health & Well-Being?

- A physician’s wellness is associated with:
  - Medical Errors
  - Work Satisfaction
  - Workplace Environment
  - Tobacco & Preventive Treatment
About This Toolkit

Who is this toolkit for?
This toolkit is designed for use by physicians to facilitate their individual and workplace well-being. Physicians’ peers and employers can also use this toolkit as a reference.

How do I use this toolkit?
The toolkit contains a variety of information including step-by-step instructions about:

- Education regarding the importance of maintaining overall wellness for a physician;
- Developing skills for assessing one’s overall wellness and identifying goals to further promote wellness;
- Low burden means of assessing readiness to change related to increasing wellness behaviors;
- Evidence-based strategies for improving wellness.

https://www.bhwellness.org/resources/toolkits/
Community Linkage
Quitline Referral

Take Control

1-800-QUIT-NOW

Call. It's free. It works.

1-800-784-8669
www.smokefree.gov
Quitline e-Referral

http://www.naquitline.org
Stop Smoking Guide

http://smokingcessationleadership.ucsf.edu/
Jointly funded by CDC’s Office on Smoking & Health & Division of Cancer Prevention & Control

Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions

1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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Questions and Answers

• Submit questions via the chat box
Save the Date

• Smoking and LGBT webinar on Tuesday, June 30th at 2pm ET.

CME/CEUs of up to 1.5 credits are available to all attendees of this live session. Instructions will be emailed after the webinar.

Contact SCLC for technical assistance
Visit us online
• http://smokingcessationleadership.ucsf.edu

Call us toll-free
• 1-877-509-3786
Accreditation:
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 1.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

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