

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)



SMOKING CESSATION
LEADERSHIP CENTER

Disclosure

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,
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- catherine.saucedo@ucsf.edu

Thank you to our funders



Robert Wood Johnson Foundation



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NATIONAL BEHAVIORAL
HEALTH NETWORK
FOR TOBACCO & CANCER CONTROL

Housekeeping

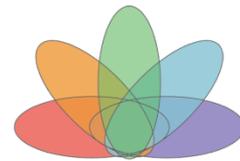
- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC's website, along with the slides.
- **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



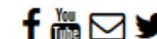
Behavioral Health &
Wellness Program

Chad Morris

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



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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:



Select a Different Reporting Year

[Find patient data by ZIP code using UDS Mapper **](#)

[View National, State and Program Grantee Data](#)

Age and Race/Ethnicity

Patient Characteristics

Services

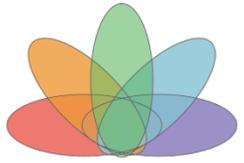
Clinical Data

Cost Data

Footnotes

* 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](#).

	2011	2012	2013	2011 - 2013 Trend %Change
Patients				
Medical Conditions (% of patients with medical conditions)				
Hypertension ³	22.0%	22.7%	23.6%	7.5%
Diabetes ⁴	11.9%	12.0%	12.6%	5.7%
Asthma	3.2%	5.6%	5.9%	81.4%
HIV	0.5%	0.6%	0.6%	13.9%
Prenatal				
Prenatal Patients	487,562	495,658	494,869	1.5%
Prenatal patients who delivered	263,327	268,206	263,927	0.2%
Quality of Care Indicators/Health Outcomes				
Perinatal Health				
Access to Prenatal Care (First Prenatal Visit in 1 st Trimester)	70.0%	70.2%	71.6%	2.2%
Low Birth Weight	7.4%	7.1%	7.3%	-1.6%
Preventive Health Screening & Services				
Cervical Cancer Screening	57.8%	57.2%	57.8%	0.1%
Adolescent Weight Screening and Follow Up	39.2%	46.7%	51.8%	32.2%
Adult Weight Screening and Follow Up	39.3%	47.7%	53.3%	35.8%
Tobacco Use Screening	79.5%	85.6%	91.5%	15.0%
Tobacco Cessation Counseling for Tobacco Users	52.7%	57.6%	63.7%	20.9%
Colorectal Cancer Screening	-	30.2%	32.6%	-



Behavioral Health &
Wellness Program

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

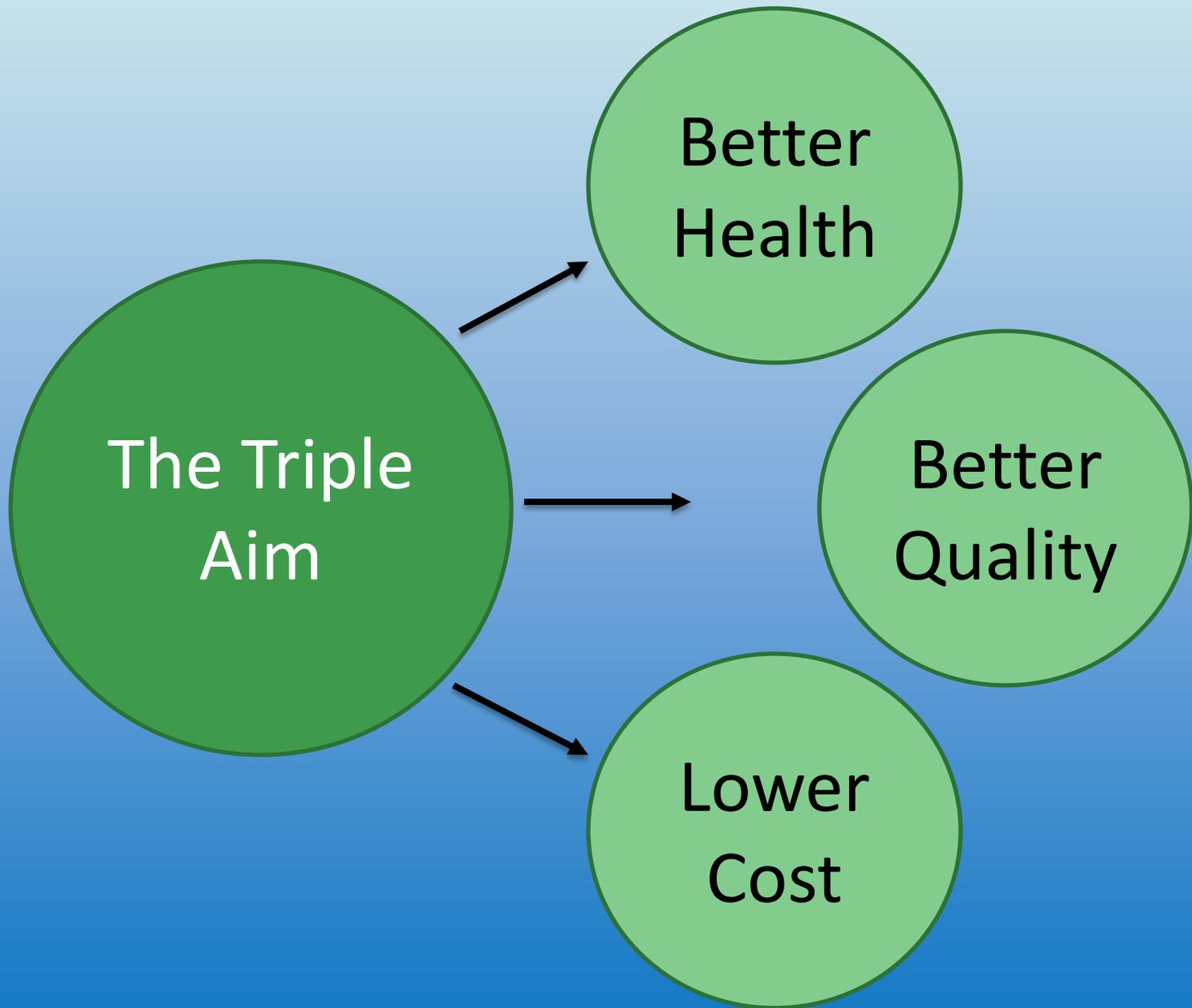
Chad Morris, Ph.D.
May 27, 2015



School of Medicine

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

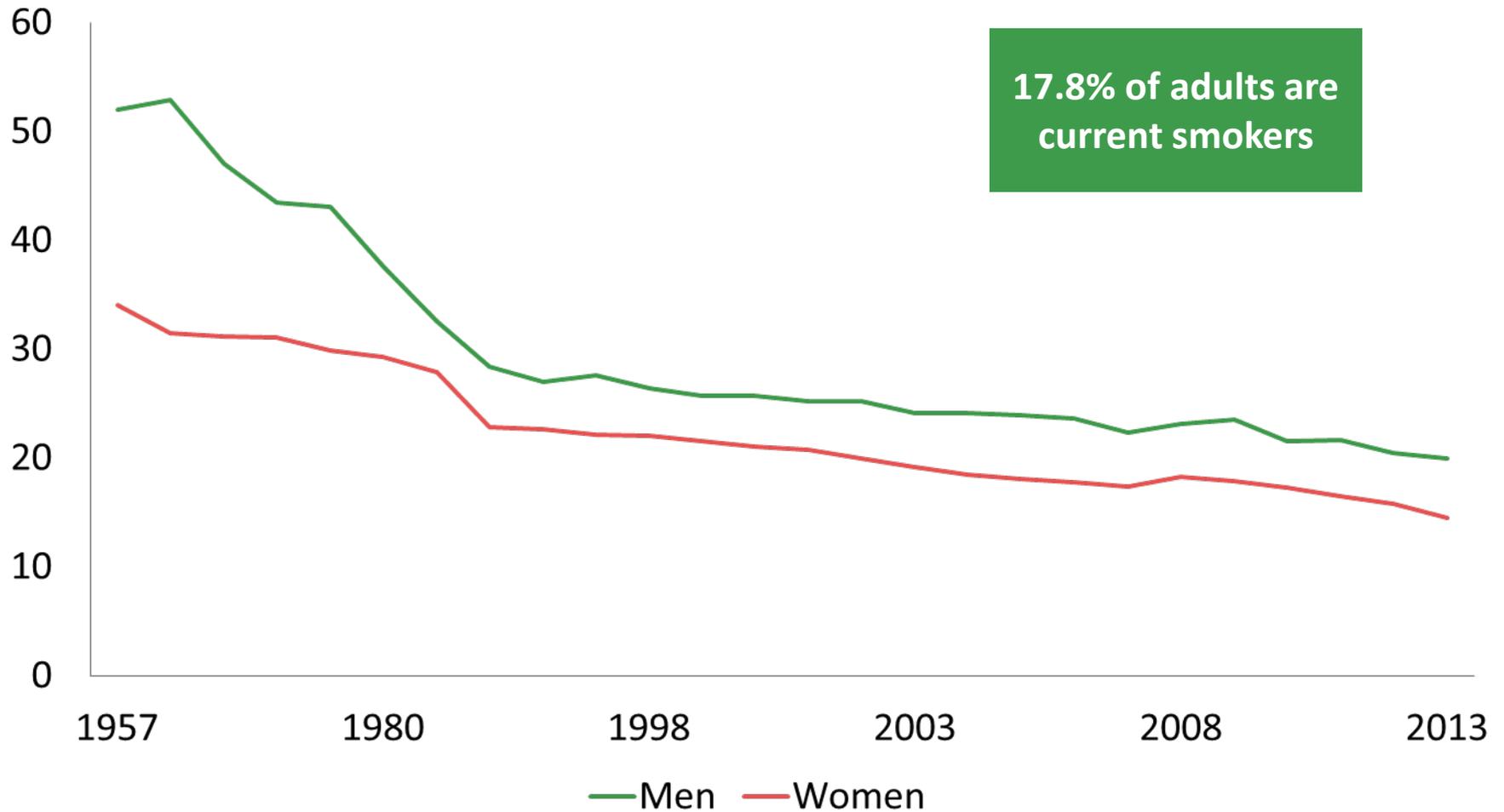




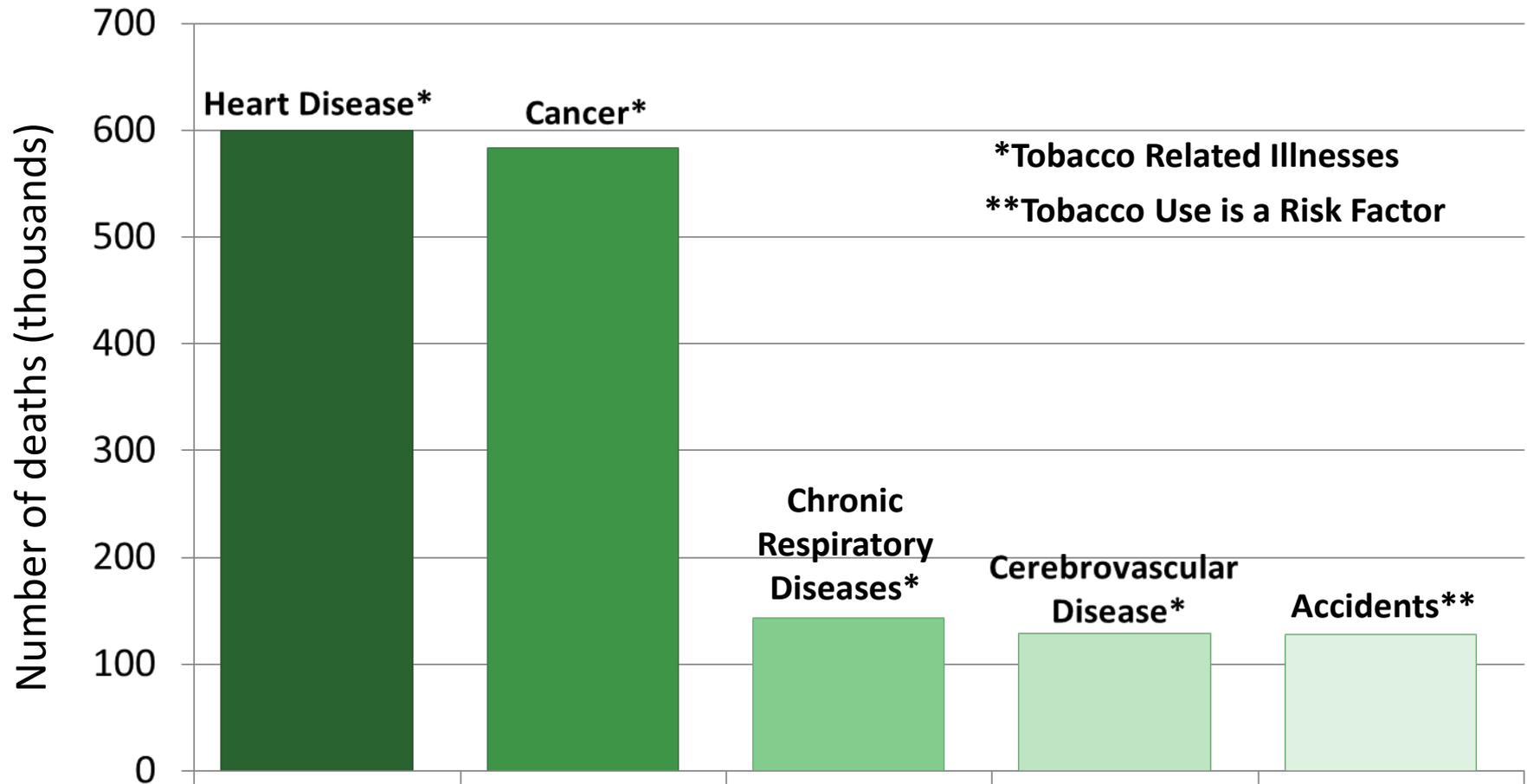
What is killing the majority of us is not infectious disease, but our chronic and modifiable behaviors.



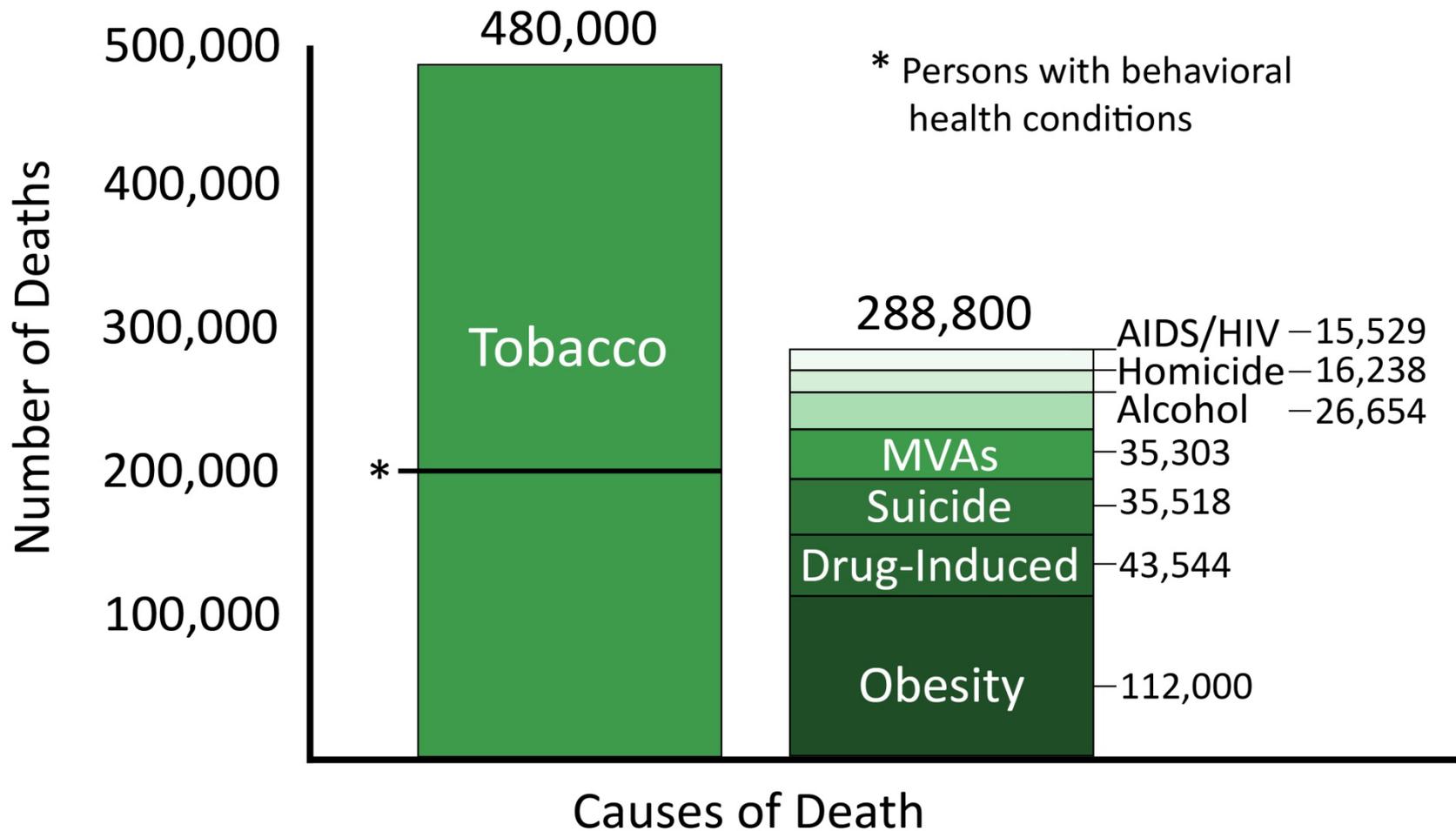
Trends in U.S. Adult Smoking



Annual Causes of Death in the United States



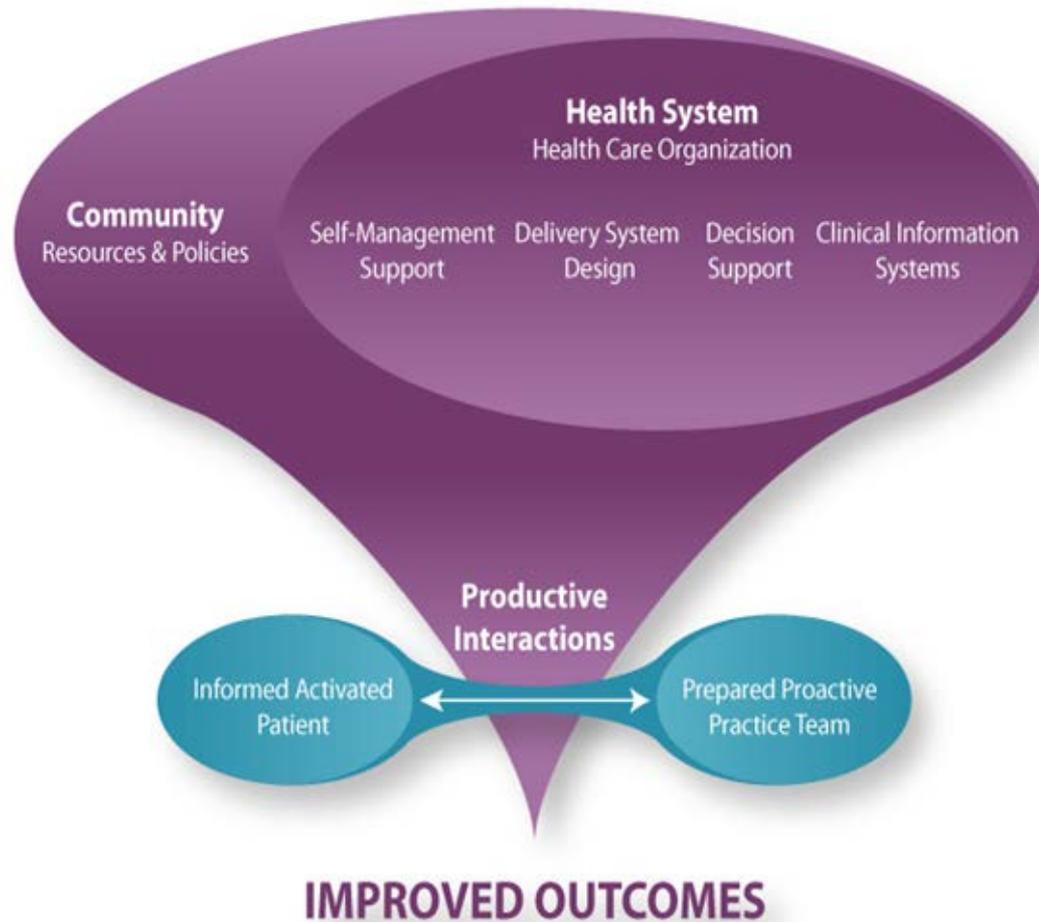
Behavioral Causes of Death in U.S.



Tobacco Dependence Treatment Does Not Need to Be in a Silo



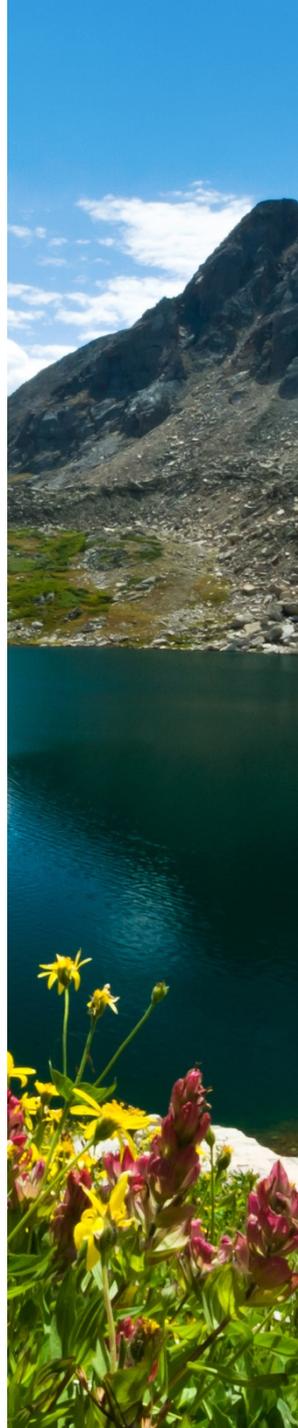
Chronic Care Model



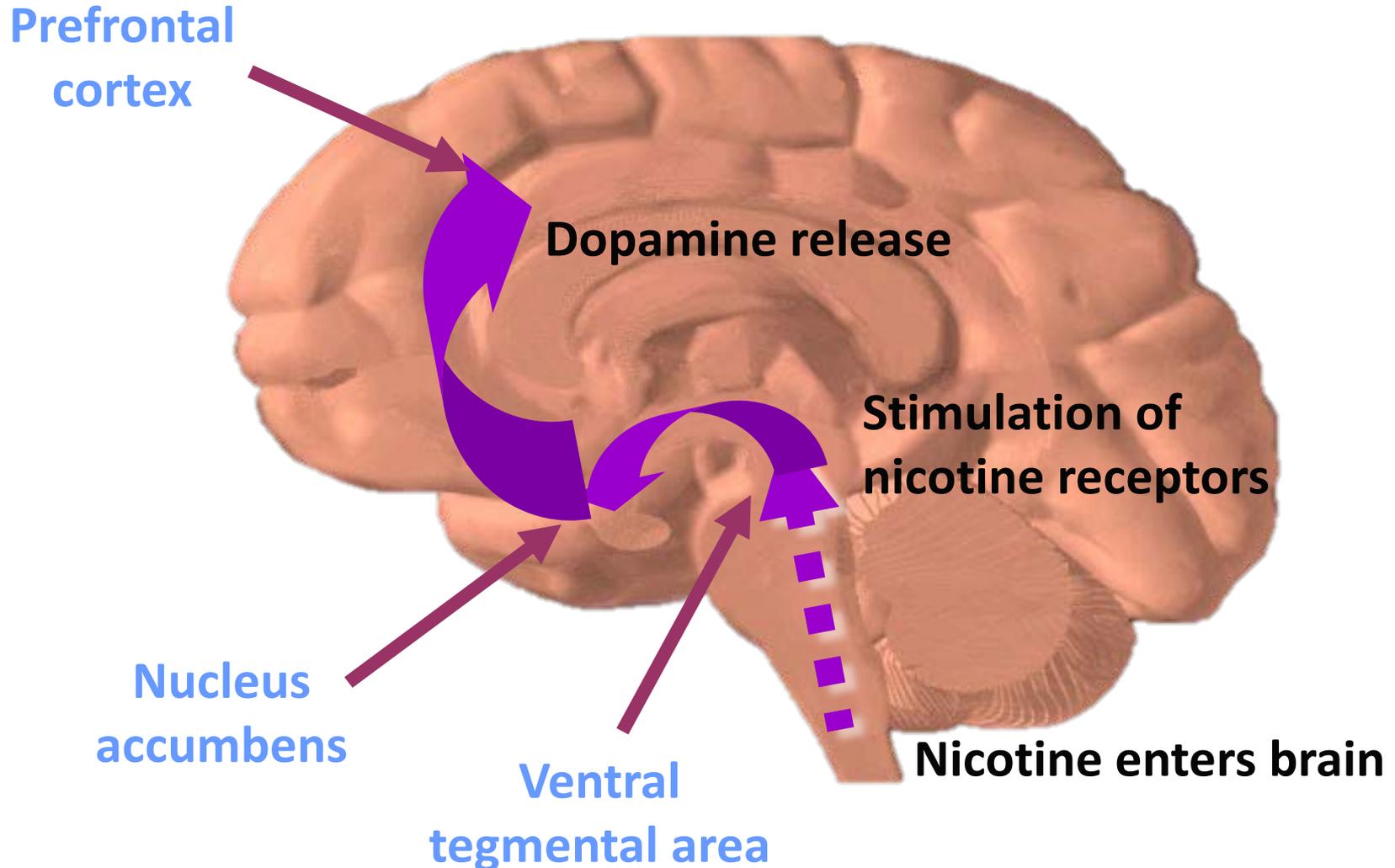


Decision Support & Prepared Practices

The Biology of Nicotine Addiction



Dopamine Reward Pathway



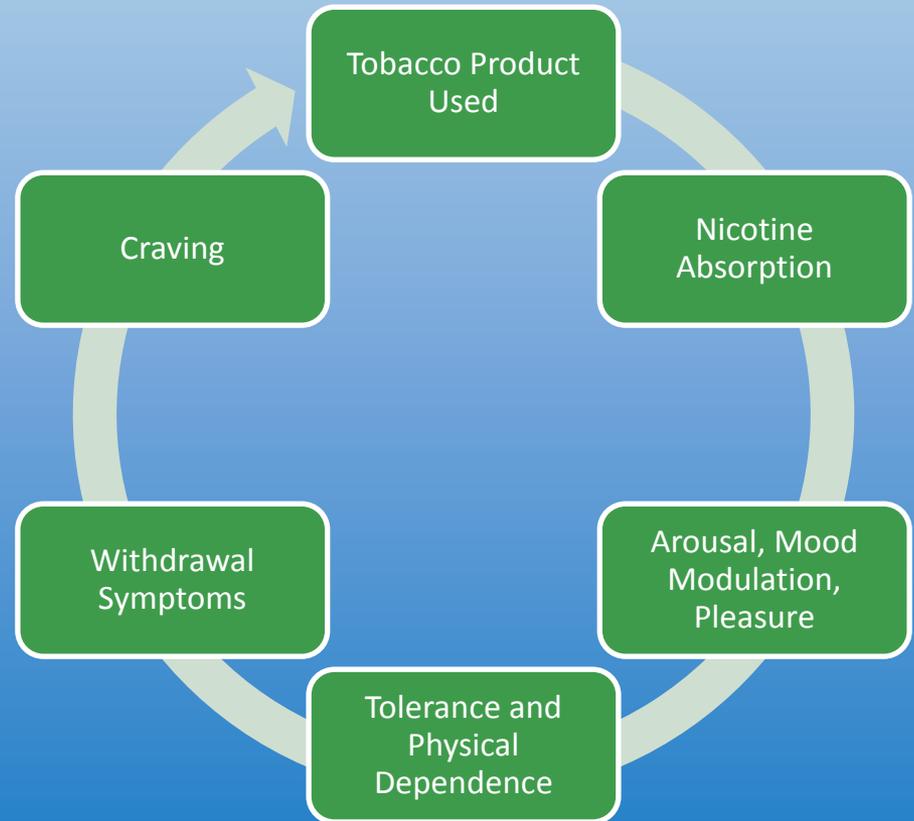
Nicotine Addiction Cycle

Nicotine addiction is often a chronic, relapsing condition

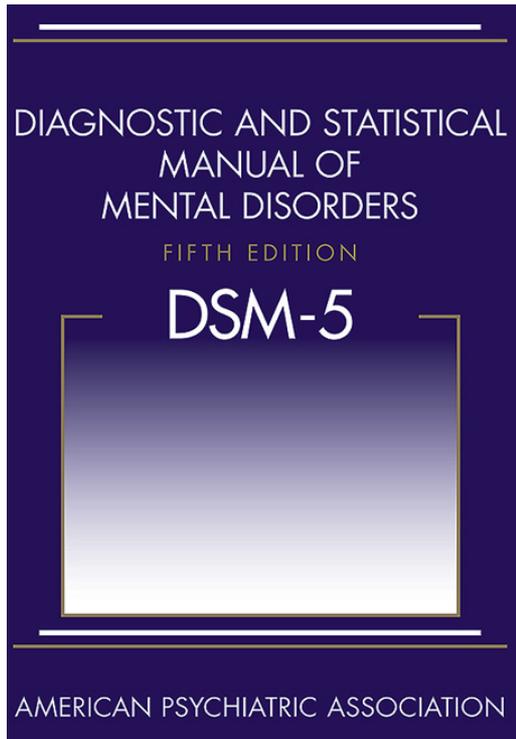
(e.g., Foulds, 2006; Steinberg et al., 2008)

A problematic pattern of tobacco use leading to clinically significant impairment

(DSM-5, 2013)



DSM-5 – Substance Related and Addictive Disorders



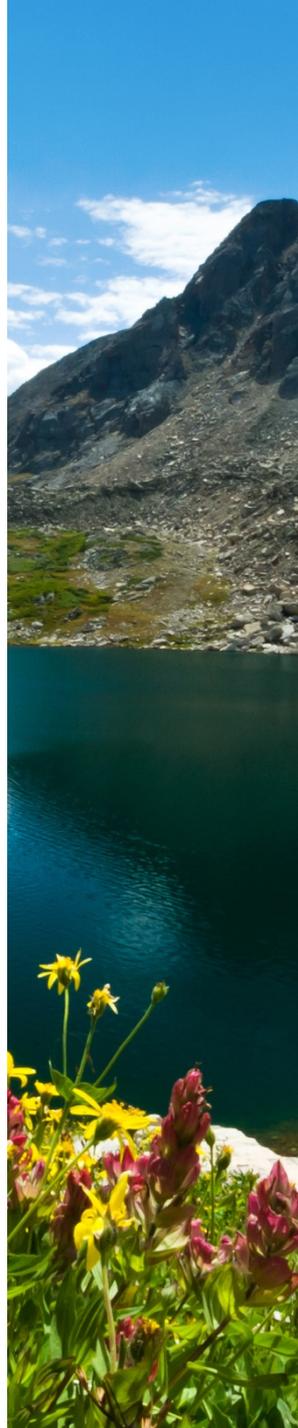
There are four tobacco-related disorders:

- 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

Treatment Format	Abstinence Rate
Unaided	4-7%
Self-Help	11-14%
Quitline	11-15%
Individual counseling	15-19%
Group counseling	12-16%
Medication alone	22%
Medication/Counseling	25-30%

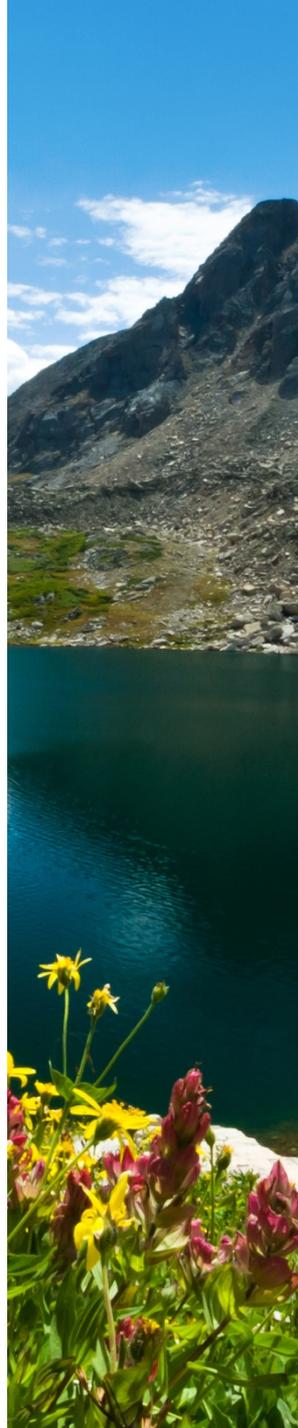
Smoking Cessation Outcomes

- 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



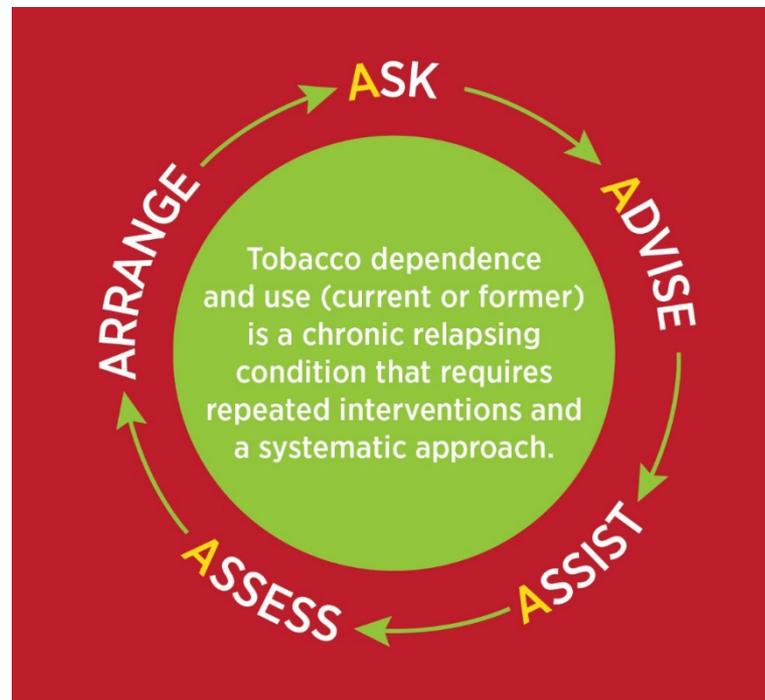
Tobacco Cessation Interventions: Screening & Assessment



Tobacco Cessation Interventions: The 5 A's and 2A's & R Models

The 5 A's:

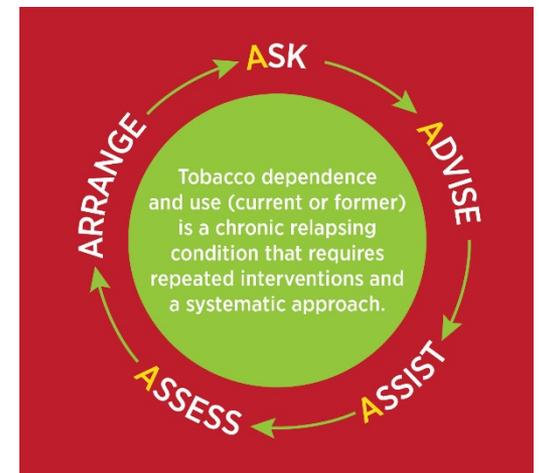
- Ask
- Advise
- Assess
- Assist
- Arrange



Tobacco Cessation Interventions: 5 A's

ASK all individuals about tobacco use

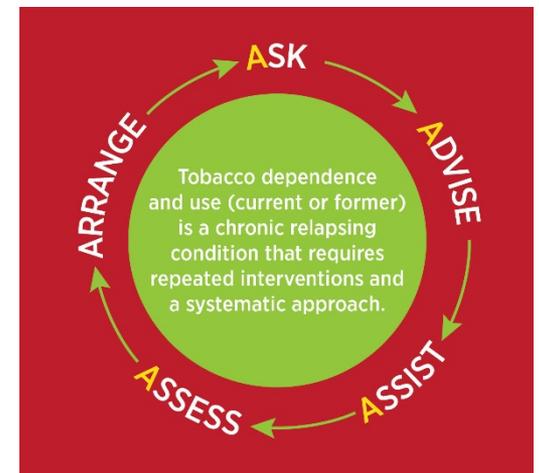
- “Do you, or does anyone in your household, use any type of tobacco?”
- “How many times have you tried to quit?”
- Explore tobacco use history



Tobacco Cessation Interventions: 5 A's

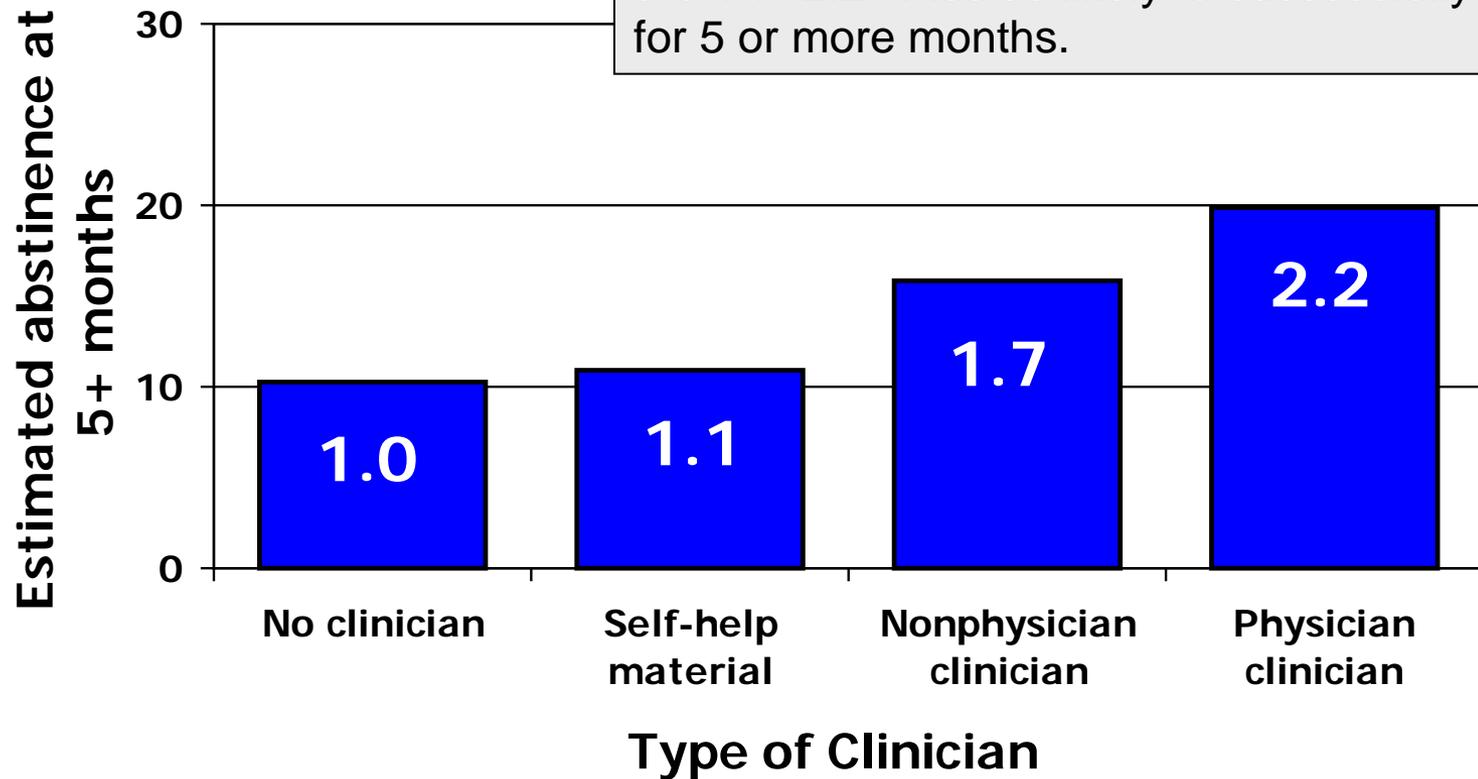
ADVISE people who use tobacco to quit

- 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

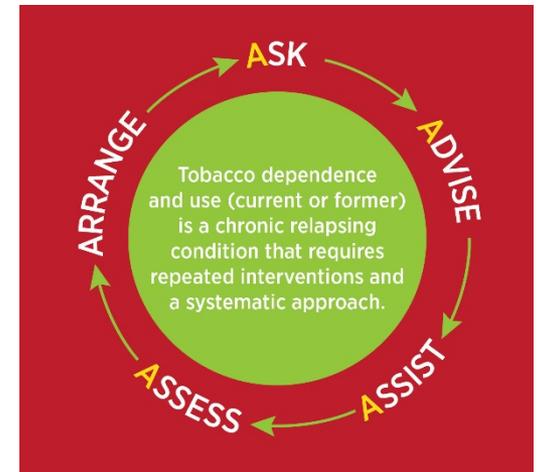
Compared to people who smoke who do not get help from a clinician, those who get help are 1.7–2.2 times as likely to successfully quit for 5 or more months.



Tobacco Cessation Interventions: 5 A's

ASSESS readiness to quit

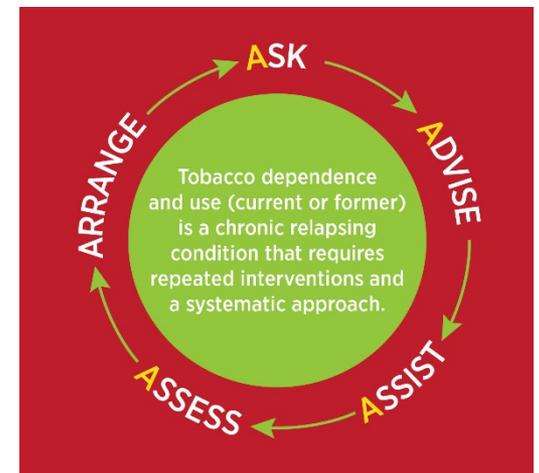
- “How do you feel about your smoking?”
- “Have you considered quitting?”
- Explore barriers to quitting
- Assess nicotine dependence
 - “How many cigarettes do you smoke a day?”
 - “How soon after you wake do you have your first cigarette?”



Tobacco Cessation Interventions: 5 A's

ASSIST individuals interested in quitting

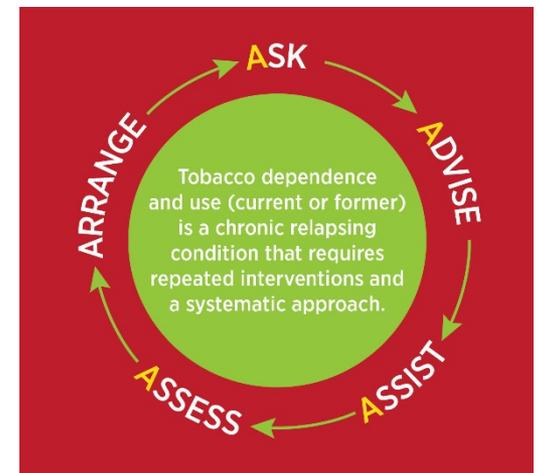
- Set a quit date or gradually cut down
- Discuss their concerns
- Encourage social support



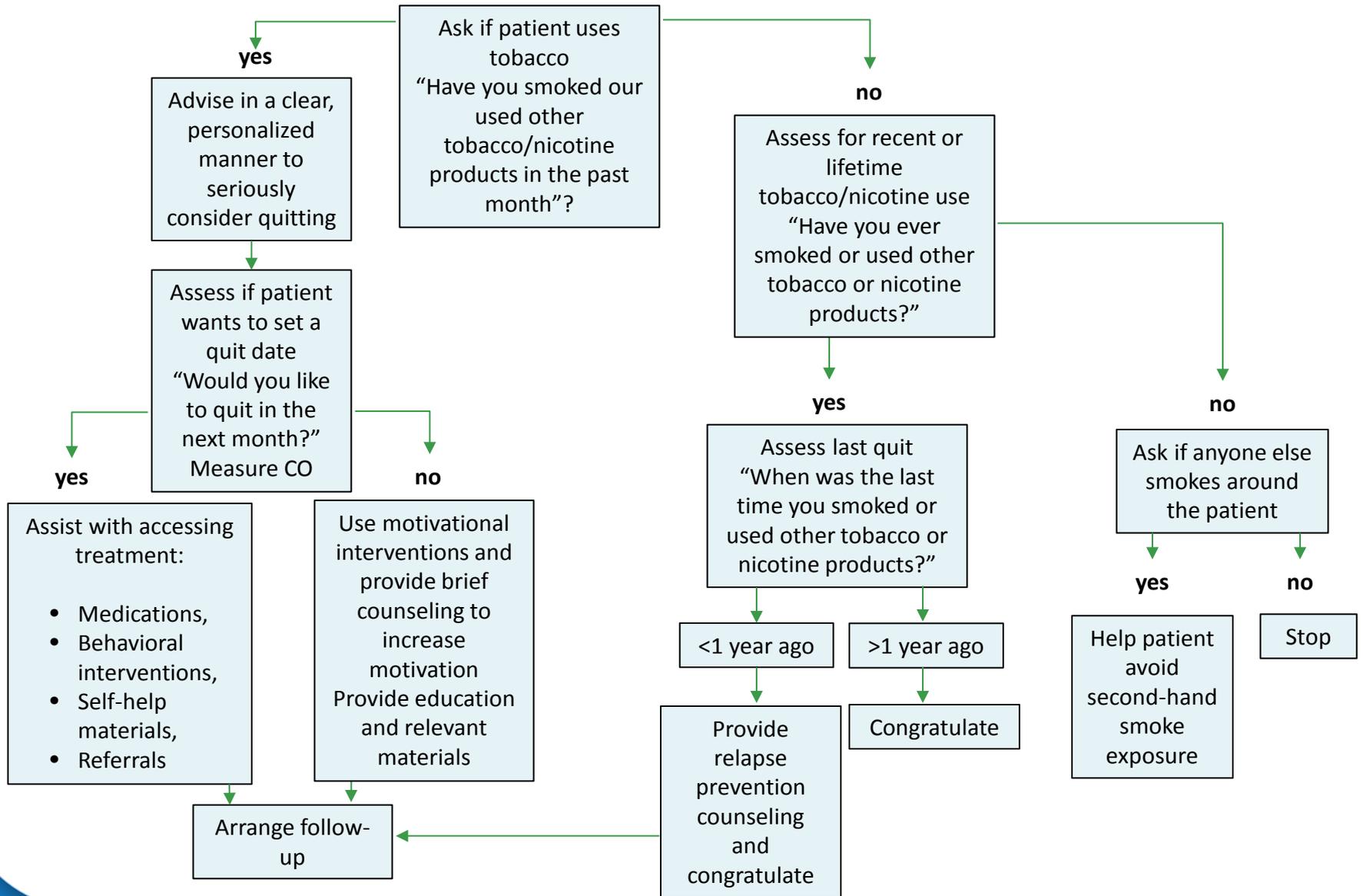
Tobacco Cessation Interventions: 5 A's

ARRANGE follow-up visits to track progress

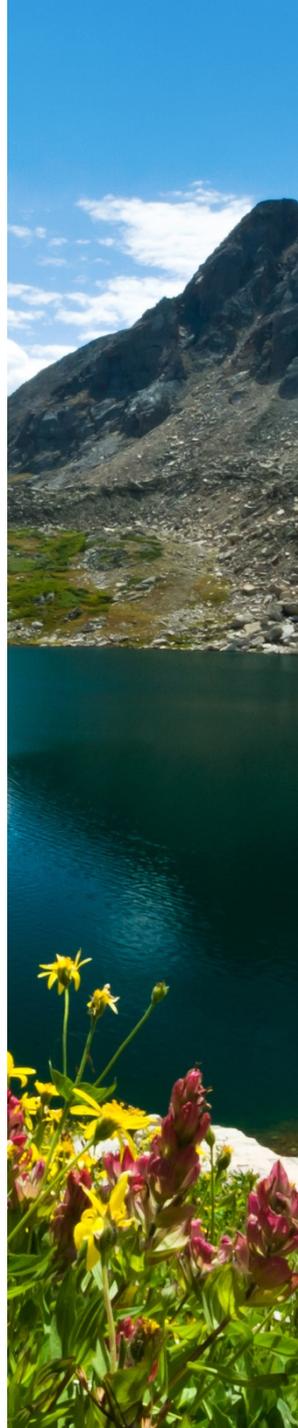
- Encourage individuals to join the Tobacco Free group
- Discuss ways to remove barriers
- Congratulate successes
- Encourage individuals to talk with their providers



The 5A's Model



Tobacco Cessation Interventions: Counseling

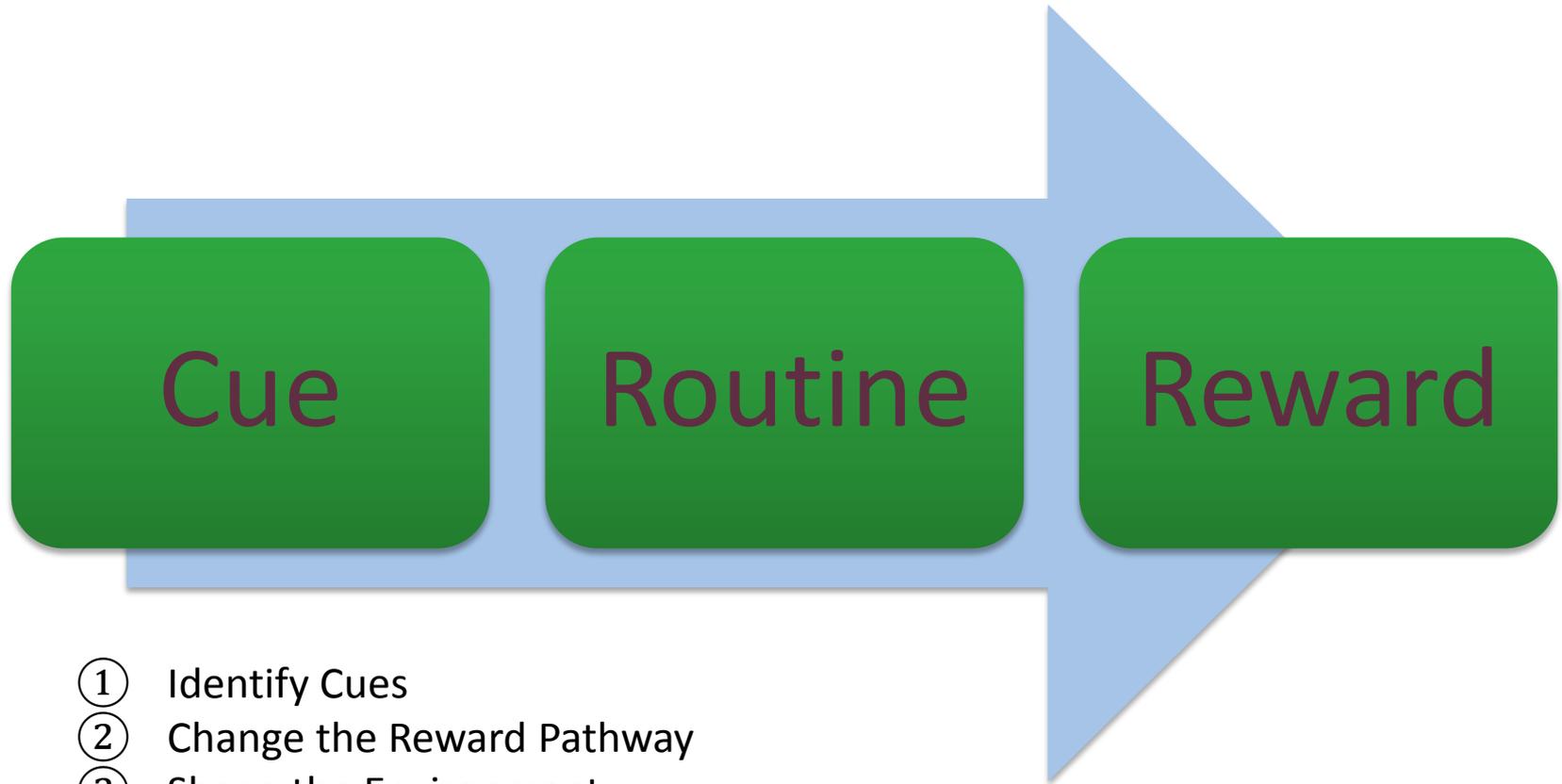


Health Behavior Change Interventions

- 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

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

Motivational Interventions

Evoking an individual's own motivations and ideas for change

Planning

Evoking

Focusing

Engaging

Discord Management



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.

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

*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

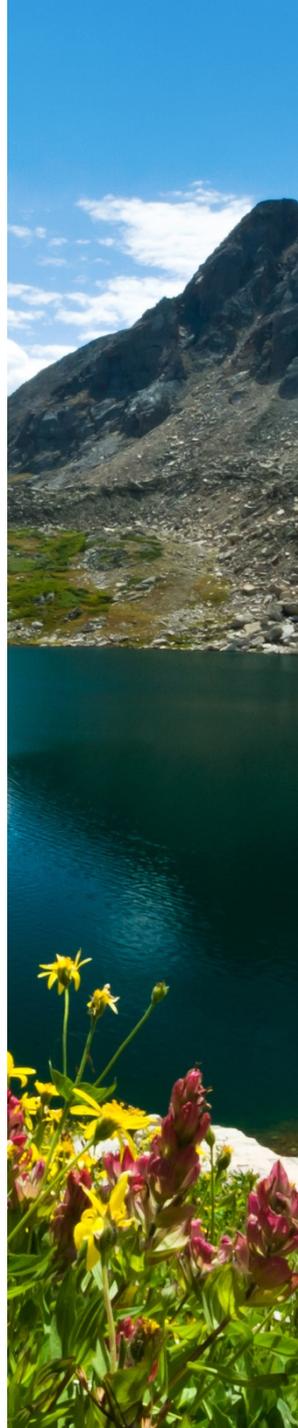
Relapse

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

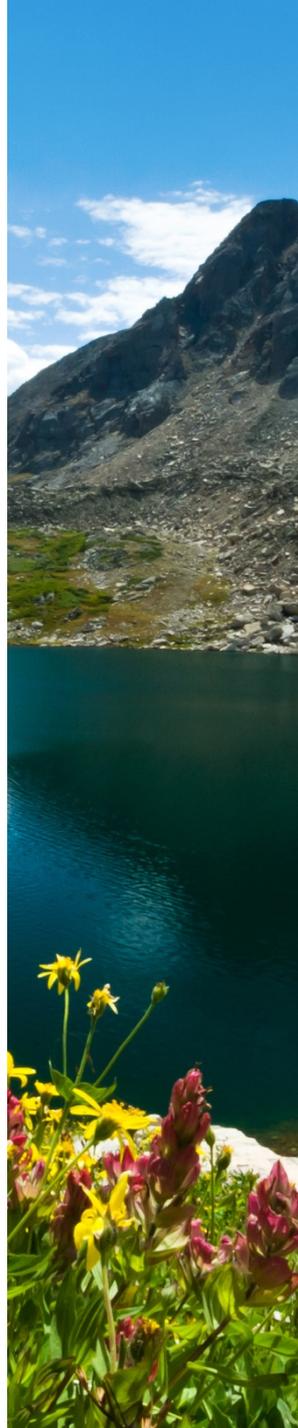
The only medications approved by the Food and Drug Administration (FDA) for tobacco cessation are:

- 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

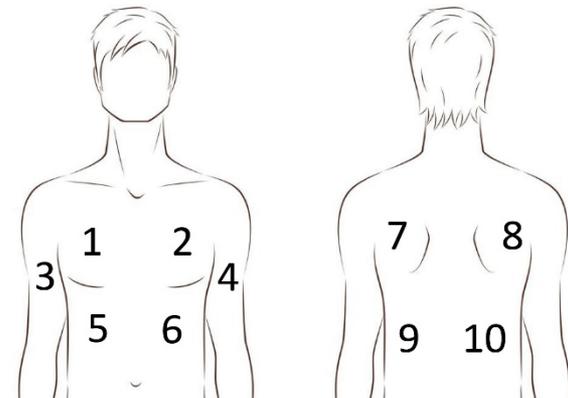


NRT Patch Dosages

NicoDerm CQ

Patch strengthDuration

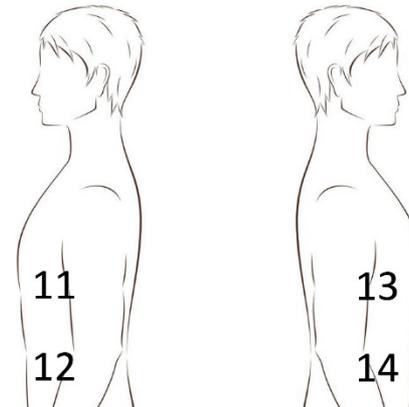
21 mg/day	6-8 weeks
14 mg/day	2-4 weeks
7 mg/day	2-4 weeks



Nicotrol:

Patch strengthDuration

15 mg/16 hours	8 weeks
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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:

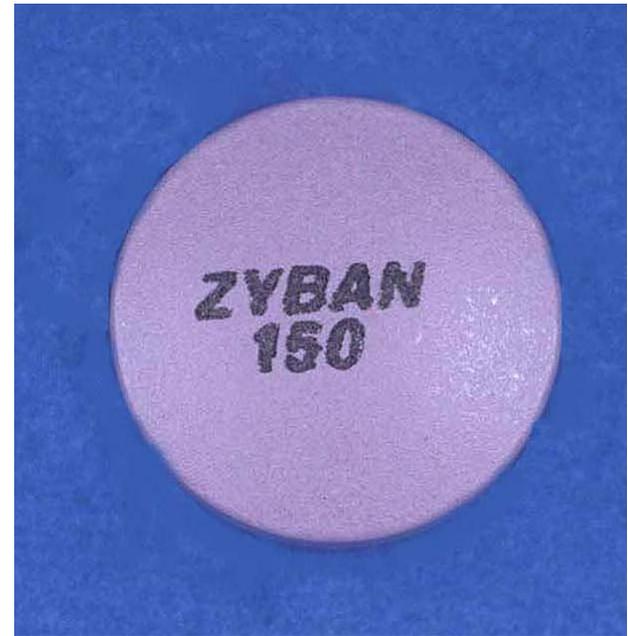
Nicotine Replacement Therapy

- 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

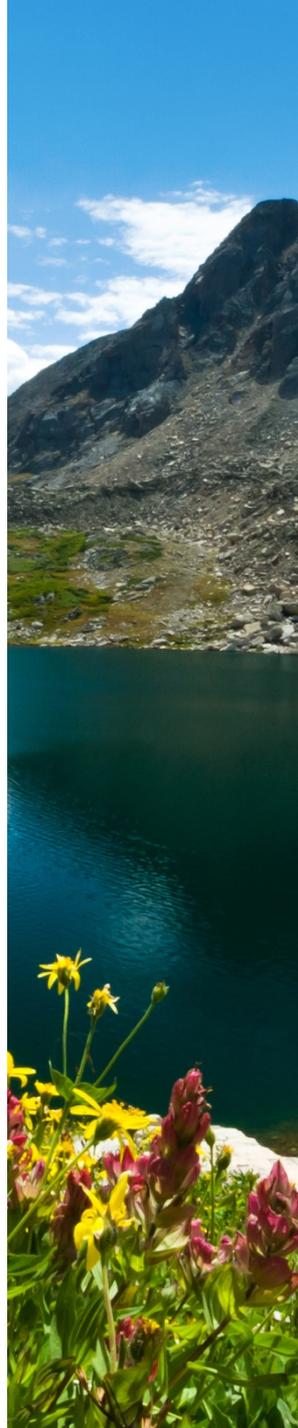
- Does not contain nicotine
- The tablet is swallowed whole
- Sold with a prescription only as Chantix
- People who take Chantix should be in regular contact with their doctor
- Initial dosing is 0.5 mg/day for 3 days and then twice daily for 4 days. For next 11 weeks, dosing is 1 mg twice daily



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**  **PLUS**  **OR** 

Educate Providers

Behavioral Health & Wellness Program
University of Colorado Anschutz Medical Campus
School of Medicine

DIMENSIONS:
Tobacco Free Toolkit
for Healthcare
Providers

<http://www.bhwellness.org/resources/toolkits/>

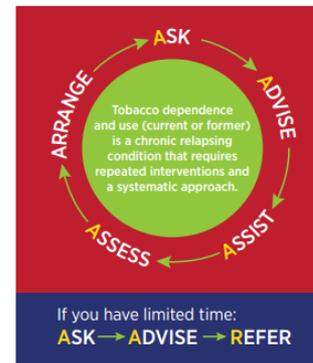
Planning for Change

Once you have assessed a person's readiness to quit, you can start developing a plan of care. However, much of this planning involves continuing to assess an individual's motivation and potential barriers to change. In addition, the plan needs to be individualized. Motivational interviewing techniques will be vital to assisting individuals to take the next step.



TIP: While Preparing for Change, Keep Your Assessment Hat On! Use those Motivational Interviewing Tools.

The 5 A's: Ask, Advise, Assess, Assist and Arrange



The U.S. Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence provides healthcare clinicians an onsite strategy for smoking cessation treatment that is built around the "5 A's" (Ask, Advise, Assess, Assist and Arrange). Knowing that providers have many competing demands, the 5 A's were created to keep steps simple. **Regardless of the patient's stage of readiness for a cessation attempt, the 5 A's are essential for every patient visit.**

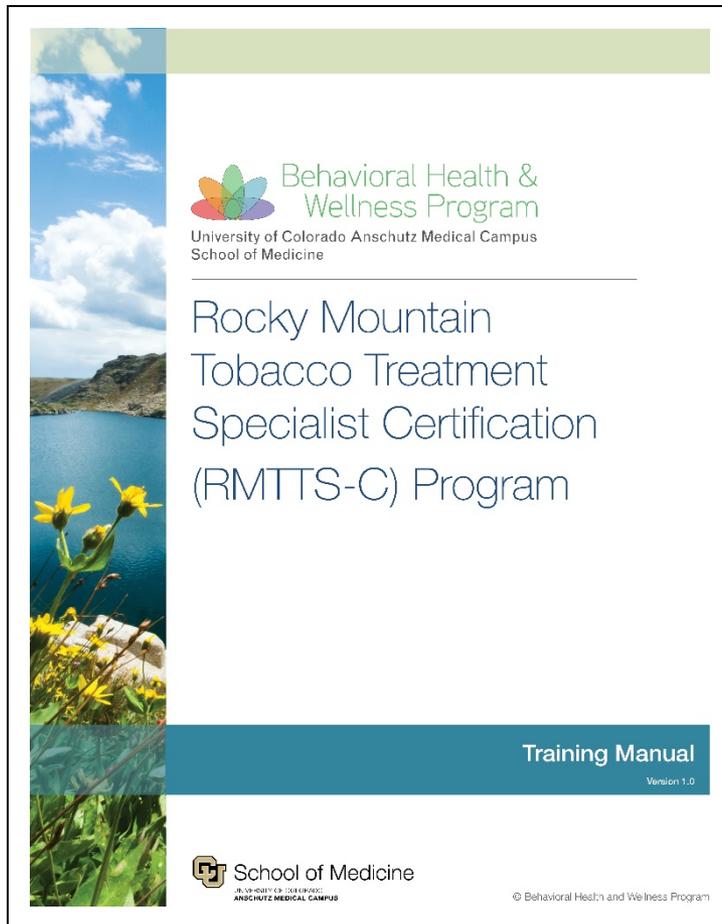
The guideline recommends that all people entering a healthcare setting should be **asked** about their tobacco use status and that this status should be documented. Providers should **advise** all tobacco users to quit and then **assess** their willingness to make a quit attempt. Persons who are ready to make a quit attempt should be **assisted** in the effort. Follow-up should then be **arranged** to determine the success of quit attempts. The full 5 A's model is most appropriate for agencies and organizations that

have tobacco cessation medications and/or counseling and behavioral interventions available. In particular, settings providing integrated care (primary care and behavioral health) services are ideal as they have the expertise necessary for combined cessation treatment approaches.

For agencies and organizations that do not have tobacco cessation services readily available, the recommendation is the use of the first two A's (**ask** and **advise**) and then the agency can **refer** to available community services (this is referred to as the 2 A's & R model).

Regardless of the patient's stage of readiness for a cessation attempt, the 5 A's are essential for every patient visit.

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



Uniform Data System Measure

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)
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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

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html

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

Diagnosis & Treatment	Codes
Tobacco Use Disorder Diagnosis	305.1
Personal History of Tobacco Use	V15.82
Symptomatic Tobacco Use Counsel 3-10 min	99406
Symptomatic Tobacco Use Counsel >10 min	99407
Asymptomatic Tobacco Use Counsel 3-10 min	G0436
Asymptomatic Tobacco Use Counsel >10 min	G0437

*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

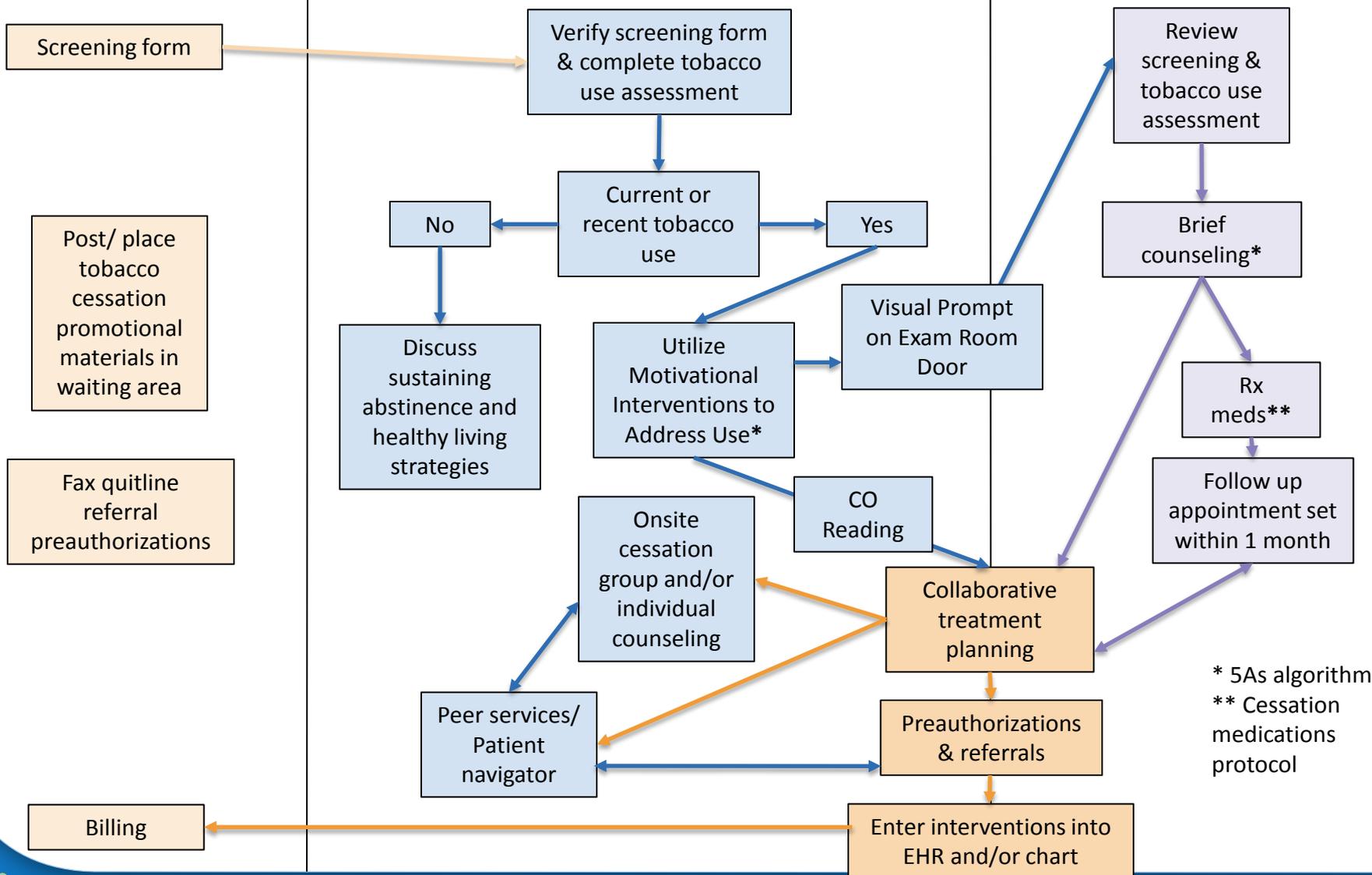


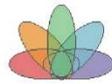
Tobacco Cessation Workflow

Front Desk/ Admin

Clinician/ Medical Assistant (5A's Model)

Physician (2A's & R Model)





Behavioral Health &
Wellness Program

University of Colorado Anschutz Medical Campus
School of Medicine

A Patient-Centered Tobacco Cessation Workflow for Health Care Clinics

24 February, 2015



School of Medicine

UNIVERSITY OF COLORADO
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© Behavioral Health and Wellness Program

<http://www.bhwellness.org/resources/fact-sheets-reports/>

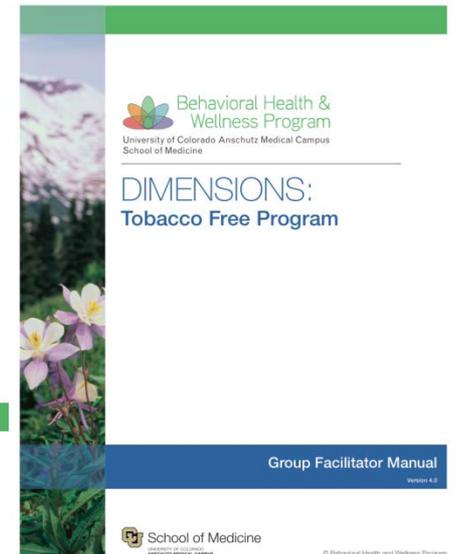
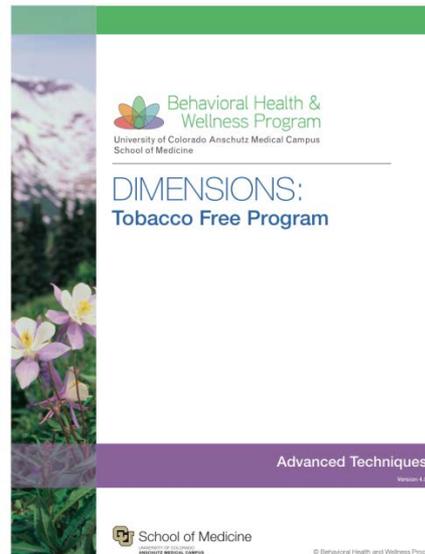




Self Management

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

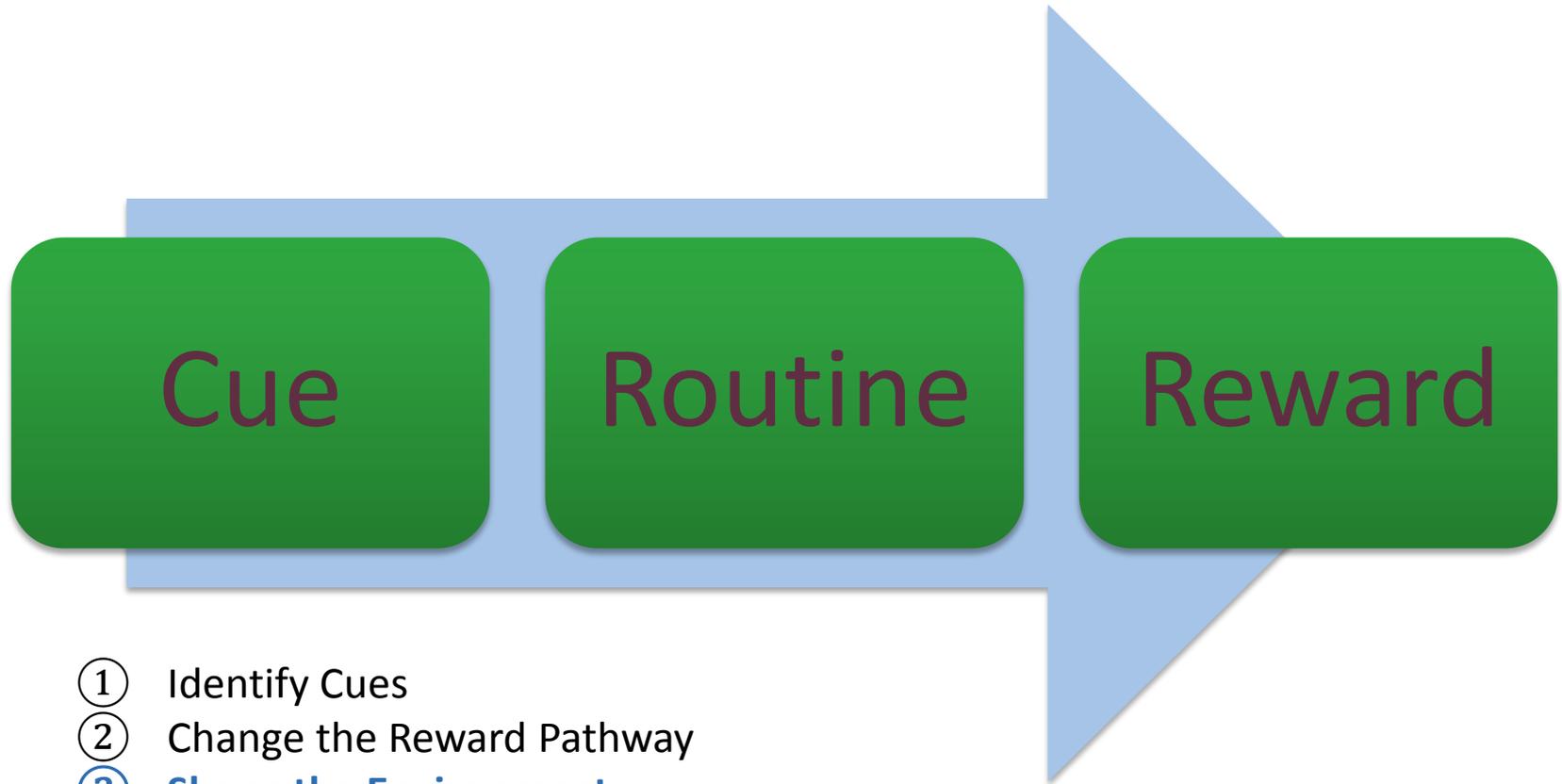
Peer Advocate/ Mentor: An individual with “lived experience” who has received specialized training and supervision to work with others who have a similar history





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:

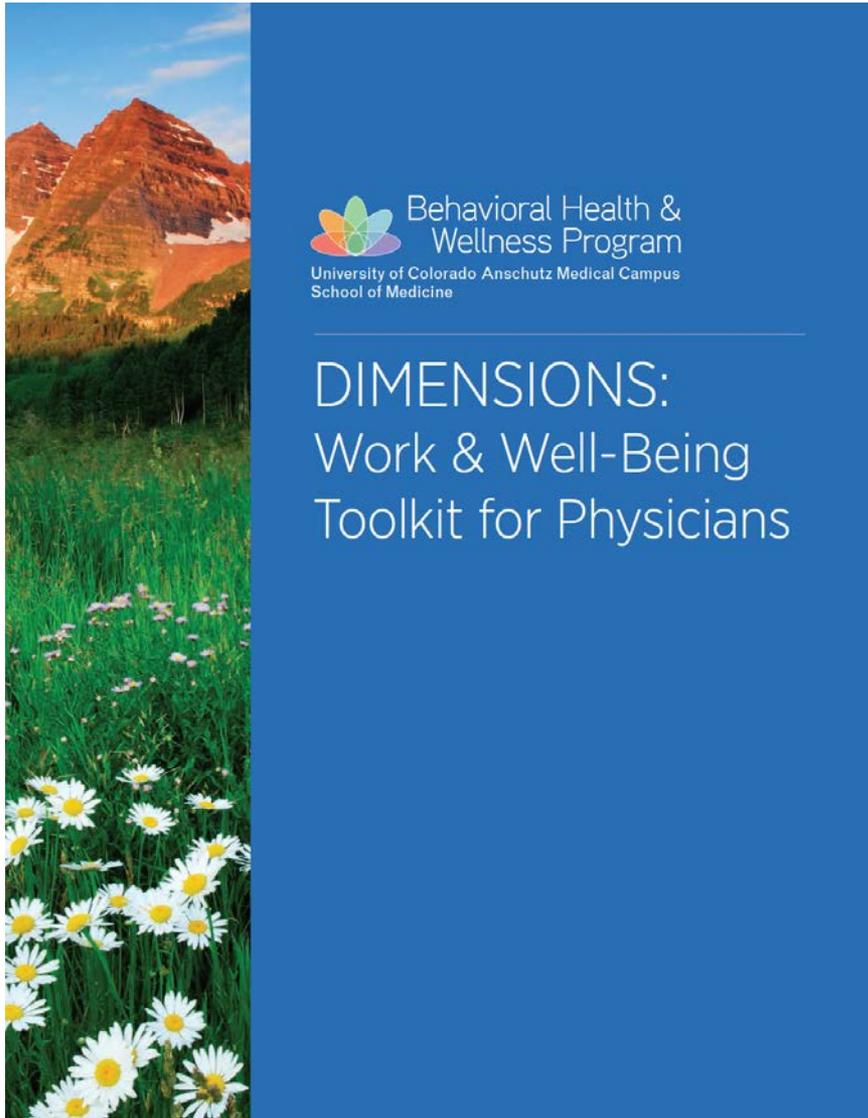


- Medical Errors



- Work Satisfaction
- Workplace Environment
- Tobacco & Preventive Treatment





<https://www.bhwellness.org/resources/toolkits/>

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.

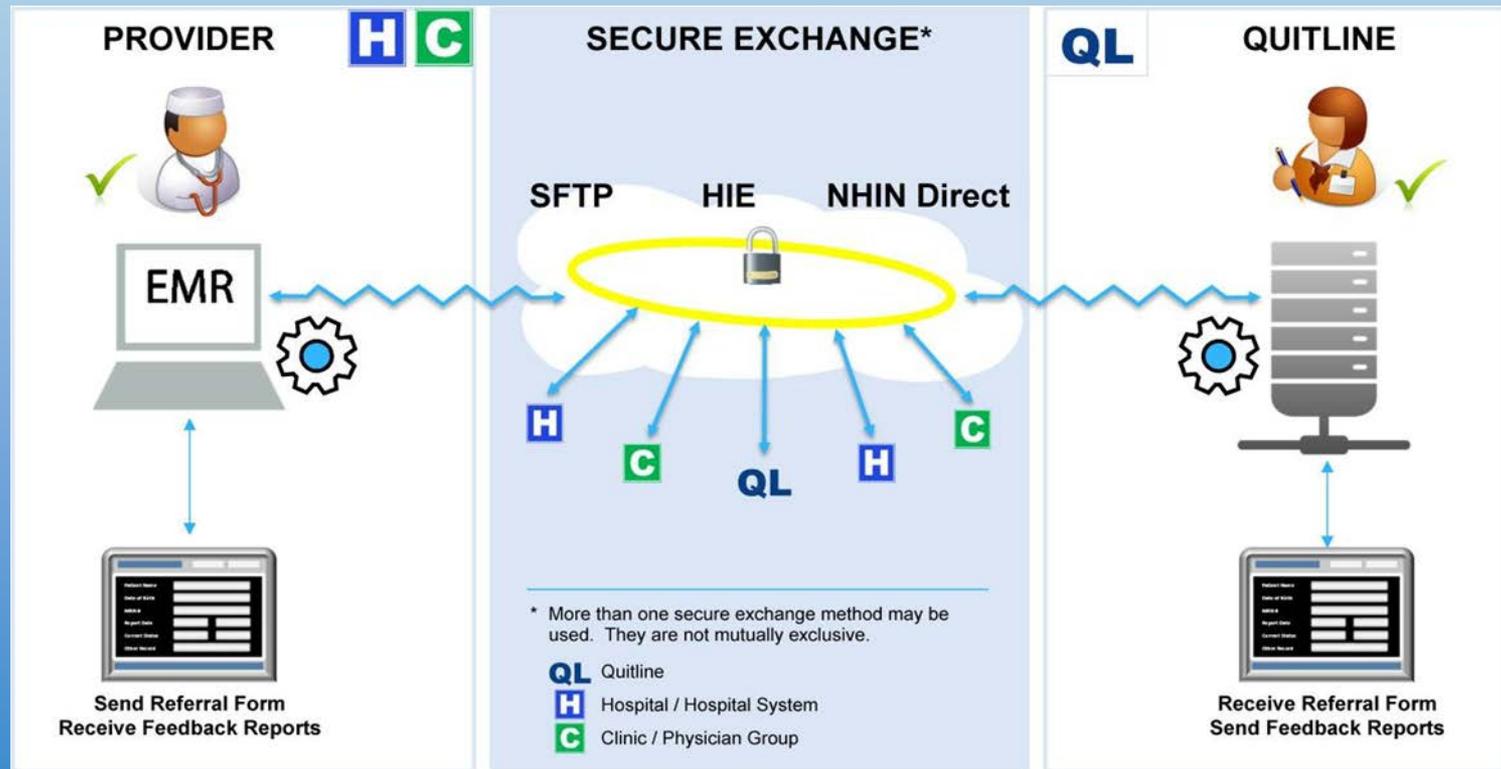


Community Linkage

Quitline Referral

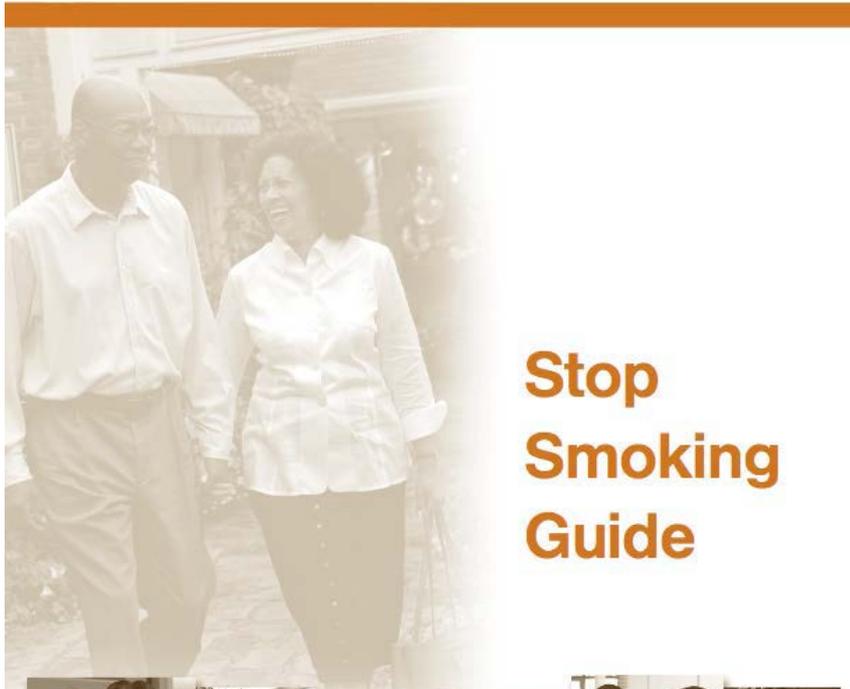


Quitline e-Referral



<http://www.naquitline.org>

NAQC. (2013). *Quitline Referral Systems*. (A. Wendling, MD, MPH and R. Daigh, MBA). Phoenix, AZ.



Stop Smoking Guide

<http://www.aafp.org/patient-care/public-health/tobacco-nicotine/ask-act.html>





SMOKING CESSATION LEADERSHIP CENTER

<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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BHWP_UCD

Questions and Answers



- Submit questions via the **chat box**

Contact SCLC for technical assistance

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

Save the Date

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

Contact SCLC for technical assistance



Visit us online

- <http://smokingcessationleadership.ucsf.edu>

Call us toll-free

- 1-877-509-3786



CME/CEU Statement

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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California Pharmacists: The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for *AMA PRA category 1 credit™*. If you are a pharmacist in another state, you should check with your state board for approval of this credit.

Social Workers: This course meets the qualifications for 1.5 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences. If you are a social worker in another state, you should check with your state board for approval of this credit.