Welcome
Please stand by. We will begin shortly.

An Introduction to Motivational Interviewing: Focus on Tobacco Use and Dependence

Wednesday, July 22, 2015 · 2pm ET (90 minutes)
Disclosure

Dr. Marc L. Steinberg, Dr. Sarah S. Mullins, and Catherine Saucedo 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

Robert Wood Johnson Foundation

LEGACY
FOR LONGER HEALTHIER LIVES

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

Sarah S. Mullins, MD

- Family Physician and Owner/Partner at Stoney Batter Family Medicine in Delaware
- Member of the AAFP Tobacco Prevention and Control Advisory Committee
Marc L. Steinberg, PhD
• Associate Professor of Psychiatry & Associate Director, in Addiction Psychiatry, at Rutgers Robert Wood Johnson Medical School
AAFP Innovations and Resources

Sarah Mullins, MD
AAFP Tobacco Cessation Advisory Committee
July 22, 2015
Burden of Tobacco Use

The annual burden of smoking-attributable mortality in the U.S. is currently estimated to be 480,000. Millions more are living with smoking-related diseases.
The Public Health Service Clinical Practice Guidelines on Treating Tobacco Use and Dependence
Provide education, resources, and feedback to promote provider intervention
Provider Education

• In-service on newer topics related to tobacco to stay up to date
  – Medical student, resident education
  – CME

• Maintain tobacco cessation patient registry
  – Provider-specific performance data

• Develop templates for EHRs to address your patient population
  – Smokeless, hookah
Dedicate staff to provide tobacco dependence treatment, and assess the delivery of this treatment in staff performance evaluations.
Brief Interventions

Even when patients are not willing to make a quit attempt, clinician-delivered brief interventions enhance motivation and increase the likelihood of future quit attempts.

And the message does not need to come from a physician!
Hospital-Based Interventions

- Smoke-free campuses
- Employee assistance for cessation
- Tobacco cessation offered each admission
  - Identify smokers, trained personnel provide counseling services
  - Treat nicotine withdrawal even when not ready to quit
A Plan for Success

A comprehensive tobacco cessation program that includes tobacco use screening and intervention that is effective in both cost and health outcomes.

When Massachusetts Medicaid provided these benefits, they saved $3 for every $1 invested in the tobacco cessation program!
Well, that’s a lot of hard work!

What’s the American Academy of Family Physicians doing to help me out?
AAFP Healthy Interventions
Tobacco and Nicotine

Office-Based Tools
- Ask and Act
- Office Champions
- Patient Education and Engagement
- Coding Reference

Community Engagement
- Tar Wars
- Primary Care and Public Health
- Chapter Involvement
- At-Risk Populations

Advocacy
- National
  - State/Local Advocacy Resources
  - Tobacco-Free Champions
- Member Education

Evidence-Based Knowledge
- Policies
  - Position Paper
AAFP Office Champions Project
ASK and ACT
A TOBACCO CESSATION PROGRAM

• ASK at every visit, document tobacco status and assess interest in quitting
  - Denormalize smoking

• ACT
  - Identify resources – posters, quitline card, community agencies
  - Prescribe medications, counsel
  - Follow-up – phone call, patient portal, postcard, delayed referral
• Make system changes that increase intervention and tobacco cessation rates
• Conduct productive counseling sessions
• Use the most recent evidence on pharmacotherapy for nicotine dependence
• Maximize payment for tobacco cessation treatment and counseling
AAFP Tobacco Cessation Resources

Treating Tobacco Dependence
Online Tutorial

http://aafp.org/tobacco-training
AAFP Tobacco Cessation Resources

Quitline Cards

Lapel Pin

QUIT NOW
Ask us how
Be tobacco-free

1-800 QUIT-NOW
(1-800-784-8669)
www.smokefree.gov

AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

ASK and ACT
A TOBACCO CESSATION PROGRAM
AAFP Tobacco Cessation Resources

PRESCRIPTION: Quit Smoking

Just before your quit date:
• Write down your personal reasons for quitting. Look at your list often.
• Keep a diary of when and why you smoke.
• Get rid of all your cigarettes, matches, lighters, and ashtrays.
• Tell friends and family that they’re going to quit and what your quit date is.
• Get the medicine you plan to use. Medicine name: ___________________________
  Begin taking your medicine on: _______________
  • Subscribe to SmokefreeTXT (http://smokefree.gov/smokefree.txt)
  • Practice going without cigarettes in places where you spend a lot of time, such as your home, car, or workplace.
  • Call 1-800-QUIT-NOW (1-800-784-8669) for free materials and counseling.

On your quit date:
• Quit smoking!
• Take your medicine as directed.
• Ask your friends, coworkers, and family for support.
• Change your daily routine.
• Avoid situations in which you’d typically smoke.
• Drink plenty of water.
• Stay busy.
• Do something special to celebrate.

Right after you quit:
• Develop a clean, fresh, tobacco-free environment around yourself, at work, and at home.
• Try to avoid drinking alcohol, coffee, or other beverages you associate with smoking.
• If you miss the sensation of having a cigarette in your mouth, try carrot or celery sticks, flavored toothpicks, or a straw.
• Chew sugarless gum or mints to help with cravings.
• Stay away from people who use tobacco.
• Reward yourself for successes—one hour, one day, one week without using tobacco.
• Increase your physical activity.
• Return for a follow-up visit on _______________

Additional recommendations:

Family physician’s signature

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Steps to help you quit smoking

ASK and ACT
A TOBACCO CESSATION PROGRAM
AAFP Tobacco Cessation Resources

AAFP Tobacco Use Prevention and Cessation Counseling
2015 Coding Reference

Coding Reference

In 2014, the Patient Protection and Affordable Care Act (ACA) began requiring insurance coverage for tobacco cessation services. Two of the covered preventive services include:

- Tobacco use screening for all adults and adolescents
- Tobacco cessation counseling for adults and adolescents who use tobacco, and expectant and pregnant women

Government Payors

Medicare

Medicare Part B covers two levels of tobacco cessation counseling for symptomatic patients: intermediate and intensive.

Two cessation attempts are covered per 12-month period. Each attempt may include a series of intermediate counseling sessions. Therefore, the total annual benefit covers up to eight sessions in a 12-month period.

The patient may receive another eight counseling sessions during a second or subsequent year.

Symptomatic Patients

Symptomatic patients are those who use tobacco and:

- Have been diagnosed with a disease or an adverse health effect that has been found by the U.S. Surgeon General to be linked to tobacco use.
- Take a therapeutic agent for which the metabolism or dosing is affected by tobacco use, based on information approved by the U.S. Food and Drug Administration (FDA).

Both coinsurance and deductible apply.

Use the following codes for symptomatic patients.

<table>
<thead>
<tr>
<th>HCPCS/CPT CODE</th>
<th>TYPE OF COUNSELING</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>99406</td>
<td>Intermediate</td>
<td>Smoking and tobacco use cessation counseling visit is greater than three minutes, but not more than 10 minutes</td>
</tr>
<tr>
<td>99407</td>
<td>Intensive</td>
<td>Smoking and tobacco use cessation counseling visit is greater than 10 minutes</td>
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</table>

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<thead>
<tr>
<th>ICD-9 CM DIAGNOSIS CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>305.1</td>
<td>Tobacco use disorder</td>
</tr>
<tr>
<td>649.0x</td>
<td>Tobacco use disorder complicating pregnancy, childbirth, or puerperium</td>
</tr>
<tr>
<td>989.84</td>
<td>Toxic effect of tobacco</td>
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<tr>
<th>ICD-10 CM DIAGNOSIS CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>F17.200</td>
<td>Nicotine dependence, unspecified, uncomplicated</td>
</tr>
<tr>
<td>F17.201</td>
<td>Nicotine dependence, unspecified, in remission</td>
</tr>
<tr>
<td>F17.210</td>
<td>Nicotine dependence, cigarettes, uncomplicated</td>
</tr>
<tr>
<td>F17.211</td>
<td>Nicotine dependence, cigarettes, in remission</td>
</tr>
<tr>
<td>F17.220</td>
<td>Nicotine dependence, chewing tobacco, uncomplicated</td>
</tr>
<tr>
<td>F17.221</td>
<td>Nicotine dependence, chewing tobacco, in remission</td>
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Asymptomatic Patients
Asymptomatic patients are those who use tobacco but do not have symptoms of tobacco-related disease.

Both coinsurance and deductible are waived.

Use the following CPT codes for asymptomatic patients:

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<td>00436</td>
<td>Intermediate</td>
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<td>Intensive</td>
<td>Smoking and tobacco use cessation counseling visit is greater than 10 minutes.</td>
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Private/Commercial Insurance Carriers
Private insurers are required to provide evidence-based tobacco cessation counseling and interventions to all adults and pregnant women. Private payer benefits are subject to specific plan policies. Check with individual insurance plans to determine what specific interventions are included and the extent to which those interventions are covered.

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<td>59075</td>
<td>Smoking cessation treatment</td>
<td></td>
</tr>
<tr>
<td>59453</td>
<td>Smoking cessation classes</td>
<td>Non-physician provider, per session</td>
</tr>
<tr>
<td>95381-99397</td>
<td>Preventive medicine services</td>
<td>Comprehensive, preventive evaluation based on age and gender to include appropriate history, examination, counseling/anticipatory guidance, risk factor reduction interventions, and related plan of care.</td>
</tr>
<tr>
<td>99078</td>
<td>Physician educational services</td>
<td>Group setting (e.g., prenatal, obesity, diabetes)</td>
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<th>SUGGESTED TOBACCO-RELATED ICD-9 CM DIAGNOSIS CODES</th>
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The AAFP Office Champions Tobacco Cessation project was built on the AAFP’s successful Ask and Act program.

www.askandact.org
The AAFP’s Office Champions project has been implemented in 120 practices, including family medicine practices, residency programs and federally qualified health centers (FQHCs).

Office Champions began with the 2011 Tobacco Cessation Pilot project, and continued with the 2012 Tobacco Cessation National Dissemination project, the 2013 project in FQHCs & the AAFP Multi-State Behavioral Health & Tobacco Cessation project in 2015.
Power of Intervention

• One-third to one-half of the 44.5 million current smokers will die from smoking. Of the 31 million who want to quit, 10 to 15.5 million will die from smoking.

• Increasing the 2.5% cessation rate to 10% would save 1.2 million additional lives.

• If cessation rates rose to 15%, 1.9 million additional lives would be saved.

• No other health intervention could make such a difference!
Tobacco cessation saves more lives than mammograms, colonoscopies, and daily aspirin COMBINED!
An Introduction to Motivational Interviewing: 
Focus on Tobacco Use and Dependence

Marc L. Steinberg, Ph.D.,
Associate Professor of Psychiatry &
Associate Director, Addiction Psychiatry

marc.steinberg@rutgers.edu
Proficiency in MI

- Not substantially increased by reading the MI book and viewing videotapes
- Modestly increased by a 2-day clinical MI training workshop
- Substantially increased by a 2-day clinical MI training workshop followed by either or both
  a) Supervisory feedback after listening to session tapes
  b) Individual telephone coaching sessions

Objectives

- Describe how the underlying perspective or “spirit” of MI can be applied to smokers
- Explain how to speak with smokers who may not be ready to quit
- Describe how to elicit “change talk” from tobacco users
Empirical Support for MI and tobacco use dx


**Definition of MI**

MI is a collaborative, goal oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.

- Miller & Rollnick, 2012
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Ambivalence
Underlying perspective of MI

- Partnership
  - Dancing, not wrestling

- Acceptance
  - Absolute worth, Accurate Empathy, Affirmation, Autonomy Support

- Evocation
  - Assumes patients already have motivation and resources within

- Compassion
  - Pursuit of best interest for your patient
Spirit of MI

- Open Ended Questions
- Affirmations
- Reflective Listening
- Summarizing
- Readiness Ruler
- Decisional Balance
- Develop Discrepancy

Readiness
Stages of Change

Stages of Change


- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Permanent Exit
How do I get started?
Engaging Skills / Core Skills

- Open questions
- Affirming the client
- Reflective listening
- Summarizing
Open Questions

- Difficult to give a short answer
Open vs. Closed Questions:

**Closed**: Does your anxiety influence your smoking?

**Open**: ____________________________________________________________
Affirmations

I'm good enough, I'm smart enough,
and doggone it, people like me
Affirmations

- Show appreciation / validate strengths
- Should be genuine
- Builds rapport / reduces negativity
  - “You’re really working hard on this.”
  - “You never give up!”
Reflective Listening

- Allows patient to feel heard
- Allows provider to confirm perceptions
- Simple, declarative statement

- “Your family really wants you to quit.”
- “It’s tough to imagine coping without a cigarette.”
Summarizing

- Lets client know you heard all sides
- Allows you to present the discrepancy
  - “and” not “but”
- Good for focusing or transitioning
- Emphasize crucial points ("guiding")
- “What else?”
Recognizing and Reinforcing “Change Talk” and Readiness
Desire
Ability
Reasons
Need
Commitment
Behavior Change
Desire

Ability

Reasons

Need

Commitment

Behavior Change
Commitment Language

Friday is my quit date. I’m never going to smoke again.

I’m going to stop smoking soon.

I’m going to try to stop smoking.

I’d like to stop smoking.
Responding to Change Talk

- Elaboration
- Affirm
- Reflect
- Summaries
Self-perception theory

- We learn about our beliefs and attitudes by hearing ourselves talk.
- Eliciting “sustain talk” decreases commitment.
- Eliciting “change talk” increases commitment.
- Moral: Let patients make the argument for change.

Eliciting Change
Talk
### Decisional Balance

<table>
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<th>“Not So Good Things” about smoking</th>
<th>“Good Things” about smoking</th>
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## Decisional Balance

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<th>“Not So Good Things” about smoking</th>
<th>“Good Things” about smoking</th>
<th>Alternative ways to get the “Good Things”</th>
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Core skills / Change Talk example:

I’m down to 5 cigarettes a day! I can’t go any lower than that. I’m afraid my mental illness will get worse if I quit completely.

• Open-Ended Question, Affirmation, Reflection
Core skills / Change Talk example:

I don’t know why you’re asking me about smoking cigarettes. I came here for help with my drinking – and I’m working really hard on that! I know I should quit, but I’m not ready yet.

• Open-Ended Question, Affirmation, Reflection
Developing a Change Plan
Offer a menu of options

- Eliminates “skeet shooting”
- Maximizes patient autonomy/choice
- Start simple, and avoid jargon
- “Which option seems most possible?”
- “Where’s the best place to start?”
“E – P – E”

- ELICIT client’s permission
- PROVIDE advice, instruction
- ELICIT client’s reactions
Consolidating Commitment

- Summarize, then “How does that sound?”
- Make it as public as appropriate
- Recognize ambivalence
Spirit of MI

- Open Ended Questions
- Develop Discrepancy
- Affirmations
- Reflective Listening
- Decisional Balance
- Readiness Ruler
- Summarizing
What would your sign say?

Open – Ended Questions
Thank you!

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Webinar recordings available for CME/CE
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Visit us online
• http://smokingcessationleadership.ucsf.edu

Call us toll-free
• 1-877-509-3786
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