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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Thank you to our funders

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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

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

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>BH Condition</th>
<th>No BH Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>34.2+</td>
<td>17.1+</td>
</tr>
<tr>
<td>2016</td>
<td>32.7+</td>
<td>17.1+</td>
</tr>
<tr>
<td>2017</td>
<td>30.5</td>
<td>16.1*</td>
</tr>
<tr>
<td>2018</td>
<td>30.2</td>
<td>15.1</td>
</tr>
</tbody>
</table>

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.

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 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.

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.

[https://www.cdc.gov/tobacco/disparities/what-we-know/behavioral-health-conditions/index.html](https://www.cdc.gov/tobacco/disparities/what-we-know/behavioral-health-conditions/index.html)
“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.”

“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.”
CESSATION REMAINS A CHALLENGE

Most people who smoke want to quit
Half make a serious attempt each year
about 1 in 14 report recent successful cessation

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
Tobacco Cessation Interventions Are Underutilized

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

**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

- Ask all patients about tobacco use
- Advise all who use tobacco to quit
- Assess willingness to quit now
- Arrange follow-up with the patient
- Assist the quit attempt—provide treatment and support
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

Counseling + Medication = Doubles the Odds of Success
# SEVEN FDA-APPROVED MEDICATIONS

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>Over the Counter</th>
<th>Prescription</th>
<th>Short Acting</th>
<th>Long Acting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine transdermal patch</td>
<td>✔</td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Nicotine gum</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Nicotine lozenge</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Nicotine nasal spray</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Nicotine inhaler</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Bupropion</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Varenicline</td>
<td>✔</td>
<td></td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>
### MEDICATION EFFECTIVENESS

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

<table>
<thead>
<tr>
<th>Medication</th>
<th>No. of Studies</th>
<th>OR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nic. Patch (6-14 wks)</td>
<td>32</td>
<td>1.9</td>
<td>1.7-2.2</td>
</tr>
<tr>
<td>Nic. Gum (6-14 wks)</td>
<td>15</td>
<td>1.5</td>
<td>1.2-1.7</td>
</tr>
<tr>
<td>Nic. Inhaler</td>
<td>6</td>
<td>2.1</td>
<td>1.5-2.9</td>
</tr>
<tr>
<td>Nic. Spray</td>
<td>4</td>
<td>2.3</td>
<td>1.7-3.0</td>
</tr>
<tr>
<td>Bupropion</td>
<td>26</td>
<td>2.0</td>
<td>1.8-2.2</td>
</tr>
<tr>
<td>Varenicline (1 mg/day)</td>
<td>3</td>
<td>2.1</td>
<td>1.5-3.0</td>
</tr>
<tr>
<td>Varenicline (2 mg/day)</td>
<td>5</td>
<td>3.1</td>
<td>2.5-3.8</td>
</tr>
<tr>
<td>Patch (&gt;14 wks) + ad lib NRT</td>
<td>3</td>
<td>3.6</td>
<td>2.5-5.2</td>
</tr>
</tbody>
</table>

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

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

Calling a quitline can help you quit smoking.

FREE Quit Help
Call to Talk to a Quit Smoking Coach Today!
1-800-QUIT-NOW (1-800-784-6669)
In Spanish:
1-800-DÉJELO YA
(1-800-335-9559)
In Asian languages:
Mandarin and Cantonese:
1-800-858-9717
Korean:
1-800-556-5554
Vietnamese:
1-800-778-8680

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

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.
SYSTEM-LEVEL CHANGE CAN INCREASE INTERVENTION

Integrate treatment into the clinical workflow

Enhance clinical decision support

Measure performance and recognize/reward success

Engage the whole care team

Implement screening and treatment protocols

Leverage electronic health records and e-referrals

Implement tobacco-free campus policies

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.

Source: The Science of Improvement: How to Improve; The IHI Improvement Project Planning Form http://bit.ly/1IhzWZ7
TOBACCO CESSATION CHANGE PACKAGE (TCCP)

Table 1. Key Foundations

<table>
<thead>
<tr>
<th>Change Concept</th>
<th>Change Idea</th>
<th>Tools and Resources</th>
<th>Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center of Excellence for Health Systems Improvement for a Tobacco Free NY — Supporting Evidence-Based Tobacco Dependence Screening &amp; Treatment (p. 150)</td>
<td>OUI — Tobacco Health Systems Change Starter Toolkit for Clinics (pp. 5-41)</td>
<td>UNI Health, UNI Medicine (SAP), and UNI CTR — Quit Connect Health: A Specialty Staff Protocol to Improve Referrals to Tobacco Quit Lines (pp. 12-13)</td>
<td>UNVR — Testing Tobacco Use and Dependence in Hospitalized Patients: A Practical Guide (p. 91)</td>
</tr>
</tbody>
</table>

As a multidisciplinary team, conduct an assessment of your clients’ needs and develop an action plan to address the gaps identified.

Table 3. Screening

<table>
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<th>Change Idea</th>
<th>Tools and Resources</th>
<th>Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopt a tobacco use screening protocol</td>
<td>Million Hearts — Protocol for Identifying and Treating Patients Who Use Tobacco</td>
<td>UNVR — Screening Tobacco Use and Dependence in Hospitalized Patients: A Practical Guide (pp. 8-13-19)</td>
<td></td>
</tr>
</tbody>
</table>

Table 2. Training

<table>
<thead>
<tr>
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<tr>
<td>Make Tobacco Use a Vital Sign: Screen Every Patient for Tobacco Use at Every Visit</td>
<td>Center of Excellence for Health Systems Improvement for a Tobacco Free NY — Supporting Evidence-Based Tobacco Dependence Screening &amp; Treatment (pp. 150-160)</td>
<td>KCI — Tobacco Health Systems Change Starter Toolkit for Clinics (pp. 5-41)</td>
<td>AMF — Testing Tobacco Dependence Practice Manual: A Systems Change Approach (pp. 4-19)</td>
</tr>
</tbody>
</table>

Tobacco Cessation CHANGE PACKAGE

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

Change Concept

- 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 QIITS

Quit Connect Health Tobacco E-Referral Protocol

Alert 1: First if either
- Tobacco use is not assessed
- Patient is a tobacco user and "ready to quit" is not assessed

STEP 1: Assess tobacco use and readiness to quit.

STEP 2: Provide tailored quit smoking counseling based on assessment.

Protocol has 2 alerts and 2 steps.
Establish a Tobacco Treatment Protocol

Implement a treatment intervention

Establish a workflow and determine roles for delivering the treatment intervention

Change Concept

Change Ideas

Tools & Resources
THE MILLION HEARTS TOBACCO CESSATION SUITE

Identifying and Treating Patients Who Use Tobacco

**ACTION STEPS for Clinicians**

**Tobacco Cessation**

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

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

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!

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)

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www.cdc.gov/tobacco
Q&A

• Submit questions via the ‘Ask a Question’ box
Free 1-800 QUIT NOW cards

✓ Refer your clients to cessation services
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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