

SCLC presents:

Systems Change: Increasing Treatment for Tobacco Dependence in Behavioral Health
on Wednesday, September 16, 2020, at 2:00 pm EDT (60 minutes)

Speaker's Responses:

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Q: Do you know what languages specifically are available for the quit lines?

A: Depends on what state you or your clients/patients live in. For example, in California, the CA Smokers Helpline offers services in multiple languages, <https://www.nobutts.org/>.

You can also check the NAQC map for each state's QL services, <https://map.naquitline.org/default.aspx>.

Q: Can you share a direct link to CMS's guidance on "practical counseling" for reimbursement purposes?

A: CMS's Inpatient Psychiatric Facility Prospective Payment System (IPF-PPS) includes reporting on the Joint Commission quality measure TOB-2. Specifications for this, and other, tobacco measures can be found in the Joint Commission specifications manual (<https://manual.jointcommission.org/releases/TJC2020A/TobaccoTreatmentMeasures.html>).

For TOB-2 specifically, which includes delivery of practical counseling and FDA-approved medications during hospitalization, practical counseling is defined in the measure specifications manual (the details can be found here: <https://manual.jointcommission.org/releases/TJC2020A/DataElem0323.html>).

Q: You mentioned in the first slides with the timeframe about nicotine leaving the body in one day. How does this work when a client is using NRT - patches, gum or lozenges?

A: Nicotine has a relatively short half-life, with concentrations falling to zero around 24 hours after last administration. In the case of individuals using nicotine replacement therapy to treat dependence, pharmaceutical nicotine will remain in the body until around 24 hours after the last dose of NRT.

It may be helpful to talk to patients about nicotine from tobacco products vs. pharmaceutical nicotine. Understanding the half life of nicotine (which is about 2 hours) may help patients better understand withdrawal as well as NRT dosing regimens.

Q: We have started a tobacco treatment program at our cancer center, now we hope to move health system wide. What would be some first steps to ensure the Program grows seamlessly and strategically?

A: That's great that you are looking to grow the program system wide! Ensuring leadership buy-in will be a critical step in moving the program more broadly, as will getting staff-level buy-in.

You might consider growing in strategic stages. For example, what's the next service in the system that might be at a level of readiness to engage in the program: cardiology; pulmonology; endocrinology; behavioral health; someone else?

Doing outreach and program implementation in a staged fashion might help build momentum towards moving the whole system towards adoption.

If you are lucky to have a system-wide electronic health record, having your EHR-pieces pre-built and ready for adoption by other services could also help seamless growth. Remember, all the processes you went through to build the program in the cancer center will need to be repeated to build buy-in and adoption in a new service, but with the advantage of having already worked out many of the kinks – and, by now, you are surely pros at doing this work!

I'd also encourage you to walk through the Tobacco Cessation Change Package with the new services as you expand – they may be at different levels of readiness than the cancer service was when you started.

Q: What do you suggest for tobacco cessation treatment of patients using smokeless tobacco?

A: Unfortunately, there is much less evidence on how to help people who use smokeless tobacco to quit. The 2008 Clinical Practice Guidelines recommends counseling cessation interventions for individuals looking to quit smokeless tobacco, but notes that the evidence around effectiveness of medications in this population is insufficient.

That said, the DSM-5 clinical criteria for Tobacco Use Disorder does not specify a product, and the fundamental underpinnings of tobacco dependence (physiologic chemical dependency, behavioral and psycho-social/emotional components) are similar across.

There are resources on smokefree.gov specifically for those looking to quit smokeless tobacco (<https://smokefree.gov/quitting-dip> and <https://veterans.smokefree.gov/smokeless-tobacco>) and many state quitlines also provide resources specific to smokeless tobacco.