

# Clinical Resources for Treating Tobacco Dependence in Native Communities

*NNCTAPN Webinar*

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- ***Focus*** engage partners and present to IHS leadership a role IHS can play in eliminating tobacco morbidity and mortality among AI/AN people.
- ***Strength*** existing connections to the public health and clinical setting and to the AI/AN people in most need of tobacco control information.
- ***Opportunity*** community readiness can be fostered in a clinical setting.

# Building Capacity and Intensifying Outreach

- Increase number of sites offering effective tobacco dependence treatment services
- Standardize training and certification for Tobacco Dependence Interventions
- Develop clinical tools for providers and patients
- Build relationships with Tribal and National partners
- Streamline systems for collecting patient data on tobacco use



# Core Foundation of TCTF Plan

We will implement a comprehensive, sustainable, system-wide approach to tobacco cessation for IHS, Tribal and Urban Indian clinics, so that AI/AN people who wish to quit will get the assistance they need.



# SYSTEMS CHANGE FOCUS



**Assessment**



**Pharmacotherapy**



**Treatment**



**Documentation & Tracking**

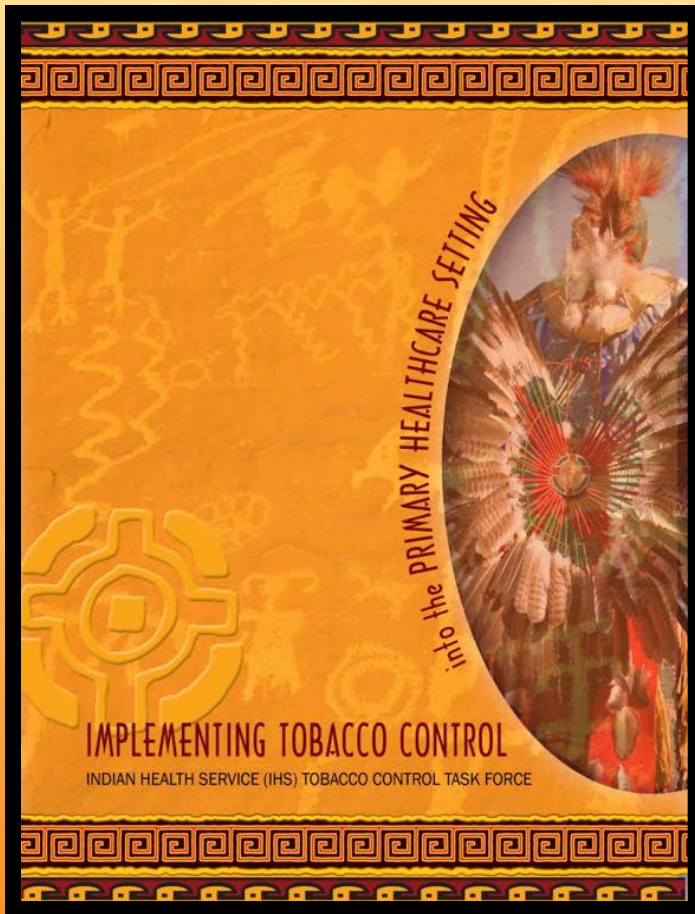


**Leadership Support**



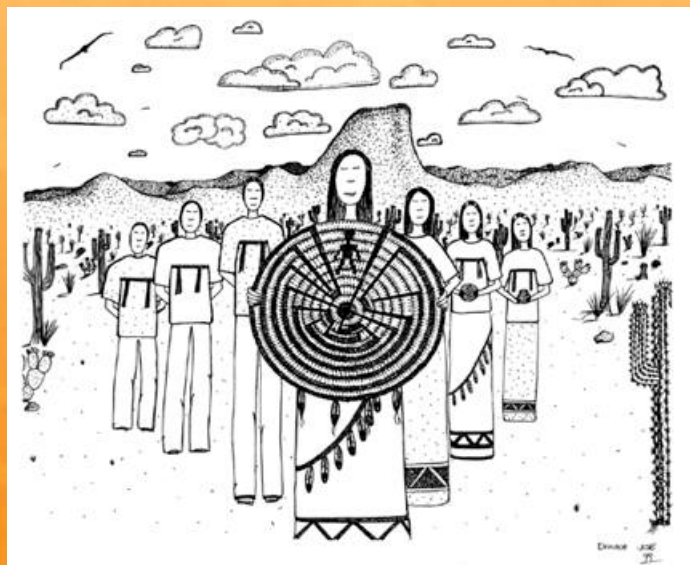
IHS Tobacco Control Task Force  
Clinical Fieldbook

*Implementing Tobacco Control  
into the Primary Healthcare Setting*



*Today, only 28 percent of smokers are advised by a healthcare professional to quit and offered medication or other assistance*

*If we increased that rate to 90 percent the portion of smokers then we would save 42,000 additional lives.*

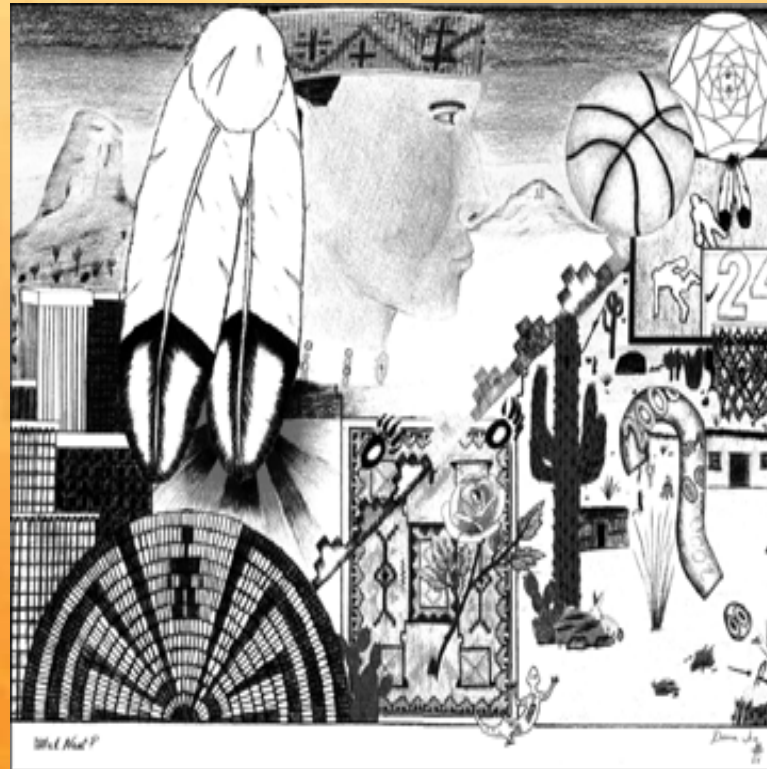


# Clinician Interventions

- Effective identification of tobacco use status opens the door for successful interventions.
- All providers should strongly advise every tobacco user to quit because evidence shows physician advice increases abstinence rates.
- Tobacco dependence treatments delivered by multiple types of health and human service professionals are more effective than interventions delivered by a single type of clinician.

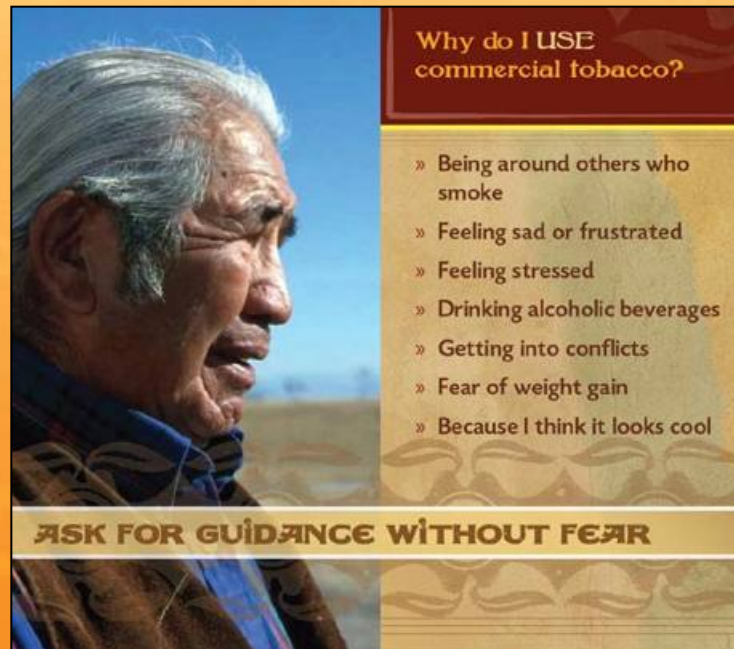


**The causes of tobacco dependence are complex and differ from person to person...**



# Quitting!

- Is not an act - it is a process.
- It takes organized action.
- Is facilitated by using a variety of strategies.



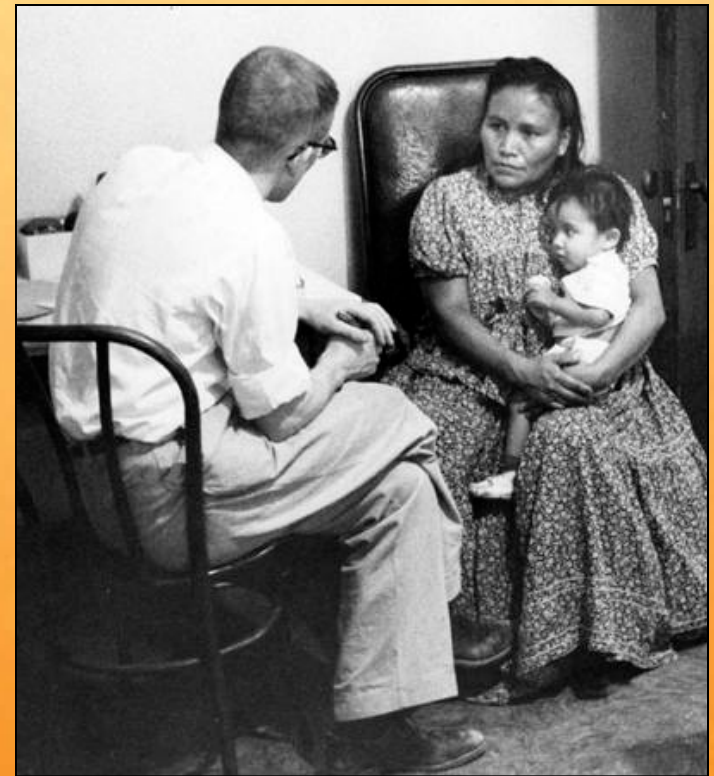
Why do I USE commercial tobacco?

- » Being around others who smoke
- » Feeling sad or frustrated
- » Feeling stressed
- » Drinking alcoholic beverages
- » Getting into conflicts
- » Fear of weight gain
- » Because I think it looks cool

**ASK FOR GUIDANCE WITHOUT FEAR**

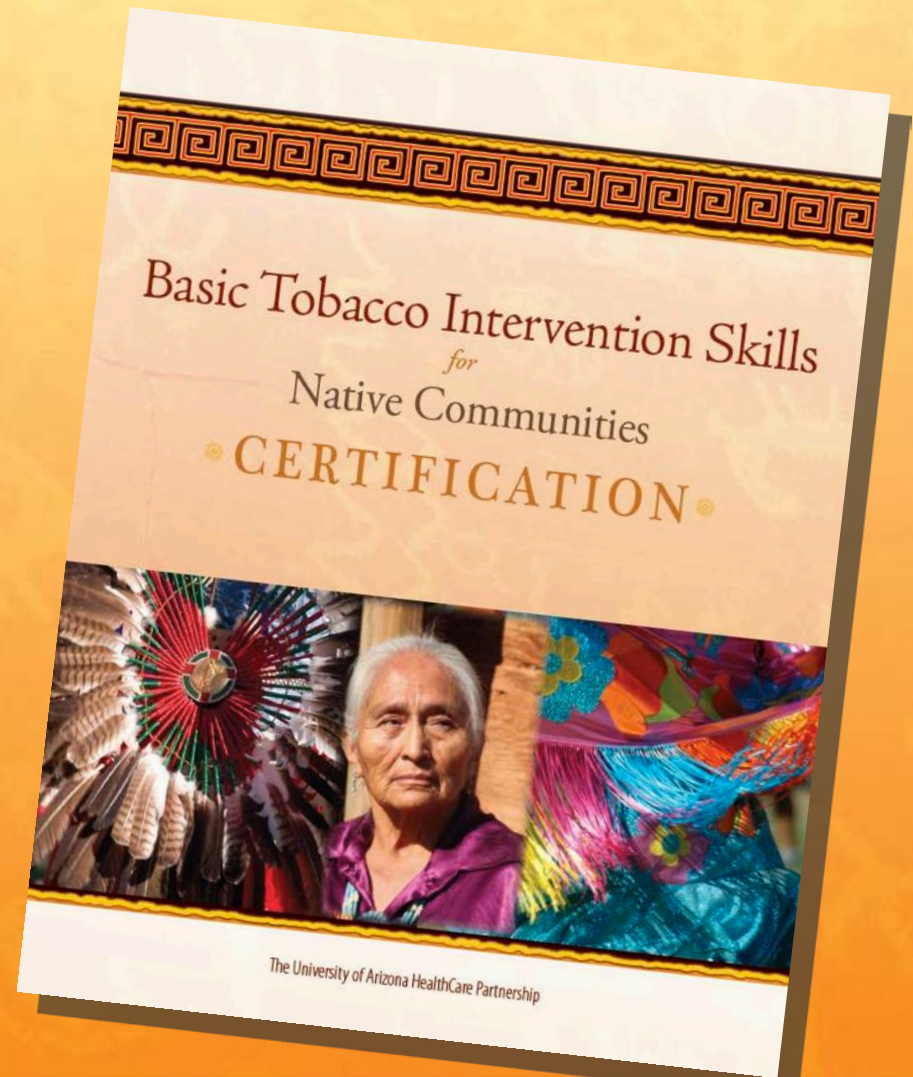
# Three Levels of Tobacco Interventions

- Minimal Intervention
- Brief/Intermediate Intervention
- Intensive Intervention



# Brief/Intermediate Interventions

- 3 - 10 minutes
- Use **5 A Model** when counseling:
  - **A**sk if the person uses tobacco
  - **A**dvice to quit
  - **A**ssess willingness to make quit attempt
  - **A**ssist in making quit attempt
  - **A**rrange for follow up contact
- Recommend discussing nicotine replacement therapy (NRT) or pharmacotherapy options with Primary Care Provider or Pharmacist



# Multiple Providers Need to Intervene

- Treatments delivered by multiple types of providers are more effective than interventions delivered by a single type of provider
- Increases quit rates by:
  - 1 provider = 80%
  - 2 providers = 150%
- More is more!



# The Five A's: Framework for Tobacco Use Intervention

- **Ask**            about tobacco use                            (Nurse)
- **Advise**        all tobacco users to quit                    (Provider)
- **Assess**        willingness to quit                            (Provider)
- **Assist**        to increase readiness  
                         to access treatment                            (Provider/RN)
- **Arrange**      treatment and follow-up                    (Provider/TTS\*)

\*TTS = Tobacco Treatment Specialist



# OFFICE REMINDER FLOWCHART TO SUPPORT ACCURATE DOCUMENTA TION


## MANAGE THE DISEASE THAT COMPLICATES WELLNESS: COMMERCIAL TOBACCO USE IMPROVE GPRA COMMERCIAL TOBACCO TREATMENT INTERVENTIONS

GPRA (GOVERNMENT PERFORMANCE AND RESULTS ACT)

**COMMERCIAL TOBACCO USE TREATMENT**


**ASK** **SCREEN FOR COMMERCIAL TOBACCO USE AT EVERY VISIT AND DOCUMENT HEALTH FACTOR**

- ARE YOU EXPOSED TO SECOND HAND SMOKE AT WORK OR IN THE HOME?
- DO YOU USE SMOKELESS TOBACCO SUCH AS CHEW/TOP/SNUFF?
- DO YOU SMOKE TOBACCO?



**ADVISE** **ENCOURAGE COMMERCIAL TOBACCO CESSATION & DOCUMENT WITH PATIENT EDUCATION CODES**


- CONSIDER CREATING A PICK LIST OF FREQUENTLY USED COMMERCIAL TOBACCO CODES OR SELECT FROM ENTIRE CATEGORY LISTING



**ASSESS** **DETERMINE READINESS TO QUIT**


- USE COMMENTS TO DOCUMENT STAGE OF CHANGE

Pre-contemplation	No intention to quit in next 6 months
Contemplative	Intends to quit within the next 6 months
Preparation	Willing to set a quit date within the next 30 days
Action	Has quit using commercial tobacco for less than 6 months (change health factor to Current Smoker/Quitter)
Maintenance	Has remained commercial tobacco free for more than 6 months (change health factor to Former Smoker/Quitter)
Relapse	Using commercial tobacco again after a period of being tobacco free (change health factor to Current Smoker/Quitter if original use resumed)




**ASSIST** **NOT READY TO QUIT**

- OFFER EDUCATIONAL LITERATURE ON DETRIMENTAL EFFECTS OF COMMERCIAL TOBACCO USE ON HEALTH
- REMIND CLIENT THAT YOU WILL ASK ABOUT COMMERCIAL TOBACCO USE AT EVERY VISIT




**READY TO SET A QUIT DATE IN NEXT 30 DAYS**

DOCUMENT QUIT DATE IN EDUCATION



SELECT CORRESPONDING POINT OF VISIT (POV) CODE; INCLUDE COUNSELING CODE





TWO HCPCS CODES MAY BE USED FOR BILLING:

- 96406 - SMOKE/TOBACCO COUNSELING > 10 MINUTES
- 96407 - SMOKE/TOBACCO COUNSELING > 10 MINUTES

**ARRANGE** **DOCUMENT CESSATION TREATMENT PLAN**

- ORDER A CONSULT TO IN-HOUSE CESSATION PROGRAM, OR DOCUMENT REFERRAL TO EXTERNAL CESSATION PROGRAM (E.G. STATE QUIT LINE) IN PRIMARY PROVIDER NOTE.
- ORDER APPROPRIATE PHARMACOTHERAPY & DOCUMENT FOLLOW-UP PLANS ON NOTE

**IMPROVE CLINIC MEASURES**

**Health Care Partnership**  
www.thequalitycenter.org  
www.healthcarepartnership.org

**“THE SINGLE MOST IMPORTANT STEP IN  
ADDRESSING TOBACCO USE AND  
DEPENDENCE IS SCREENING FOR  
TOBACCO USE”**

**\*USPHS GUIDELINES**





# Ask

- Implement a system to identify all tobacco users
- Ask **EVERY** patient at **EVERY** visit about tobacco use and exposure
- Keep it simple such as, “What commercial tobacco use and exposure have you had?” or “Please, tell me about your commercial tobacco use.”
- Document status

# ASK

## SCREEN FOR COMMERCIAL TOBACCO USE AT EVERY VISIT AND DOCUMENT HEALTH FACTOR

- ARE YOU EXPOSED TO SECOND HAND SMOKE AT WORK OR IN THE HOME?
- DO YOU USE SMOKELESS TOBACCO SUCH AS CHEW/DIP/SNUFF?
- DO YOU SMOKE TOBACCO?

**Add Health Factor**

Items

- READINESS TO LEARN
- RUBELLA IMMUNITY STATUS
- STAGED DIABETES MANAGEMENT
- TB STATUS
- TOBACCO
  - CEREMONIAL USE ONLY
  - CESSATION-SMOKELESS
  - CESSATION-SMOKER
  - CURRENT SMOKELESS
  - CURRENT SMOKER**
  - CURRENT SMOKER & SMOKELESS
  - EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE
  - NON-TOBACCO USER
  - PROBABLE SMOKELESS

Comment: smoking 2 packs per day

Select the appropriate health factor

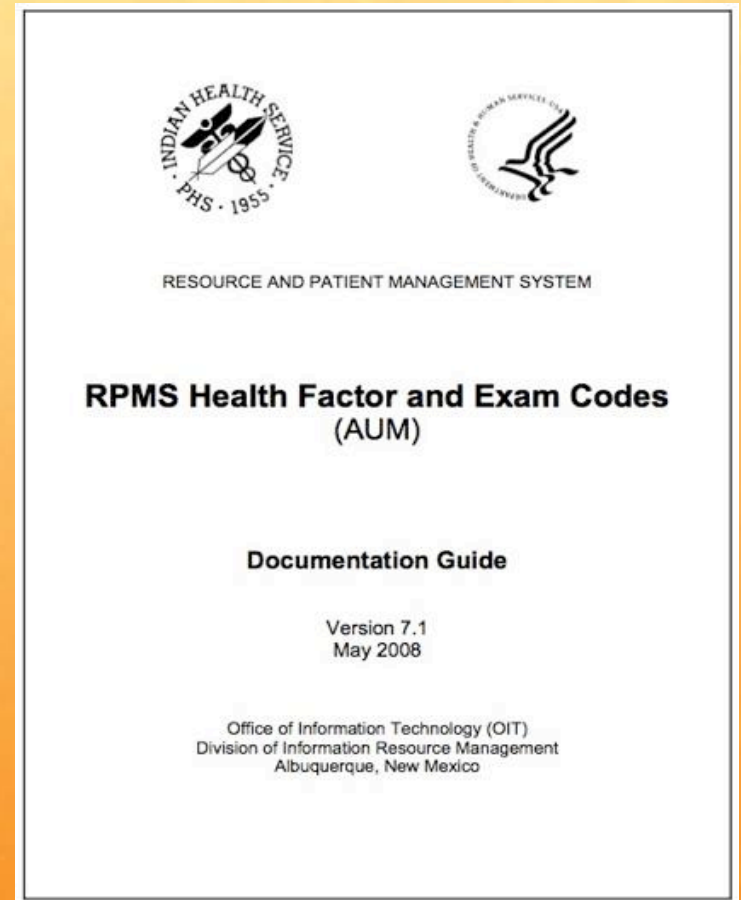
Optional free text comment

Add

Cancel

# Tobacco Health Factors

- Never Used Tobacco
- Current Smoker
- Current Smokeless
- Current Smoker & Smokeless
- Cessation Smoker
- Cessation Smokeless
- Previous Smoker
- Previous Smokeless
- Ceremonial Use Only
- Smoker in the Home
- Smoke Free Home
- Exposure to Environmental Tobacco Smoke



# Advise

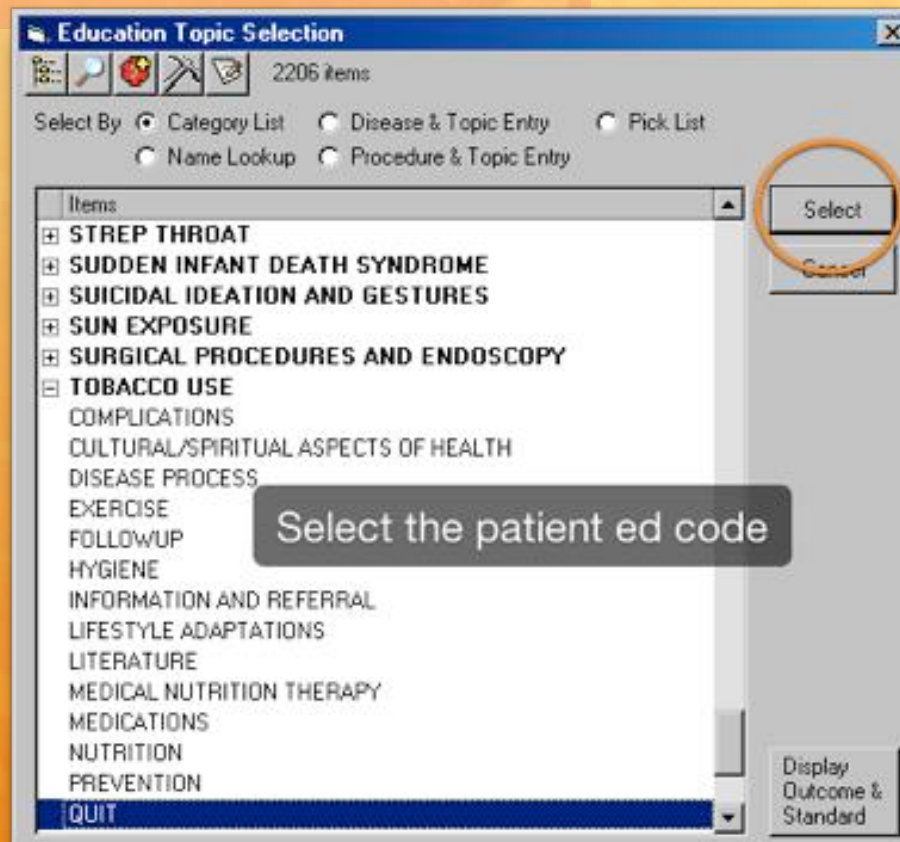
- Advise your patient to stop using commercial tobacco
- Advice should be:
  - Clear
  - Strong
  - Personalized



# ADVISE

## ENCOURAGE COMMERCIAL TOBACCO CESSATION & DOCUMENT WITH PATIENT EDUCATION CODES

- CONSIDER CREATING A PICK LIST OF FREQUENTLY USED COMMERCIAL TOBACCO CODES OR SELECT FROM ENTIRE CATEGORY LISTING



# Assess

## Readiness to Change

“Are you ready to set a Quit Date in the next 30 days?”



(Adapted from Prochaska et al., 2002)

# ASSESS

## DETERMINE READINESS TO QUIT

- USE COMMENTS TO DOCUMENT STAGE OF CHANGE

<b>Pre-contemplation</b>	No intention to quit in next 6 months
<b>Contemplative</b>	Intends to quit within the next 6 months
<b>Preparation</b>	Willing to set a quit date within the next 30 days
<b>Action</b>	Has quit using commercial tobacco for less than 6 months (change Health Factor to <i>Cessation Smoker/Smokeless</i> )
<b>Maintenance</b>	Has remained commercial tobacco free for more than 6 months (change Health Factor to <i>Previous Smoker/Smokeless</i> )
<b>Relapse</b>	Using commercial tobacco again after a period of being tobacco free (change Health Factor to <i>Current Smoker/Smokeless</i> if original use resumed)

**Add Patient Education Event**

Education Topic: Tobacco Use-Quit  
(Tobacco Use)

Type of Training:  Individual  Group

Comprehension Level: GOOD

Length: 5 (min)

Comment:

Provided By: LAMER, CHRISTOPHER CLAYTON

Buttons: Add, Cancel, Historical, Display Outcome & Standard

Readiness to learn will be added soon

# Advise/Assess

- The patient uses tobacco and wants to quit
  - Provide resources and assistance
    - Quit line information
    - Tobacco handouts
    - Refer to tobacco cessation specialist
- The patient uses tobacco and does not want to quit
  - Provide and review tobacco treatment literature
  - Provide feedback on why they should consider quitting
- The patient has used tobacco and has quit
- The patient has never used tobacco
  - Commend and promote abstinence





# Assist & Arrange

- If your patient is **NOT READY** to quit in the next 30 days:
  - conduct a Brief/Intermediate **Motivational Intervention**
  - provide information for the patient
  - repeat the message at each encounter
- If your patient is **READY to QUIT** in the next 30 days:
  - conduct a Brief/Intermediate **Cessation Intervention**
  - help the patient develop a Quit Plan
  - refer the patient for counseling and follow up



# ASSIST

## NOT READY TO QUIT

- OFFER EDUCATIONAL LITERATURE ON DETRIMENTAL EFFECTS OF COMMERCIAL TOBACCO USE ON HEALTH.
- REMIND CLIENT THAT YOU WILL ASK ABOUT COMMERCIAL TOBACCO USE AT EVERY VISIT.

## READY TO SET A QUIT DATE IN NEXT 30 DAYS

### DOCUMENT QUIT DATE IN EDUCATION

Status/Outcome

Goal Set    Goal Met    Goal Not Met

will quit in 2 weeks

### Education

Show Standards

Visit Date	Education Topic	Comprehension	Readiness To Learn	Status	Objectives
03/29/2011	Tobacco Use-Information And Referral	FAIR	UNRECEPTIVE		
03/29/2011	Tobacco Use-Complications	FAIR	UNRECEPTIVE		
03/29/2011	Tobacco Use-Literature	FAIR	RECEPTIVE		
03/29/2011	Tobacco Use-Quit	FAIR	UNRECEPTIVE		

### Health Factors

Visit Date	Health Factor	Category	Comment
03/29/2011	Current Smoker	Tobacco	smokes 1 pack per day/ 25 years

Superscript   Notes   Reports   All   All   Discharge Summary   Consults   Link

### Visit Diagnosis

Provider Narrative	ICD	ICD Name	Priority / Cause	Injury Date	Injury Cause	Injury Place	Modifier	Onset Date	ICD
Smoker cigarettes x 20 years	305.1	TOBACCO USE DISORDER	Primary						
Tobacco Cessation Intervention	V85.49	OTHER SPECIFIED COUNSELING	Secondary						

### SELECT CORRESPONDING POINT OF VISIT (POV) CODE; INCLUDE COUNSELING CODE

Superscript   Notes   Reports   All   All   Discharge Summary   Consults   Link

### Visit Diagnosis

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Smoker cigarettes x 20 years	305.1	TOBACCO USE DISORDER	Primary						
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- TWO HCPCS CODES MAY BE USED FOR BILLING:**
- 99406 – SMOKE/TOBACCO COUNSELING 3-10 MINUTES
  - 99407 – SMOKE/TOBACCO COUNSELING > 10 MINUTES

# Assist & Arrange

## If Patient is *Not Ready* to Quit

Provide a brief *Motivational Intervention* utilizing the “5 R’s”:

- **Relevant** Information
- **Risks** of Continued Tobacco Use
- **Rewards** of Quitting
- **Roadblocks** to Quitting
- **Repeat** the Message at Each Visit



# Assist & Arrange If Patient *Is Ready* to Quit Develop a Quit Plan:

- Set a Quit Date
- Provide treatment from the clinician and help patient obtain support from others
- Provide Practical Counseling (problem-solving and anticipate challenges)
- Recommend use of Cessation Medication if no contraindications
- Offer Self-Help Materials
- Refer to Intensive Services

**My Quit Plan**

**Congratulations** on your choice to quit using commercial tobacco. There is no perfect time to quit, but setting a quit date is the first step to being commercial tobacco-free. You should choose a date that is meaningful to you at a time that will not be too stressful. Follow the steps below to make your personal quit plan.

1. My Quit Date: \_\_\_\_\_

2. My Support Persons: \_\_\_\_\_

3. Problem-Solving Skills:  
Ex-tobacco users find these tips useful.

- Practice some suggestions from "Before Quitting."
- Keep "After Quitting" handy after your quit date.
- Always carry your survival bag with you.

4. Medication Information:  
Talk to your doctor or pharmacist about medication to help you quit.

5. Referrals to Intensive Services:  
For information call

- National Quitline: 1-800-QUIT-NOW
- Other cessation services: \_\_\_\_\_

Quitting is a process. Whether this is your first time to quit or fifth, give yourself permission to go back to your doctor, pharmacist, or counselor if you need to try and quit again.

# ARRANGE

## DOCUMENT CESSATION TREATMENT PLAN

- ORDER A CONSULT TO IN-HOUSE CESSATION PROGRAM, OR DOCUMENT REFERRAL TO EXTERNAL CESSATION PROGRAM (E.G. STATE QUIT LINE) IN PRIMARY PROVIDER NOTE.
- ORDER APPROPRIATE PHARMACOTHERAPY & DOCUMENT FOLLOW-UP PLANS ON NOTE

Order a consult

Consult to Service/Specialty: NICOTINE DEPENDENCE PROGRAM

Urgency: ROUTINE

Attention: Unsure/Other L

Place of Consultation: CONSULTANT'S CHOICE

Prescribed by (REQUIRED): Tobacco use denial

Please inform tobacco user smoker 1 pack (20 sticks) per day for at least 20 years. Patient expressed desire to quit in next 30 days.

NICOTINE DEPENDENCE PROGRAM | CONSULTANT'S CHOICE

Accept Order

Cancel

Template: PR: PWR TOBACCO CESSATION

TREATMENT PLAN:

- Nicotine Lozenge 2mg per order
- Nicotine Lozenge 4mg per order
- Nicorette Gum 2mg per order
- Nicorette Gum 4mg per order
- Nicoderm Patch 7mg per order
- Nicoderm Patch 14mg per order
- Nicoderm Patch 21mg per order
- Syban 150mg per order

FOLLOW UP: [dropdown] Phone Contact: [dropdown]

\* Indicates a Required Field

1 week

2 weeks

4 weeks

6 weeks

8 weeks

12 weeks

20 weeks

1 year

999

# The 5A's in Summary

- **Ask** Screen for tobacco use every visit  
Document health factor
- **Advise** Encourage tobacco avoidance  
Document as patient education
- **Assess** Determine readiness to quit in next 30 days  
Tobacco handouts  
Encourage tobacco avoidance
- **Assist** Help set a tobacco quit date and plan
- **Arrange** Help to establish patient follow up  
Quit line information  
Tobacco handouts  
Refer to tobacco cessation specialist



# Where to begin...

<b>SMOKING</b>	<b>KILLS PEOPLE WE LOVE.</b>
<b>THAT'S WHY</b>	
<i>WE ASK ABOUT IT EVERY TIME.</i>	
<i>WE OFFER HELP IN QUITTING.</i>	
<i>WE FOLLOW UP AT EVERY VISIT.</i>	



# Identify Resources

## Tobacco Dependence Treatment

- Are there any “in-house” treatment services available to patients?
- Are there any local treatment services available? (American Lung Association (ALA) or American Cancer Society (ACS))
- Does your state have a quitline? (1-800-QUIT NOW)

## Identifying “Tobacco Treatment Champions”

- Are there any Tobacco Treatment Specialists at your facility?
- Do you have a provider who would be willing to work with a program? Nurse, Dentist, Pharmacist, or Health Educator

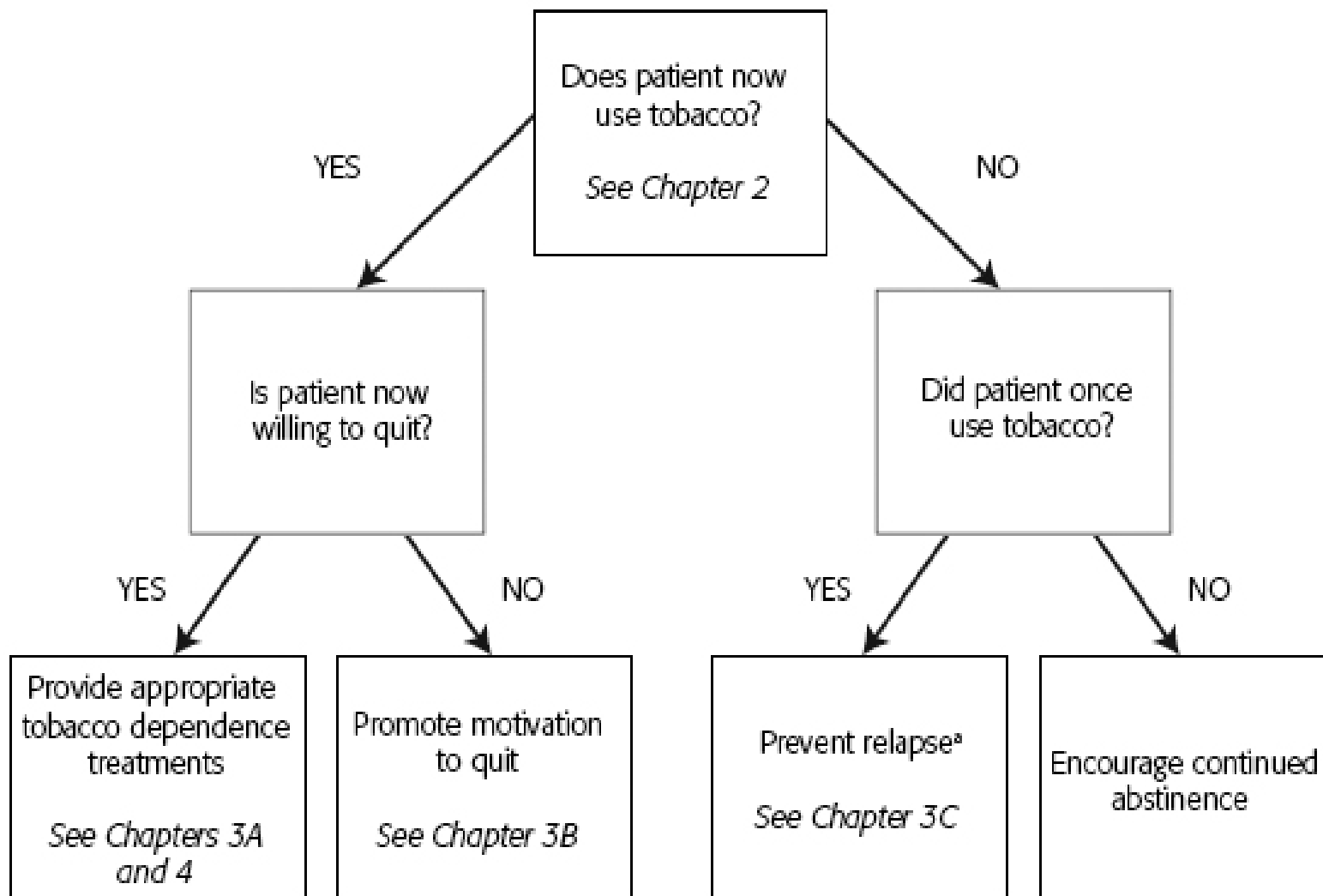




# Implementation

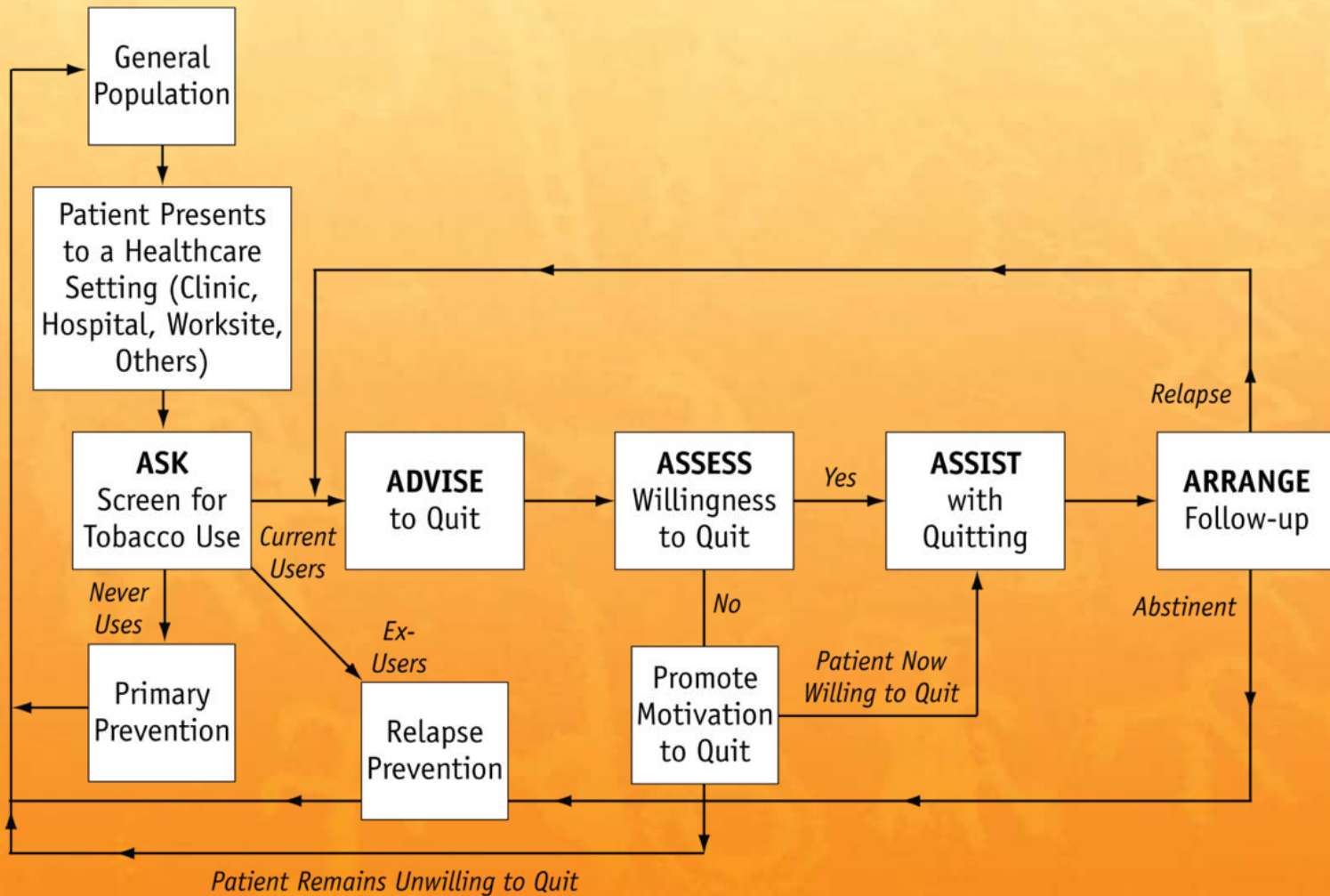
- Screen everyone for commercial tobacco use at every visit
  - Change patient forms to include screening tools and use them
- Teach providers
  - To screen at each visit and talk to patients about commercial tobacco use
- Help people quit
  - Offer treatment services
  - Cover cost of tobacco treatment services
- Change policies
  - Tobacco free campus
  - Offer employee tobacco treatment services





<sup>a</sup>Relapse prevention interventions are not necessary in the case of the adult who has not used tobacco for many years.

# The Five A's Summary



# Tobacco Control Task Force Technical Assistance

## Certifications

- Basic Tobacco Intervention Skills
- Basic Tobacco Intervention Skills Instructor
- Tobacco Treatment Specialist

## Clinical Tools

- Fieldbook
- Supplemental Materials
- Speaker's Kit
- Reimbursement Guide

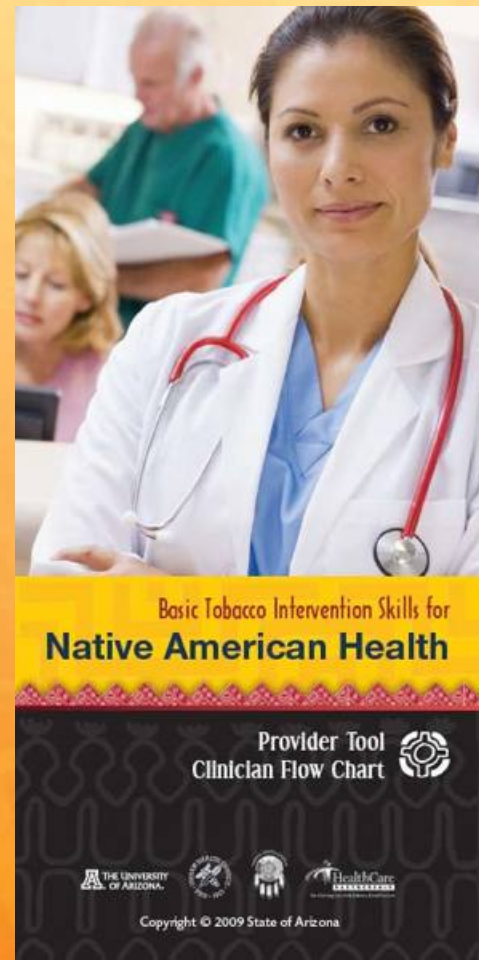
## Task Force Member Mentoring

- EHR Templates
- Coding/Billing
- Protocol Development

## Website

<http://www.ihs.gov/medicalprograms/epi/>

<http://www.healthcarepartnership.org/ihs>

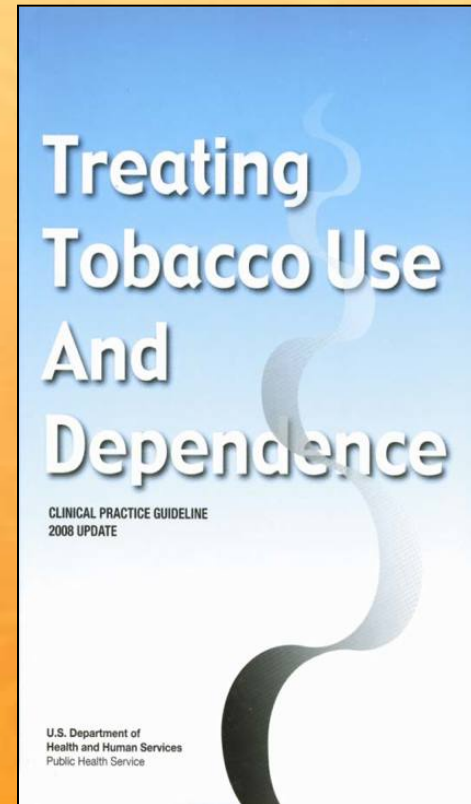


# IHS Tobacco Control Task Force Enabling Resources



# 2008 Clinical Practice Guideline Treating Tobacco Use and Dependence

- Available on-line  
<http://www.ahrq.gov/path/tobacco.htm>
- Individual copies available
  - AHRQ 1-800-358-9295
  - CDC 1-800-CDC-1311
  - NCI 1-800-4-CANCER



The Tobacco Control Task Force serves as a vital representation to attract and create partnerships between IHS and federal, Tribal, state, and local stakeholders



# Online Resources

- [www.nativeamericanprograms.org](http://www.nativeamericanprograms.org) (Mayo Clinic)
- [www.smokefree.gov](http://www.smokefree.gov) (CDC)
- [www.surgeongeneral.gov/tobacco/](http://www.surgeongeneral.gov/tobacco/) (DHHS)
- [www.fda.gov/TobaccoProducts/default.htm](http://www.fda.gov/TobaccoProducts/default.htm) (FDA)
- [www.cancer.org](http://www.cancer.org) (American Cancer Society)
- [www.americanheart.org](http://www.americanheart.org) (American Heart Association)
- [www.lungusa.org](http://www.lungusa.org) (American Lung Association)
- [www.becomeanex.org](http://www.becomeanex.org) (Become An EX)





**Habitual tobacco use is having a devastating effect  
on the health of American Indian  
and Alaska Native people.**

**There is no clinical intervention available today that can  
reduce illness, prevent death, and increase quality of life  
more than**

**effective tobacco treatment interventions!**



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