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NATIONAL NATIVE NETWORK



**Technical Assistance Webinar**

# Nicotine Cessation Services Access Workgroup Introduction and Update



## **Presented by:**

Commander Michael Verdugo, Pharm.D., MS  
Bemidji Area Pharmacy Clinical Applications Coordinator  
IHS Bemidji Area Office

- Pharm.D. - University of Pacific School of Pharmacy - Doctor of Pharmacy – 1999
- M.S. - Grand Canyon University, Phoenix Arizona – Addiction Counseling - 2017

## Nicotine Cessation Services Access Workgroup Introduction and Update



Commander Verdugo a residing trained clinical pharmacist with over 17 years experience working with patients with tobacco use disorders.

He has served as lead for the U.S. P.H.S. Nicotine Services Access Workgroup since 2017 and was co-lead from 2015-2017.

He has directed tobacco cessation trainings and certifications to numerous health and health related professionals since 2001.



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- No commercial interest support was used to fund this activity.

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- The Indian Health Service Clinical Support Center is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
- This activity is designated 1.0 contact hour for nurses.

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- Certificates will be mailed to participants within four weeks by the Indian Health Service Clinical Support Center.



# Learning Objectives/Outcomes

By the end of this webinar, participants will be able to:

1. Examine available resources offered by the NCSAW (National Cessation Services Access Workgroup) to reduce tobacco dependence.
2. Discuss how information on tobacco cessation efforts can be better shared and partnerships explored amongst stakeholders.
3. Facilitate collaboration between I/T/U sites and NCSAW to enhance capacity to deliver evidence based nicotine treatment and prevention interventions.





# Nicotine Cessation Services Access Workgroup (NCSAW)

Workgroup Leads:

CDR Michael Verdugo

CDR Jing Li



# Disclaimer

- The views and opinions presented herein reflect those of the presenter and do not necessarily represent those of the Government of the United States, the Department of Health and Human Services, the Public Health Service, the Office of the Surgeon General or the Indian Health Service.



# Objectives

***By the end of the webinar, participants will be able to:***

- Examine available resources offered by the NCSAW (National Cessation Services Access Workgroup) to reduce nicotine and tobacco dependence.
- Facilitate collaboration between I/T/U sites and NCSAW to enhance capacity to deliver evidence based nicotine treatment and prevention interventions.
- Discuss how information on tobacco cessation efforts can be better shared and partnerships explored amongst stakeholders.



# Purpose of NCSAW

- To support the implementation of evidence based nicotine cessation treatment services nationally in accordance with the U.S. Surgeon General's Priority #1, **elimination of tobacco and nicotine use.**







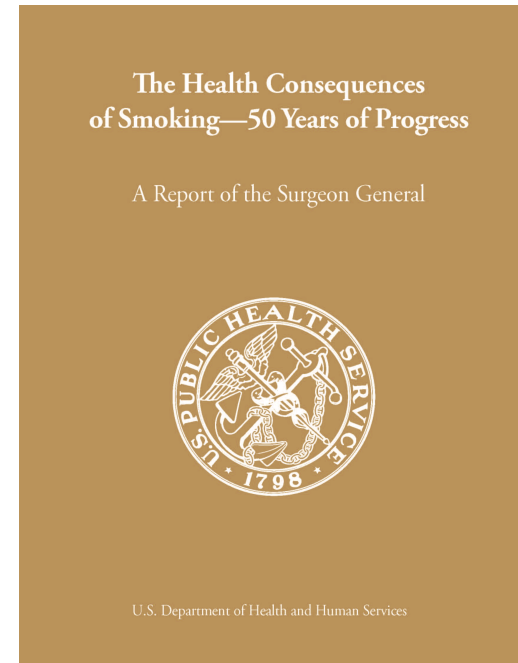
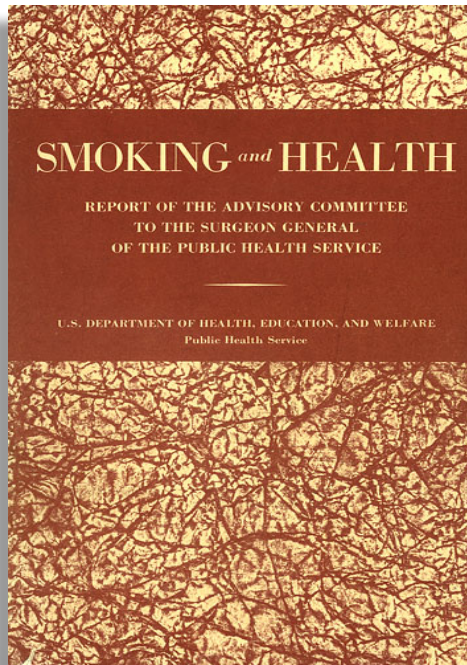
# Why is it important?

## The Health Consequences of Smoking: 50 Years of Progress

### A Report of the Surgeon General

1964

2014





# Why is this important?

- In 1965, 42% of Americans smoked. In 2012, 18% smoked.
- Despite these declines, there are disparities in rates of smoking according to region, education level, race/ethnicity, and socioeconomic status.
- The majority of smokers begin by age 18 (87%). Almost all smokers begin by age 26 (98%).
- According to CDC data, despite rates declining in 2005 from 20.9% to 15.5% in 2016, 17.5% of Men and 13.5% of Women in the US still smoke (Healthy People 2020 goal is  $\leq 12\%$ )



# Why is this important?

- Rates are highest amongst those without a high school diploma (includes those with a GED)
- 1 out of 4 smokers live below the poverty level
- Highest rate is found amongst uninsured and those on public forms of health insurance
- People with serious psychological distress have high rates of smoking (35.8%) vs those with no distress (14.7%)
- CDC Office on Smoking and Health recommends that *“targeted interventions are warranted to reach subpopulations with the highest incidence of use and can result in substantial reductions in tobacco-related disease and death and billions of dollars in savings from averted medical costs”*
- *Barrier-free access to tobacco cessation medications and counseling are components of evidence based interventions to reduce prevalence rates.*



# Why is this important?

- From 2010-2015, use prevalence of any tobacco product was highest amongst American Indian/Alaska Natives (43.3% vs 27.7% overall, 37.3% vs 23.0% for cigarettes, 6.6% vs 3.5% for smokeless tobacco) for all demographic categories except those with a college education.
- Use by AI/AN was highest in males, ages 18-25, those with less than a high school diploma, living below the federal poverty level, and those who have never married.
- In 2016, American Indian/Alaska Natives are impacted the most by commercial tobacco: 31.8% rate versus 16.6% of white Americans.
- *According to the CDC, culturally informed strategies are recommended. They include engaging healers and elders, fostering respect for traditional tobacco use, addressing the social determinants of health, and creating partnerships within the AI/AN community.*





# Why is this important?

- Nicotine was reported to be addictive in "The Health Consequences of Smoking: Nicotine Addiction: A Report of the Surgeon General" in 1988.
- Electronic Nicotine Delivery Systems (ENDS/aka e-Cigarettes) are the most commonly used form of nicotine products amongst youth.
- ENDS use increased by 900% amongst high school students from 2011 to 2015 (1.5% to 16%).
- eCigarette use is >males than females, amongst Whites and Hispanics, and lowest amongst African Americans and those with a college education.
- ENDS can also be used as delivery systems for cannabinoids and other illicit drugs.



# Why is this important?

- Nicotine exposure during adolescence can lead to neural alterations and increase susceptibility to addiction.
- Nicotine crosses the placenta, leading to an increased risk of SIDS, alterations in corpus callosum development, deficits in auditory processing, and increased risk for obesity.
- Ingredients in ENDS include volatile organic compounds, solvents, flavorants and toxicants which may lead to harmful health effects.
  - Propylene Glycol and Glycerin are the primary ingredients used to aerosolize nicotine.
  - Vape clouds contain a substantial amount of nicotine, similar to second hand smoke.



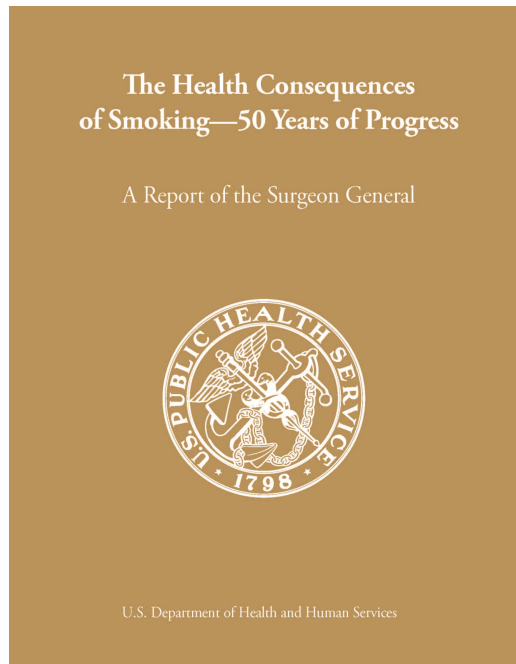
# Goals of the NCSAW

- **Increase access** to evidence based nicotine cessation services (PHS/Federal Health/private sector)
- **Produce tools** to develop or optimize nicotine cessation and prevention services
- **Disseminate resources** to make nicotine cessation and prevention programs financially independent and sustainable.
- **Achieve** the goals of the 2014 Surgeon General's Report on the Health Consequences of Smoking-50 years of Progress.
- **Build a *consultative support community*** for sites to build their capacity to implement and optimize nicotine cessation and prevention services.
- **Report** Workgroup activities to the Office of the Surgeon General in support of the priority to eliminate Tobacco and Nicotine use.



# Goals of NCSAW

## The Health Consequences of Smoking: 50 Years of Progress A Report of the Surgeon General 2014



### Applicable Goals of the Report:

- Support the provision of access to proven nicotine cessation treatment to all users, especially those with significant mental and physical comorbidities.
- Expanding nicotine cessation for all users in primary and specialty settings by helping to establish strong standards of care for delivering treatments.
- Increasing the implementation and utilization of evidence based tobacco control interventions.





# Goals of the NCSAW

**“We need to make it as easy to get treatment as it is to get tobacco.”**

C. Everett Koop, MD

13<sup>th</sup> Surgeon General of the United States of America





# How can this get done?

**“We need to make it as easy to get treatment as it is to get tobacco.”**

- There are at least 24 IHS tobacco cessation clinics across the country.
- The Affordable Care Act mandated coverage of tobacco cessation counseling and pharmacotherapy for pregnant women who are Medicaid recipients.
- The Affordable Care Act requires the provision of medically necessary tobacco cessation services for children and adolescents under the Medical Early and Periodic Screening, Diagnostic, and Treatment Benefit.
- Tobacco Cessation drugs are no longer an excludable benefit as of 1/1/14.
- Counseling services may be covered under a variety of benefits and provider categories such as physicians, pharmacists, dieticians, mental health counselors, and prevention services.
- States are permitted to obtain up to 50% federal Medicaid matching to establish and operate quitlines.



# Leadership of NCSAW

- **RADM Pamela Schweitzer**-Executive Sponsor (CMS)
- **CAPT Megan Wohr**-Chief Subject Matter Expert (IHS)
- **CAPT David Lau**-Leadership Advisor (DHS-ICE)
- **Ms. Alberta Becenti**-Leadership Advisor (IHS)
- **CDR Michael Verdugo**- Workgroup Lead (IHS)
- **CDR Jing Li**- Workgroup Co-Lead (IHS)
- **CDR Danielle DiDonna**-Executive Secretary (FDA)
- **LT Kristin Allmaras**-Assistant Executive Secretary (IHS)



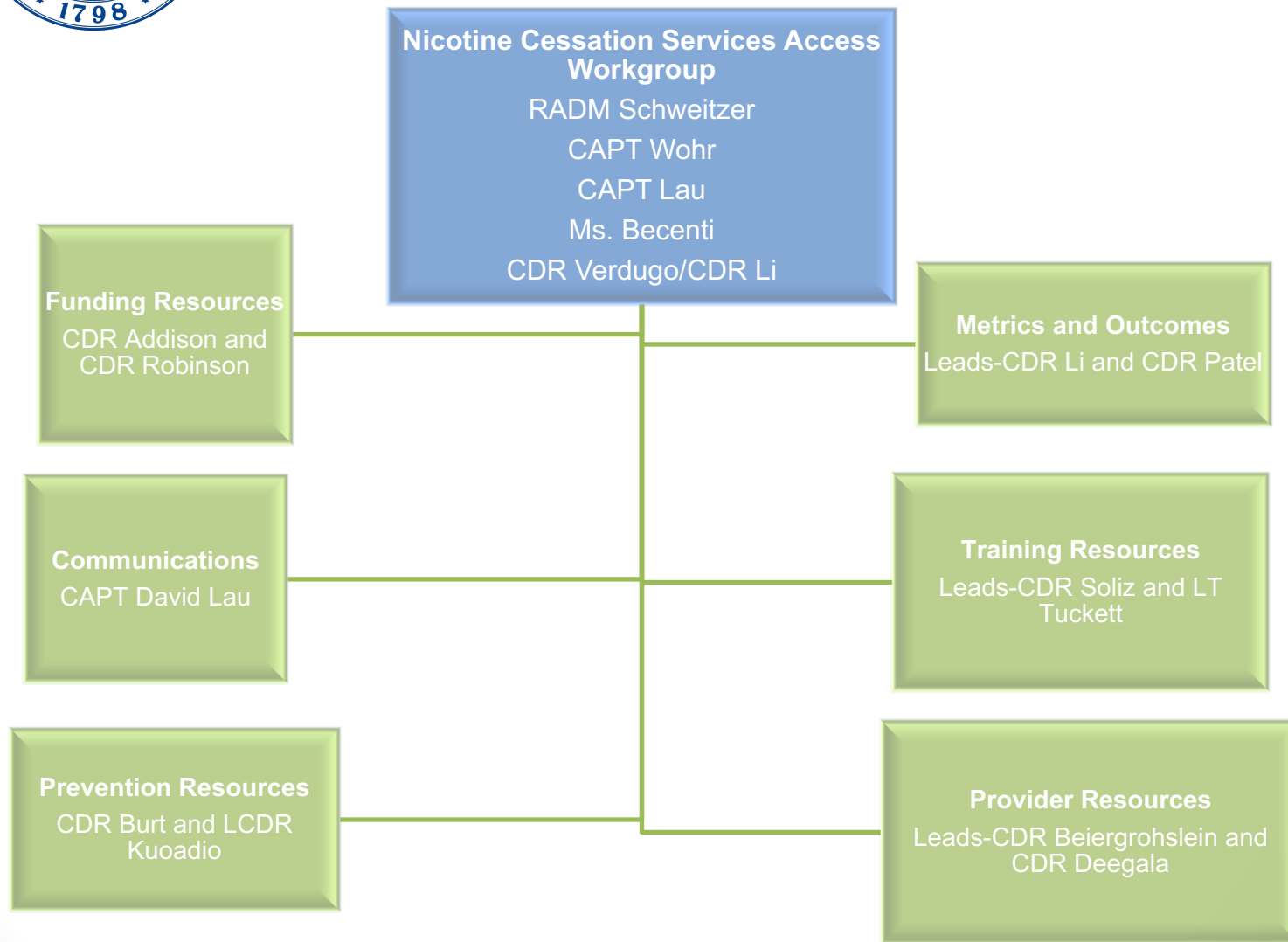
# Subgroups of NCSAW

- **Training Resources** (CDR Narcisso Soliz, Lead. LT Gayle Tuckett, Co-Lead)
- **Documentation and Informatics** (CDR Rowdy Atkinson, Lead. LCDR Niki Haney, Co-Lead)
- **Metrics and Outcomes** (CDR Jing Li, Lead. CDR Amit Patel, Co-Lead)
- **Provider Resources** (CDR Mike Beiergrohslein, Lead. CDR Chad Deegala, Co-Lead)
- **Communications** (CAPT David Lau, Lead)
- **Funding Resources** (CDR Renee Robinson, Lead. CDR Thomas Addison, Co-lead)
- **Prevention Resources** (CDR Brian Burt, Lead. LCDR Jacqueline Kuoadio, Co-Lead)





# NCSAW Structure





# What We've Done...

- **PHS Tobacco Cessation Survey Monkey in November 2015**
  - Disseminated to Federal Facilities, 40 sites from 2 agencies
  - Over 50% of the facilities do NOT have trained Tobacco Treatment Specialists.
  - Over 75% do NOT have certified Tobacco Cessation Instructors.
- **Rx for Change Tobacco Cessation Trainings**
  - Collaboration between UCSF, Purdue, and NCSAW Training Resources.
  - Offers free, online 5 A's (USPHS Guideline brief intervention) and Ask-Advise-Refer *brief* intervention.
  - Adds virtual (or live) skills demonstration to online 5 A's training as well as a smoke free pledge to achieve USPHS Rx for Change certificate.
  - Completion is recognized by the University of Arizona as a pre-requisite to their Tobacco Treatment Specialist.
  - Website:  
[https://dcp.psc.gov/OSG/pharmacy/sharedresources\\_tctp.aspx](https://dcp.psc.gov/OSG/pharmacy/sharedresources_tctp.aspx)



# What We've Done...

- **Great American Smokeout 2016 and 2017**
  - **2016**
    - Contacted 1,055 individuals across 11 sites and 9 OpDivs
    - 61 people indicated a desire to quit. 37 pledged to quit in 30 days
    - 148 requested/received resources
    - 5 requested Rx for Change training
    - Involved 30 PHS Officers, 26 Civil Service and 53 hours of event time



# What We've Done...

- **Great American Smokeout 2016 and 2017**
  - **2017**
    - Contacted 1,155 individuals, involving 4 OpDivs and two PHS Professional Advisory Committees.
    - 117 people indicated a desire to quit. 34 pledged to quit in 30 days
    - 250 requested/received resources
    - 56 requested Rx for Change training
    - Involved 24 PHS Officers, 10 Civil Service and 32.5 hours of event time
    - 15 Social Media posts, 12 shares, and 333 views



# What We've Done...

- **Health Occupations Student Organization Collaboration**
  - 2016: 54 Students trained in Rx for Change at AMSUS Meeting
  - 2017: Trained 106 students and State Advisors at the International Leadership Conference in Orlando. Developed a Spanish version of Rx for Change. Trained 126 students and State Advisors at AMSUS. HOSA Leadership requested assistance with training all students and State Advisors.





# What We've Done...

- **Engaged Area Tribal Health Board and Applied for funding from to support pilot project launch**
  - Partnered with the Great Lakes Intertribal Council to complete the grant application.
  - Funding intended to support community based participatory needs assessment and tailoring of evidence based tobacco cessation and prevention resources to help build capacity to deliver services in high prevalence, resource stretched populations such as Native American communities.



# What We've Done...

- **Communications Subgroup**

- **#1:** Organized Rx for Change training at the HOSA National meeting in Orlando that involved over 100 HOSA students; Rx for Change at AMSUS - 160 Students; Assisted with planning and dissemination of materials for GASO: disseminated marketing information and materials throughout the year
- **#2:** Disseminated marketing materials for Rx for Change presentations to offer a certificate of completion for COA and HOSA. Presented to about 50 USPHS officers during COA 2017. Collaborated with other TCSAW officers to develop the Youth module for Electronic Cigarettes.
- **#3:** Provided guidance and support in the development of the Workgroup's charter



# What We've Done...

- **Documentation and Informatics Subgroup**
  - **#1:** Developed a YouTube training video on Tobacco Cessation Screening and visit documentation.
  - **#2:** Developed a SNOMED picklist for use when documenting tobacco use in the RPMS/EHR.
  - **#3:** Developed an Initial and Follow Up template for EHR users for tobacco cessation clinics.



# What We've Done...

- **Funding Resources Subgroup**

- **#1:** In collaboration with the Great Lakes Intertribal Council, Idaho State University, and NCSAW leadership, submitted a completed application for 2018 ITHS Academic/Community Partnership Research Award to fund Alliance of Stakeholders for Engagement of Communities to Minimize Commercial Tobacco Acceptance and Accessibility (ASEMAA) pilot project.
- **#2:** Completion of a grant writing guidance tool for inclusion in the NCSAW Toolkit.
- **#3:** Evaluated the AMA Healthy Living Grant as a funding source to increase access to training for tobacco cessation treatment and prevention efforts in underserved and rural areas.



# What We've Done...

- **Metrics and Outcomes Subgroup**
  - **#1:** Developed an Access Database for tracking metrics and outcomes related to the provision of tobacco cessation services.
  - **#2:** Developed a “Monthly Tobacco Trends” Newsletter covering nicotine use reports and research for dissemination to partners and stakeholders.
  - **#3:** Developed a GPRA measures Toolkit for tobacco related measures.



# What We've Done...

- **Prevention Resources Subgroup**
  - #1 Community Outreach development-personally connected with over 100 at-risk youths to discuss tobacco prevention
  - #2 Both leaders of the Prevention Group became certified in Basic Tobacco Intervention Skills Certification for Native Communities and subsequently obtained “instructor” certification, enhancing ability for outreach efforts.





# What We've Done...

- **Provider Resources Subgroup**
  - **#1:** Compiled resources necessary for successful clinic implementation (policies/procedures, protocols, flyers, brochures) and visit documentation (note templates, sample credentialing/privileging documents)
  - **#2:** Created 50 state Medicaid guide with common core documentation elements (provider credentials, authorization/documentation requirements, medications covered etc..)
  - **#3:** Continuing education recommendations on number of hours and providers/sources of CE



# What We've Done...

- **Training Resources Subgroup**
  - **#1:** In partnership with UCSF and Purdue University, developed the USPHS-Rx for Change Tobacco Cessation Training Program.
  - **#2:** Facilitated training of over 500 individuals from numerous different health related disciplines, Federal agencies as well as international health professionals.
  - **#3:** Developed a Training Recognition program to recognize individuals who utilize their tobacco cessation training to treat and or train others.



# What we are planning...

- **Nicotine Treatment and Prevention Capacity Building Toolkit**
  - Offer evidence based resources for tribal and urban communities to optimize or enhance their capacity to deliver nicotine cessation and prevention services.
- **Alliance of Stakeholders for Engagement of communities to Minimize commercial tobacco Acceptance and Accessibility (ASEMAA) Pilot Project**
  - Engage tribal and urban nicotine cessation and control stakeholders to evaluate evidence based capacity building tools to enhance their utility and cultural adaptation in high prevalence communities.



# What we are planning...

- **Health Occupations Student Association/Medical Reserve Corps**
  - Create partnerships between HOSA Chapters and COA branches to increase access to evidence based nicotine cessation trainings and outreaches in communities and campuses across the Nation.
- **Department of Veterans Affairs Collaboration**
  - Partner with the VA to develop, deliver and maintain no cost, CE accredited basic and expanded nicotine cessation training.
- **NCSAW Listserv**
  - Disseminate announcements regarding nicotine related research, regulations, control strategies, and funding opportunities.



# The “Ask”

- How can we support you and your community’s efforts to increase access to culturally appropriate treatment and help prevent the development of new nicotine users?
- What are the gaps in translating evidence based practice treatment and prevention guidelines into processes that work in your healthcare facilities and campuses?
- How can we collaborate with each other to make getting treatment for nicotine use as easy as it is to obtain nicotine products?
- How can we improve information sharing about trainings, research, and funding opportunities related to nicotine treatment, prevention, and control?



# NCSAW Contacts

## Questions

- CDR Michael Verdugo

[michael.verdugo@ihs.gov](mailto:michael.verdugo@ihs.gov)

Bemidji Area Office

Office of Clinical Services

218-444-0551

- CDR Jing Li

[jing.li@ihs.gov](mailto:jing.li@ihs.gov)

Phoenix Indian Medical Center

Specialty Pharmacy

602-263-1200 ext. 1305



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