FRONTLINE STAFF

TRAINING FRONTLINE STAFF

Frontline staff are essential to ensuring that tobacco users are identified at every clinical visit so they can be provided with lifesaving tobacco cessation interventions.

In this section, frontline staff will learn about how Federally Qualified Health Centers (FQHCs), Community Health Centers (CHCs), and other safety net health care settings are key settings to address tobacco use among these priority populations.

Frontline staff will also review the "5 A's" (Ask, Advise, Assess, Assist and Arrange) of tobacco cessation and focus on their role providing the first two As (Ask and Advise) of this evidence-based tobacco dependence screening and treatment strategy.

They will have an opportunity to think about how best to respond to statements frequently made by patients about addressing tobacco use, and learn about pharmacotherapy available to help patients quit.

The goal of this training is to build the capacity of frontline staff at health centers to support the integration of evidence-based tobacco dependence screening and treatment into standard delivery of care.

OVERVIEW

► **Introduction**

► **Goal and Objectives**

► **Agenda**

► **Training Design**

► **Handouts**

INTRODUCTION

Tobacco use is the leading cause of preventable disease and death in New York State (NYS).[1] Every year, approximately 25,500 New Yorkers die prematurely as a result of tobacco use, and more than 500,000 New Yorkers live with serious illnesses and disabilities caused by tobacco use.[2,3]

As such, increasing access to tobacco cessation services is one of the most important actions that public health professionals can take.

The mission of the New York State Department of Health Bureau of Tobacco Control (BTC) is to reduce morbidity and mortality and alleviate the social and economic burdens caused by tobacco use.[4]

Evidence-based tobacco control programs and policy interventions can reduce this burden by promoting and assisting tobacco users to quit, and preventing the initiation of tobacco use, most notably among populations disproportionately affected by the burden of tobacco use. Disproportionately affected groups include individuals with low incomes, those with less than a high school education, and those with serious mental illness.

For the vision of a tobacco-free New York to be realized, changes to healthcare systems that support clinician interventions are needed. Tobacco users regularly come into contact with the healthcare delivery system, and, during these encounters, their tobacco use is not addressed. Minimizing these "missed opportunities" requires systems strategies that ensure patients' tobacco use is assessed and treated at every clinical visit as part of standard delivery of care.[5]

Frontline staff are essential to ensuring that tobacco users are identified at every clinical visit so they can be provided with lifesaving tobacco cessation interventions. In this training, frontline staff will learn about how Federally Qualified Health Centers (FQHCs), Community Health Centers (CHCs), and other safety net healthcare settings are key to addressing tobacco use among these priority populations.

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[1] "Smoking and Tobacco Use – Cigarettes and Other Tobacco Products." New York State Department of Health, 1 Apr. 2014. Web. 22 June 2015.

[2] "State Health Department Urges New Yorkers to Make the Great American Smokeout on November 15 the First Day of a Smoke-free Healthy Life." New York State Department of Health, 1 Nov. 2012. Web. 22 June 2015.

[3] "Smoking and Tobacco Use – Cigarettes and Other Tobacco Products."

[4] "Smoking and Tobacco Use – Cigarettes and Other Tobacco Products."

[5] "Systems Change: Treating Tobacco Use and Dependence."

Frontline staff will also review the "5 As" of tobacco cessation and focus on their role providing the first two As (Ask and Advise) of this evidence-based dependence on tobacco screening and treatment strategy. They will have an opportunity to think about how best to respond to statements frequently made by patients about addressing tobacco use, and learn about pharmacotherapy available to help patient quit.
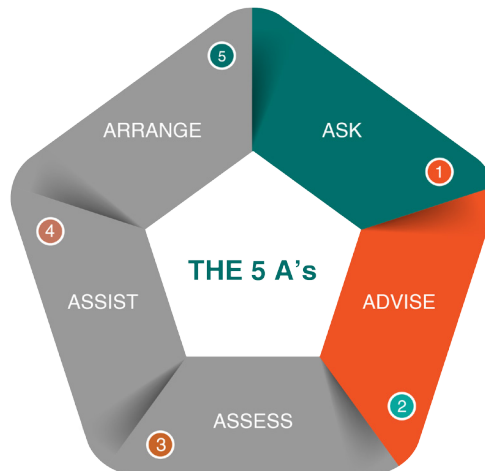
Time: 1 hour

Audience: Frontline Staff

Materials: Prior to the training, prepare the following materials:

Name tags	Screen	Markers
Sign-in sheet	PowerPoint Presentation	Masking Tape
Projector	Easel	Pens and Pencils
Laptop	Newsprint	Copies of Handouts

Materials specific to each activity are described within the training design.

Handouts: All handouts for this training are found at the end of the document. Be sure that you have made enough copies for each participant who will be attending.

Trainer's Note: Throughout the design, you will see Trainer's Notes. These contain special instructions or considerations for the trainer with regards to the activity being conducted.

GOAL AND OBJECTIVES

Goal

The goal is to build the capacity of frontline staff at health centers to support the integration of evidence-based tobacco dependence screening and treatment into standard delivery of care.

Objectives

As a result of this training, participants will be able to:

1 Describe the important role that safety net healthcare providers play in reducing the disparity of tobacco use among priority populations.

2 Describe the 5 As of a brief tobacco intervention.

3 Identify pharmacotherapy that can be used to break the cycle of tobacco addiction and assist patients with a successful quit attempt.

AGENDA

SAMPLE TIMING	ACTIVITY	TIME REQUIRED
9:00 am – 9:10 am	Welcome, Introductions, Myths & Facts Warm-up	10 minutes
9:10 am – 9:25 am	Building a Rationale for Integrating Tobacco Dependence Screening & Treatment into Healthcare Settings	15 minutes
9:25 am – 9:40 am	Basic Knowledge of 5 As Focus on Ask & Advise	15 minutes
9:40 am – 9:55 am	Overview of Pharmacotherapy & Medicaid Coverage	15 minutes
9:55 am –10:00 am	Closing	5 minutes

TRAINING DESIGN

![Trainer Notes icon] **Trainer Notes**

► Prepare and set-up the room by:
- Setting-up the laptop and projector
- Testing the PowerPoint presentation to ensure it works
- Making copies of all of the handouts
- Creating all the "Prepared Newsprints" as described in the specific activities they are required for
- Placing tables in a "small group" set-up with 5-6 chairs around each table, as shown below:
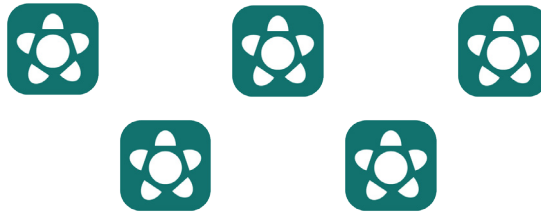
- On each table, place:
  - Pads of sticky notes
  - Copies of the PowerPoint slides
  - Pens
- As participants enter the room:
  - Greet them
  - Direct them to the sign-in sheet
  - Give them their name tag

WELCOME, INTRODUCTIONS, WARM-UP

Time Required: 10 minutes

Section Purpose:

The purpose of this section is to welcome participants to the 1-hour training session and introduce the trainer(s), training goal and objectives, agenda and set ground rules for the training. It is also to identify myths and facts about tobacco use and their impact on priority populations, specifically low-income individuals and those with less than a high school education.

Learning Methodologies

► Large group discussion
► Large group brainstorm

Materials Needed

■ PowerPoint Presentation - Slides 1 - 7
■ Name tags
■ Flipchart easel
■ Newsprint
■ Markers
■ Prepared newsprint:
  - Ground Rules
    ● Keep side conversations to a minimum
    ● Turn cell phones off or on vibrate
    ● Refrain from texting during the training
    ● Respect others' opinions and points-of-view
    ● Keep it moving
    ● Have fun!
► Goal and Objectives Handout
► Agenda Handout

Description

Step 1: **Welcome and Trainer Introductions**

► Welcome participants to the 1-hour training on Tobacco Dependence Screening and Treatment for Frontline Staff.
► Trainers introduce themselves.

Step 2: Review Goal and Objectives

▶ Distribute the Goal and Objectives and Agenda handouts.

▶ Using the PowerPoint Slides 1 - 4, review the training goal and objectives, as well as the agenda for the training session.

Step 3: Large Group Introductions (Optional due to time constraints and size of group)

▶ Show Slide 5 of the PowerPoint presentation and go around the room and ask participants to share with the group, their:

■ Name

■ Agency

■ Role

Step 4: Display Ground Rules

▶ Display the prepared newsprint "Ground Rules."

▶ Explain that ground rules build an atmosphere in which everyone can feel comfortable and gain as much knowledge and experience as possible.

▶ Suggest the ground rules already written, adding the following explanations, if time permits:

■ Keep side conversations to a minimum.

- If something's not clear to you, it's probably not clear to other participants, so please let us know!

■ Turn cell phones off or on vibrate.

- The more focused we can all be, the better, as we have a lot of information to cover.

■ Refrain from texting during training.

- If something comes up, please leave the room so as not to disturb others.

■ Respect others' opinions and points-of-view.

- Everyone is coming in with different experiences and opinions, and the more we can be open to everyone, the more we all can learn from each other.

■ Keep it moving.

- There is a lot of content to get through, so it is important to stay focused and on topic.

■ Have fun!

- This training is designed to be interactive and engaging, so please participate and have fun with it!

▶ Ask participants to add additional ground rules that they think would be helpful.

▶ Check with the group to be sure that the group agrees on the ground rules, and make any changes as needed.

▶ Post the newsprint on the wall and refer back to ground rules throughout training, as needed.

Step 5: Warm-up Activity: Brainstorm Myths & Facts

► Tell the group they are going to get started with a warm-up activity.

► Divide a sheet of newsprint in half by drawing a line down the middle. Write "Myths" at the top of one side of the newsprint and "Facts" at the top of the other.

► As a large group, ask the participants to brainstorm some myths and facts about tobacco use.

► Record myths on one-side and facts on the opposite side of the newsprint.

► For example (also Slides 6 - 7 of the PowerPoint presentation):

► Myths

■ Smoking light cigarettes will reduce one's risk of developing lung cancer, stroke, heart disease and emphysema.

■ Once addicted to nicotine, it's not that hard to quit using tobacco.

■ Quitting "cold turkey" is the only way to stop using tobacco.

■ Nicotine products are just as unhealthy as the nicotine that's found in cigarettes.

► Facts

■ Tobacco use is the leading cause of preventable deaths in the United States.

■ Cigarette smoking is responsible for more than **480,000** deaths per year in the United States.

■ Tobacco use reduces a woman's fertility.

■ Individuals who earn less than $15,000 annually and those with less than a high school education continue to use tobacco at higher rates than the general population.

■ Nicotine is the addictive substance that's found in tobacco.

■ When tobacco is used as intended, it has a harmful effect on the human body (psychologically and physically).

Step 6: Process

► Ask the following questions:

■ What was it like to do this?

■ What surprised you?

■ How do myths and facts impact our work?

Step 7: Discuss Myths and Facts

► Explain to the participants:

■ These examples of myths and facts are often associated with tobacco use. Some are fact, while others are fiction.

- We will explore how, despite declines in tobacco use among the general population, individuals with low incomes, and those with less than a high school education continue to use tobacco at high rates.
- These are the same under-served and vulnerable populations that Federally Qualified Health Centers (FQHC), Community Health Centers (CHC), and other safety net providers serve. This makes the integration of tobacco dependence screening and treatment into these settings critical.

BUILDING A RATIONALE FOR INTEGRATING TOBACCO DEPENDENCE SCREENING AND TREATMENT INTO HEALTHCARE SETTINGS

Time Required: 15 minutes

Section Purpose

The purpose of this section is to identify the important role that FQHCs, CHCs, and other safety net providers play in reaching tobacco users and facilitating access to evidence-based tobacco dependence treatment.

Learning Methodologies

► Lecturette

Materials Needed

► PowerPoint presentation Slides 8 - 13

Description

Step 1: **Lecturette**

► Review Slides 8 - 13 of the PowerPoint presentation and make the following points:

- Through the delivery of evidence-based tobacco dependence screening and treatment, safety net providers have the ability to reduce health disparities on a statewide level. These healthcare settings serve as:

- A primary care home for all who need it, with a special focus on low-income and uninsured individuals
- A non-profit, community-directed healthcare provider located in medically underserved communities impacted by health disparities
- A provider of affordable primary care and preventive services regardless of insurance status or ability to pay, including comprehensive care

■ Safety net providers have the potential to eliminate disparities in health outcomes for low-income, racial/ethnic minority, and medically underserved populations by delivering comprehensive preventive care and promoting the proactive management of chronic conditions.

■ For trainings at FQHC/CHCs: The Institute of Medicine recognizes FQHCs and CHCs as model settings for screening, diagnosing, and managing the following chronic conditions:
- Diabetes
- Depression
- Cardiovascular Disease
- Cancer
- Asthma
- HIV

■ Safety net providers are able to:
- Use Electronic Health Records (EHR) and the quality improvement infrastructure to support the standardized delivery of evidence-based tobacco dependence screening and treatment in their settings
- Attest to meaningful use, specifically, meaningful use provisions related to tobacco
- Capitalize on opportunities created by health reform for integrating evidence-based tobacco dependence screening and treatment into standard delivery of care

Step 2: Process the Lecturette
▶ Ask the following questions:
■ What was is like to have this discussion?
■ What surprised you?
■ What are you taking away from this discussion?
■ How can you apply this information to your work?

BASIC KNOWLEDGE OF 5 As
(**A**SK, **A**DVISE, **A**SSESS, **A**SSIST & **A**RRANGE)
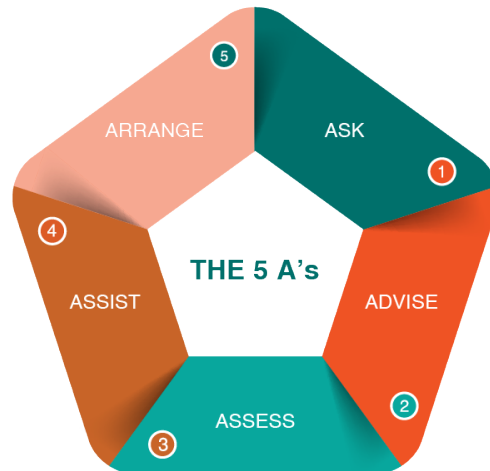
Time Required: 15 minutes

Section Purpose

The purpose of this section is to provide participants with basic knowledge of an evidence-based tobacco intervention and identify tobacco users at the point of intake. Include the following: (1) **Ask** a patient about their tobacco use and (2) **Advise** those who use tobacco products to quit.

Learning Methodologies
- ► Large group discussion
- ► Individual Activity

Materials Needed
- ► PowerPoint presentation - Slides 14 - 22
- ► Common Responses Worksheet

Description

Step 1: **Large Group Discussion About the 5 As**
- ► Tells participants that the 5 As are an evidence-based tobacco cessation intervention developed by the U.S. Public Health Service.
    - ■ Share the definition of "evidence-based" with participants.
    - ■ Definition: Practices or interventions proven to be effective by the best available research results (evidence).

Healthcare professionals who use evidence-based practices combine research evidence along with clinical expertise and patient preferences.

► Review the PowerPoint Slides 14 - 29.
► While reviewing the slides, tell participants:
■ These are the 5 As, an evidence-based intervention to assist those who want to stop using tobacco products to be successful.
1. **Ask -** Identify and document tobacco use status for every patient at every visit.
   - Tell participants that they may wish to develop their own vital signs card or sticker.
2. **Advise -** In a clear, strong, and personalized manner, urge every tobacco user to quit.
3. **Assess -** whether the tobacco user is willing to make a quit attempt at this time?
4. **Assist -** The patient willing to make a quit attempt, and use counseling and pharmacotherapy to help him or her with overcoming this addiction. Also, refer the patient to 311 and NYS Smokers' Quit line 1-866-NY-QUITS for ongoing support.
5. **Arrange -** Schedule follow-up contact, in-person or by telephone, preferably within the first week after the quit date to discuss progress and address challenges.[6]

Step 2: **Sample Vital Signs Card**[7]

► Display Slide 23 in the PowerPoint presentation to participants.
► Explain to participants that this is one method of tracking/charting a patient's tobacco use and creating a systemic change within an organization to ensure that every tobacco user is identified and advised to quit at every visit and staff encounter.
► Frontline staff should capture this information during their intake assessment.
► Alternative methods:
■ Place tobacco-use status stickers on all patient charts
■ Indicate tobacco use status using electronic medical records or computer reminder systems.

Step 3: **Sample Conversation with Patient who is Contemplating Quitting**

► Display PowerPoint Slides 24 - 27 with examples of statements from someone thinking about quitting his or her tobacco use.
► The trainer will walk participants through the different possible responses on the PowerPoint. For example:

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[6] "Treating Tobacco Use and Dependence: Five Major Steps to Intervention (The "5A's").
" PHS Clinical Practice Guideline. Web. 22 June 2015.
[7] "Healthcare 411." Five Major Steps to Intervention (The "5 A's").
Agency for Healthcare Research and Quality, 1 Dec. 2012.
Web. 26 June 2015.

Frontline staff: "Do you mind if I talk to you about your tobacco use?"

► **Participant:** "No, go right ahead."
    Frontline staff: "Great, what are your thoughts on quitting smoking?"

► **Participant:** "I've been thinking about it."
    Frontline staff: "What do you think will happen if you quit?"

► **Participant:** "I'm really not interested in quitting."
    Frontline staff: "I'd love to give you more information in case you change your mind."

► **Participant:** "Why do you keep asking?"
    Frontline: "I ask each time you visit because I care about you and your health and want to help you when you are ready to quit."

► **Participant:** "I've tried before, but..."
    Frontline: That's great, that you have tried before. Tell me more about your experience."

► **Participant:** "I want to, but I'm not ready."
    Frontline: Well, the best thing you can do for your health is to quit. We're here to help and support you. We have some great resources available to assist with quitting. The clinician will be in shortly and can tell you what steps you can take when you're ready."

Step 4: **Individual Activity**
► Show Slide 28.
► Tell participants that they will receive a worksheet that has a series of patient statements on it. Their task is to develop responses by filling in the blanks to the statements on the worksheet.
► Tell participants that they are to complete the worksheet individually.
► Distribute the Common Responses worksheet to participants.
► Give participants 3-5 minutes to complete the worksheet.
► Call time and ask for a few volunteers to share their responses.

Step 5: **Process the Activity**
► Ask the following questions:
    ■ What was it like to do this activity?
    ■ What are your reaction(s) to the different ways the group responded to the statements?
    ■ What lessons are you taking away from this activity?

OVERVIEW OF PHARMACOTHERAPY AND INSURANCE COVERAGE

Time Required: 15 minutes

Section Purpose

The purpose of this secton is to highlight that most tobacco users want to quit, and, for many people, using Nicotine Replacement Therapy (NRT) or pharmacotherapy is an effective way to help overcome this addiction.

Learning Methodologies

► Large group discussion
► Lecturette

Materials Needed

► PowerPoint section– Pharmacotherapy Slides 29 - 31

Description

Step 1: **Large Group Discussion:**

► Tell participants that medication like Nicotine Replacement Therapy (NRT) or pharmacotherapy:
- Improves chances of quitting
- Makes people more comfortable while quitting
- Allows consumers to focus on changing their behavior
- Does not have the harmful ingredients found in cigarettes and other tobacco products

► Tell participants about different forms of NRT/Pharmacotherapy:
- For over the counter NRT, no prescription is needed.
- This includes the following:
  - Nicotine Patch
  - Nicotine Gum (2mg and 4mg pieces available)
  - Nicotine Lozenges (2mg and 4mg pieces available)
- The following requires a prescription:
  - Nicotine Vapor Inhaler (the puffer)
  - Nicotine Nasal Spray

► Explain that:

- All NRT can be used alone or in combination.
- Some common side effects are headache, nausea, dizziness.
- Health care providers should determine dosing and combinations that will work best for their patients.

Trainer's Notes: Trainer does not have to address every bullet point but should select a few from each of the areas below.

Step 2: **Lecturette on Medications**

► Review the PowerPoint Slides 35 - 42, sharing the following key points about each method:

► **Nicotine Patch**:

- Nicotine is absorbed through the skin
- Can take up to six (6) hours to reach peak nicotine levels
- Wear on upper part of the body where there is little hair
- Skin will have pink rash. It is not an allergic reaction!
- Do not cut in half
- Apply a new patch every 24 hours
- Common side effects are headache, nausea, dizziness

► **Nicotine Gum:**

- Sugar-free chewing gum
- Absorbed through the lining of the mouth
- Chew slowly and park in the cheek
- Available in two strengths (2mg and 4mg)
- Available flavors include original, cinnamon, fruit, mint (various), and orange
- Sold without a prescription as Nicorette or generic
- May not be a good choice for people with jaw problems, braces, retainers, or significant dental work
- Can irritate the mouth and throat and cause dryness

► **Nicotine Lozenge:**

- Absorbed through the lining of the mouth
- Park in the cheek
- Available over the counter in two strengths (2mg and 4mg)
- Available sugar-free flavors include mint and cherry
- Not covered by NYS Medicaid Prescription benefit
- Can irritate the mouth and throat and cause dryness

► **Nicotine Inhaler:**
- Nicotine inhalation system includes:
  - Mouthpiece
  - Cartridge
- Absorbed through the lining of the mouth
- Allows for similar hand-to-mouth ritual of smoking
- Sold with a prescription as Nicotrol Inhaler
- Can irritate the mouth and throat and cause dryness

► **Nicotine Nasal Spray:**
- About 100 doses per bottle
- Quickly absorbed through the lining of the nose
- Gives largest "spike" of nicotine
- Sold with a prescription as Nicotrol NS
- Side effects include sneezing, sore throat, runny nose and eyes

► **Oral Medications:**
- Bupropion SR – Available by prescription
  - Zyban; Wellbutrin SR or Generic
  - Can be used with NRTs
  - Effective in many types of patients, including individuals with depressive disorders
  - Non-sedating, activating antidepressant
  - Affects the central norepinephrine (NE) and dopamine (DA) systems
  - Potential side effects include headache and insomnia
- Varenicline HCl (Chantix) – Available by prescription
  - Reduces the amount of physical and mental pleasure a person receives from using tobacco, and also weakens the symptoms that come with withdrawal
  - Available in two strengths (0.5mg and 1mg)
  - Use with NRTs is not recommended
  - Recommended length of use is 12 weeks. For patients who successfully quit, this time can be extended another 12 weeks to boost their chances of remaining smoke-free. Some people who used Varenicline have reported experiencing changes in behavior, agitation, depressed mood, and suicidal thoughts or actions
  - Potential side effects include nausea and vivid dreams

► Also highlight:
- ■ Medicaid will pay for most tobacco dependence treatment medications when patients have a prescription from their healthcare provider. Although Medicaid Managed Care plans sometimes have limits on this benefit (e.g., length of the course, how many courses a patient will have covered in a year, maximum dosage covered).
- ■ Helping a patient to quit using tobacco entails working with them to understand available insurance benefits and helping to remove as many financial barriers to quitting as possible for that patient.
- ■ Medications covered by Medicaid are as follows:
  - Nicotine Patch with a prescription order for over-the-counter
  - Nicotine Gum with a prescription order for over-the-counter
  - Chantix, prescription required
  - Nicotine Inhalers, prescription required
  - Nicotine Nasal Spray, prescription required
  - Zyban (Bupropion), prescription required

Sources:
- ► Nicoderm CQ patches are manufactured by GlaxoSmithKline
- ► Commit lozenges are manufactured by GlaxoSmithKline.
- ► Zyban is manufactured by GlaxoSmithKline.
- ► Chantix is manufactured by Pfizer.
- ► FDA 101: Smoking Cessation Products

CLOSING

Time Required: 5 minutes

Section Purpose

The purpose of this section is to provide participants with an opportunity to reflect upon what inspires them about working with patients, specifically, patients who are priority populations. It is also to identify some next steps for integrating tobacco dependence screening and treatment into their settings moving forward.

Learning Methodologies

► Interactive pairs

Materials

► PowerPoint presentation - Slide 32
► Newsprint
► Markers

Description

Step 1: **Make Closing Remarks**
► State the following:
- We want you to draw on all the success you've had to date to help you in this next phase of your work.
- Patients are more likely to make a behavioral change (e.g., lose weight, attend preventive screening visits, tobacco cessation) when they hear it from a healthcare provider.
- Frontline staff play a critical role in promoting tobacco screening and dependence treatment. Most tobacco users who smoke want to quit and need the support of others, including resources and pharmacotherapy, to do so successfully.

Step 2: **Close the Training**
► Thank participants for coming.

HANDOUTS

1   Training Goal and Objectives

2   Training Agenda

3   Common Responses

4   PowerPoint Slides

GOALS AND OBJECTIVES

Goal

The goal is to build the capacity of frontline staff at health centers to support the integration of evidence-based tobacco dependence screening and treatment into standard delivery of care.

Objectives

As a result of this training, participants will be able to

1 Describe the important role that safety net health care providers play in reducing the disparity of tobacco use among priority populations.

2 Describe the 5 As of a brief tobacco intervention.

3 Identify pharmacotherapy that can be used to break the cycle of tobacco addiction and assist patients with a successful quit attempt.

AGENDA

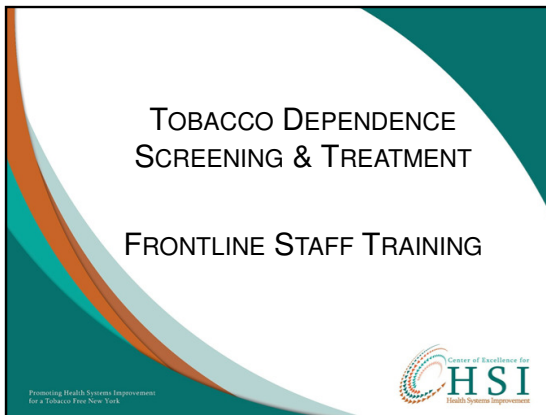| ACTIVITY |
|---|
| Welcome, Introductions, Warm-up Activity |
| Building a Rationale for Integrating Tobacco Dependence Screening & Treatment into Health Care Settings |
| Basic Knowledge of 5 As (Ask & Advise) |
| Overview of Pharmacotherapy & Medicaid Coverage |
| Closing |

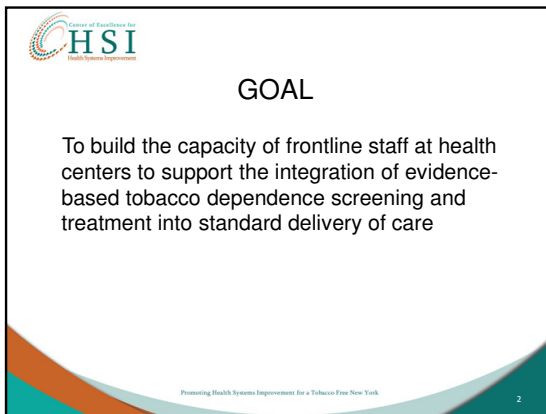# COMMON RESPONSES

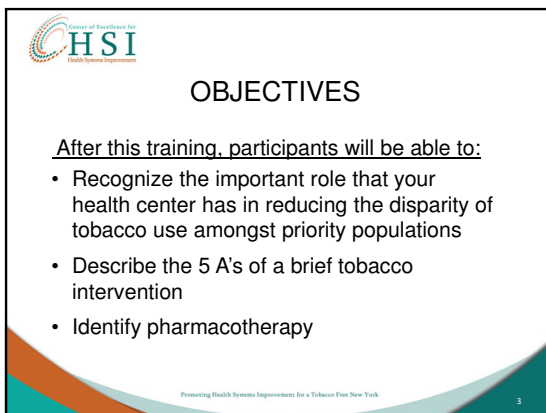Record how you would respond to patients who make the following statements.

"I've been thinking about it."

"I'm not interested."

"Why do you keep asking?"

"I've tried before…"

"I want to, but I'm not ready."

TOBACCO DEPENDENCE SCREENING & TREATMENT

FRONTLINE STAFF TRAINING

Center of Excellence for
HSI
Health Systems Improvement

Promoting Health Systems Improvement
for a Tobacco Free New York

GOAL

To build the capacity of frontline staff at health centers to support the integration of evidence-based tobacco dependence screening and treatment into standard delivery of care

Promoting Health Systems Improvement for a Tobacco Free New York

2

OBJECTIVES

After this training, participants will be able to:

- Recognize the important role that your health center has in reducing the disparity of tobacco use amongst priority populations

- Describe the 5 A's of a brief tobacco intervention

- Identify pharmacotherapy

Promoting Health Systems Improvement for a Tobacco Free New York

3

TRAINING AGENDA

- Welcome
- Warm-Up: Myths & Facts
- Building a Rationale for Screening and Treatment
- Basic Knowledge of 5 A's (Ask & Advise)
- Pharmacotherapy and Medicaid Coverage
- Closing

Promoting Health Systems Improvement for a Tobacco Free New York

4

WELCOME & INTRODUCTIONS

Please share your:

- Name
- Agency
- Role

Promoting Health Systems Improvement for a Tobacco Free New York

5

MYTHS & FACTS ABOUT TOBACCO USE

Promoting Health Systems Improvement for a Tobacco Free New York

6

HSI

Slide 7

MYTHS	FACTS
• Smoking light cigarettes will reduce one's risk of lung cancer, stroke, heart disease, and emphysema	• Tobacco use is the leading cause of preventable deaths in the U.S.
• Once addicted to nicotine, it's not that hard to quit	• Cigarette smoking accounts for more than 480,000 deaths annually in the U.S.
• Quitting cold turkey is the only way to stop using tobacco	• Tobacco use reduces a women's fertility
• Nicotine products are just as unhealthy as the nicotine that's found in cigarettes	• Individuals who earn less than $15,000 annually and those with less than high school education use tobacco at higher rates than the general population
	• Nicotine is the addictive substance

Promoting Health Systems Improvement for a Tobacco Free New York

7

Slide 8

HSI

BUILDING A RATIONALE FOR INTEGRATING TOBACCO DEPENDENCE SCREENING & TREATMENT INTO HEALTH CARE SETTINGS

Promoting Health Systems Improvement for a Tobacco Free New York

8

Slide 9

HSI

BUILDING A RATIONALE: SCREENING EVERY PATIENT FOR TOBACCO USE

Through the delivery of evidence-based tobacco dependence screening and treatment, safety net providers have the ability to reduce health disparities on a statewide level

Promoting Health Systems Improvement for a Tobacco Free New York

9

HSI

BUILDING A RATIONALE: SCREENING EVERY PATIENT FOR TOBACCO USE

These heath care settings serve as:

- Primary care homes for all who need it, with a special focus on low-income and uninsured individuals
- Community-directed health care providers located in medically underserved communities impacted by health disparities
- Providers of affordable primary care and preventive services regardless of insurance status or ability to pay, including comprehensive care

Promoting Health Systems Improvement for a Tobacco Free New York

10

HSI

BUILDING A RATIONALE: SCREENING EVERY PATIENT FOR TOBACCO USE

- Safety net providers have the potential to eliminate disparities in health outcomes for:
  - Low-income individuals
  - Racial/ethnic minority populations
  - Medically underserved populations
- Possible through the delivery of Comprehensive preventive care and promoting the proactive management of chronic conditions

Promoting Health Systems Improvement for a Tobacco Free New York

11

HSI

BUILDING A RATIONALE: SCREENING EVERY PATIENT FOR TOBACCO USE

The Institute of Medicine recognizes federally qualified health centers (FQHC) and Community Health Centers (CHC) as model settings for screening, diagnosing, and managing the following chronic conditions:
  - Diabetes
  - Depression
  - Cardiovascular disease
  - Cancer
  - Asthma
  - HIV

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BUILDING A RATIONALE: SCREENING EVERY PATIENT FOR TOBACCO USE

<u>Safety Net Providers are able to:</u>

– Utilize electronic health records (EHR) and their existing quality improvement infrastructure to support the standardized delivery of evidence-based tobacco dependence screening and treatment in their settings

– Attest to meaningful use and meaningful use provisions related to tobacco

– Capitalize on opportunities created by health reform to integrate evidence-based tobacco dependence screening and treatment into standard delivery of care

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BASIC KNOWLEDGE OF 5 A'S

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### BASIC KNOWLEDGE OF THE 5 A'S

<u>Definition of "evidence based":</u>

• Applying the best available research results (evidence) when making decisions about health care

• Health care professionals who perform evidence-based practice combine research evidence along with clinical expertise and patient preferences

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THE 5 A'S

THE 5 A's

ASK · ADVISE · ASSESS · ASSIST · ARRANGE

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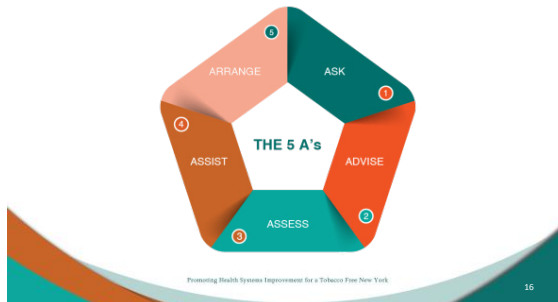
THE 5 A'S

1. Ask
   – Each patient about his or her tobacco use status at every visit and record the patient's response

2. Advise
   – Providing clear, non-judgmental, and personalized suggestions regarding quitting
   – Tell patients that you understand quitting is difficult, but can be the most important thing they do for their health and family

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THE 5 A'S

3. Assess
- Each patient's readiness and interest in quitting
- The patient's responses to your questions regarding readiness to quit will affect the next step in the process:
  – If he or she is willing to quit, you'll offer resources and assistance
  – If not, you'll help the patient identify the barriers to quitting

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THE 5 A'S

4. Assist
- Each patient that is ready to quit to develop a personalized quit plan
- This will include providing materials, resources, pharmacotherapy (preferably on-site), and/or referrals
- Patients should be encouraged to pick a quit date

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THE 5 A'S

5. Arrange
- Follow-up contact, preferably within the first week after the quit date
- If a patient relapses, let him or her know you and your staff will be there to help get back on track

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ASK

Ask about tobacco use:

1. # of Cigarettes per Day (CPD)

□ 31+   □ 21 – 30   □ 11 – 20   □ 1 – 10

2. Time to first Cigarette (TTFC)

□ WITHIN 5 MIN   □ 6 – 30 MIN   □ 31 – 60 MIN   □ 61+ MIN

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ADVISE

- Advise tobacco users to quit
- Use a clear, non-judgmental, personalized manner
  - "It's important that you quit as soon as possible, and I can help you."
  - "Cutting down while you are ill is not enough."
  - "Occasional or light smoking is still harmful."
  - "I realize that quitting is difficult. It is the most important thing you can do to protect your health now and in the future. I have training to help my clients quit, and when you are ready, I will work with you to design a specialized treatment plan."

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SAMPLE VITAL SIGN CARD

VITAL SIGNS

Blood Pressure: _____

Pulse: _____ Weight: _____

Temperature: _____

Respiratory Rate: _____

Do you use Tobacco Products (circle one) :   Current   Former   Never

*Alternatives to expanding the vital signs are to place tobacco-use status stickers on all patient charts or to indicate tobacco use status using electronic medical records or computer reminder systems

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COMMON RESPONSES

Frontline staff: "Do you mind if I talk to you about your tobacco use?"
Participant: "No, go right ahead."

Frontline staff: "Great, what are your thoughts on quitting smoking?"
Participant: "I've been thinking about it."

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COMMON RESPONSES

Frontline staff: "What do you think will happen if you quit?"

Participant: "I'm really not interested in quitting."

Frontline staff: "I'd love to give you more information in case you change your mind."

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COMMON RESPONSES

Participant: "Why do you keep asking?"

Frontline staff: "I ask each time you visit because I care about you and your health and want to help you when you are ready to quit."

Participant: "I've tried before."

Frontline staff: That's great, that you have tried before. Tell me more about your experience."

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COMMON RESPONSES

Participant: "I want to, but I'm not ready."

Frontline staff: Well, the best thing you can do for your health is to quit smoking. We're here to help and support you. We have some great resources available to assist with quitting smoking too. The clinician will be in shortly and can help you quit when you're ready."

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INDIVIDUAL ACTIVITY

PRACTICE RESPONDING TO CLIENTS

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OVERVIEW OF PHARMACOTHERAPY
& INSURANCE COVERAGE

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PHARMACOTHERAPY & INS.

Nicotine Replacement Therapy (NRT) or
pharmacotherapy:
• Improves chances of quitting
• Makes people more comfortable while quitting
• Allows individuals to focus on changing their behavior
• Does not have the harmful ingredients found in
  cigarettes and other tobacco products

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PHARMACOTHERAPY & INSURANCE

Type	Form	Common Brand Name(s)	Availability
Nicotine Replacement Therapy	Gum	Nicotette	Over the counter (OTC)
	Patch	Nicoderm Habitrol Prostep Nicotrol	OTC and prescription
	Lozenge	Commit	OTC
	Nasal spray	Nicotrol	Prescription
	Inhaler	Nicotrol	Prescription
Bupropion	Pill	Zyban	Prescription
Varenicline	Pill	Chantix	Prescription

- Medicaid helps pay for most pharmacotherapy, decreasing the financial barriers to quitting

* Nicoderm CQ patches (shown here) are manufactured by GlaxoSmithKline Commit lozenges (shown here) are manufactured by GlaxoSmithKline.
Zyban (above top) is manufactured by GlaxoSmithKline. Chantix (above bottom) is manufactured by Pfizer.

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THANK YOU!

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