

Ready or Not... Addressing Tobacco Use

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Heart Health Now!
The North Carolina Cooperative for AHRQ's
EvidenceNOW
Advancing Heart Health in Primary Care

**Ready or Not:
Addressing Tobacco Use**

Funded by the Agency for Healthcare Research and Quality (AHRQ)
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 **UNC**
THE CECIL G. SHEPS CENTER
FOR HEALTH SERVICES RESEARCH

 **NCHQA**
North Carolina Healthcare Quality Alliance

 North Carolina
AHEC

 Community Care
of North Carolina

LENGTH: About 14 minutes

Updated on 12/15/2015

2 Welcome by Carol Ripley-Moffitt, MDiv, CTTS



Welcome by Carol Ripley-Moffitt, MDiv, CTTS

Director, Nicotine Dependence Program, UNC Department of Family Medicine

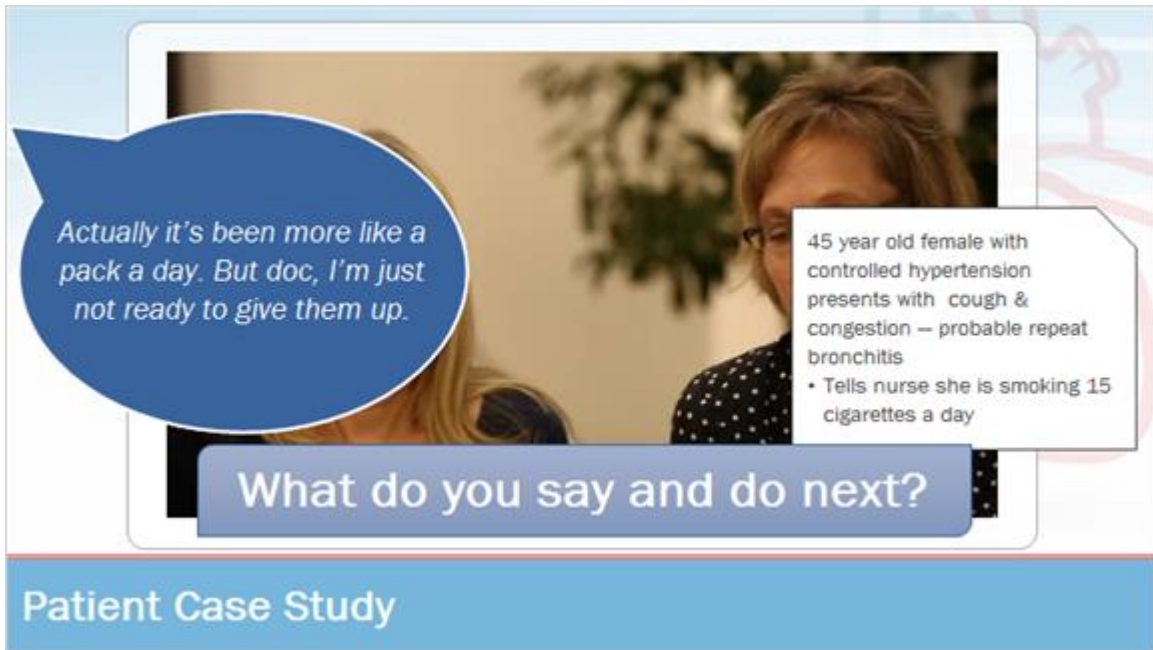
Hello, I'm Carol Ripley Moffitt, director of the UNC Nicotine Dependence Program.

Although trained as a tobacco treatment specialist, my greatest teachers have been the patients I see at the Family Medicine Center in Chapel Hill, who share their struggles with the powerful physical and psychological addiction to tobacco, have named their fears, and have claimed their strengths to live tobacco free.

And I'm Dr. Jacquie Halladay. Carol and I have worked together with groups of patients. We've gotten to hear what they need from their providers and their communities to help them in their journeys to become tobacco free.

(Jacquie will be the patient voice during this webinar)

3 Patient Case Study

A graphic titled "Patient Case Study" featuring a photograph of a woman and a speech bubble. The speech bubble contains the text: "Actually it's been more like a pack a day. But doc, I'm just not ready to give them up." To the right of the photo is a white box with a black border containing the text: "45 year old female with controlled hypertension presents with cough & congestion — probable repeat bronchitis" and a bullet point: "• Tells nurse she is smoking 15 cigarettes a day". Below the photo is a blue banner with the text: "What do you say and do next?".

Actually it's been more like a pack a day. But doc, I'm just not ready to give them up.

45 year old female with controlled hypertension presents with cough & congestion — probable repeat bronchitis

- Tells nurse she is smoking 15 cigarettes a day

What do you say and do next?

Patient Case Study

Carol: We're going to start with a patient that may be familiar to you, a 45-year-old woman with controlled hypertension who comes in with cough and congestion and probably the second diagnosis of bronchitis this year. She tells the nurse or medical assistant that she's smoking 15 cigarettes a day.

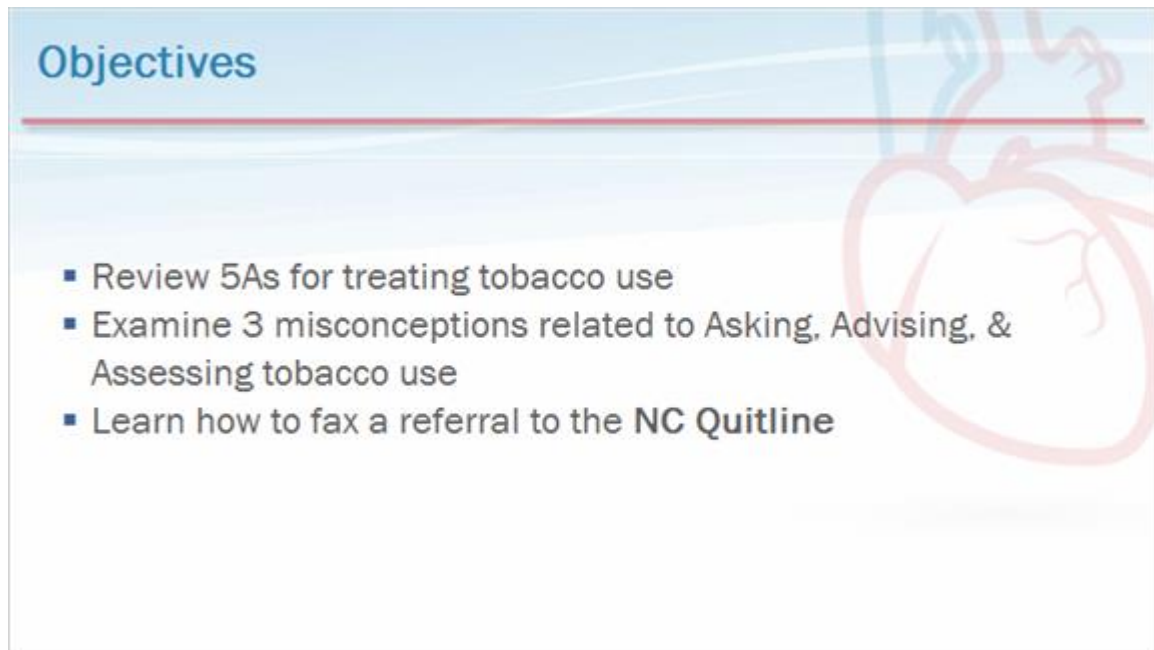
Patient: "I know I need to quit. So, you can just hold the lecture. I'm too stressed right now. Just need something so I can stop coughing and breathe."

Carol: And when the doctor comes in to follow up, she sheepishly confesses—

Patient: "Actually it's been more like a pack a day. But, Doc, I'm just not ready to give them up."

Carol: So, what do you say and do next?

4 Objectives

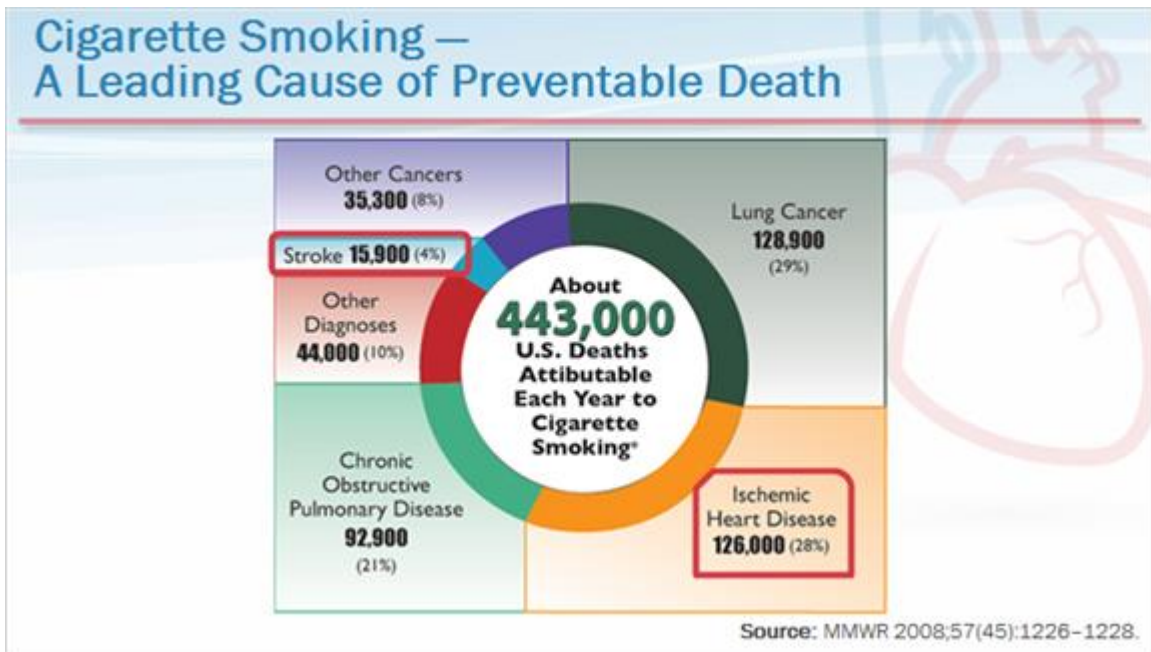


Objectives

- Review 5As for treating tobacco use
- Examine 3 misconceptions related to Asking, Advising, & Assessing tobacco use
- Learn how to fax a referral to the **NC Quitline**

To help answer that question, we'll review the guideline recommended 5 A's. We'll look at three common misperceptions about addressing tobacco use, and you'll learn about a resource to extend your care: The North Carolina Quit Line and the fax referral option.

5 Cigarette Smoking — A Leading Cause of Preventable Death




We don't need to tell you that smoking is bad. In fact, new associations between smoking and diseases are announced on a regular basis. This figure shows the diversity of diseases related to smoking. And it's a good reminder for this project that at least one-out-of-three deaths caused by smoking are related to the cardiovascular system.

6 Smoking Cessation Decreases CVD Risk

Smoking Cessation Decreases CVD Risk

Benefits after quitting:

- 20 minutes** - Heart rate normalizes
- 2 weeks - 3 months** - Heart attack risk drops
- 1 year** - Risk of coronary heart disease = half someone who continues to smoke
- 5 years** - Stroke risk = someone who *never* smoked
- 15 years** - Coronary heart disease risk = someone who *never* smoked.



CDC 2004

The good news is that the benefits of cessation begin to be realized almost immediately after quitting. Within 20 minutes the heart rate returns to its pre-smoking normal. Within a few weeks, platelet volume and platelet aggregability are reduced, and a more favorable lipid profile with increased HDL and decreased LDL begins to develop all leading to a decreased risk of heart attack. Within a year, the risk factor for coronary heart disease becomes half of that of someone who continues to smoke. And, then, the risk for stroke and coronary heart disease are comparable to those who have never smoked at five and 15 years respectively.

7 Treating Tobacco Use: Missed Opportunities

The screenshot displays the U.S. Preventive Services Task Force website. The main heading is "Treating Tobacco Use: Missed Opportunities". The U.S. Preventive Services TASK FORCE logo is visible on the left. A search bar labeled "Search USPSTF Topics" is located in the top right. Below the search bar, there are links for "Sign Up for E-mail Updates" and "Text size: [A]". The main content area is titled "Recommendations for Primary Care Practice" and includes a brief description of the Task Force's role. A "Browse All Published Recommendations" link is prominent. A secondary search bar is also present. At the bottom left, a "PROGRESS" indicator shows "25%".

The problem we address in this, and the next Webinar, on treatment relates to the persistent, underutilization in clinical settings of recommended evidence-based treatment for tobacco use. 80 percent of the people who smoke in the U.S. visit their primary care provider each year, and 70 percent of them want to stop smoking. Despite decades of guidelines, including the recent U.S. Preventative Services Task Force recommendations that clinicians ask all adults about tobacco use, advise them to stop, and provide behavioral interventions and FDA-approved pharmacotherapy, less than 50 percent of patients report being advised by their provider to quit, and only 25 percent report receiving evidence-based counseling and/or medication.

8 Two Fundamental Questions



This leaves us to two fundamental questions. Why do so few receive treatment? And how can we do better?

9 Clinical Practice Guideline Recommendation: 5As



Most clinical guidelines endorse the 5A Framework as a useful strategy to engage patients in discussions about smoking cessation. We'll look briefly at each of the A's from the patient perspective or by highlighting new evidence and treatment options.

10 Clinical Practice Guideline Recommendation: 5As



The first A is Ask. Most of our electronic health records now prompt asking patients about their tobacco use. Because the guidelines recommend asking every patient at every visit, we sometimes hear medical assistants and clinicians say, “My patients get annoyed when I ask,” or, “I’ll embarrass my patients.”

11 On the Contrary...

On the Contrary...

- Patients expect their providers to
- **Chronic relapsing condition** to be asked about regularly.

Smoking's important... it should be asked about **every** time a person comes in... like when they take my blood pressure.

Halladay JR, Vu M, Ripley-Moffitt C, et al. Patient Perspectives on Tobacco Use Treatment in Primary Care. *Prev Chronic Dis* 2015;12:140408

Carol: On the contrary, as one patient told Jackie—

Patient: “Smoking is important. It should be asked about every time a person comes in just like when they check my blood pressure.”

Carol: In other words, patients expect their providers to ask about their smoking. And it does need to be asked about on a regular basis, because smoking is a chronic relapsing condition.

12 How You ASK Sets Tone for Respect



Carol: How you ask can set the tone for the rest of your conversation. “You don’t smoke, do you?”

Patient: If I say, “Yes, I’ll be judged.”


Carol: “Are you a smoker?”

Patient: “I’m labeled, defined by my addictions. I want to be seen as a person first who also happens to smoke.”

Carol: “Are you still a smoker?”

Patient: “I feel labeled and shamed.”

13 How you ASK sets tone for respect



Be straightforward & non-judgmental
"Have you ever smoked cigarettes or other tobacco?"
If Yes:
"Do you now smoke every day, some days, or not at all?"
If Not at All:
"When did you last smoke (Date or # years)?"

How you ASK sets tone for respect

So when you ask, be straightforward and non-judgmental. "Have you ever smoked cigarettes or other tobacco?" If the answer is yes, "do you smoke every day, some days, or not at all?" And if not at all, "Good work, keep it up. When did you last smoke?"

14 Clinical Practice Guideline Recommendation: 5As



The second A, Advise, is interpreted in a variety of ways by providers who insist that they tell their patients to stop smoking, but patients don't listen to my advice.

15 On the Contrary...

On the Contrary...

- Patients trust their providers
- They want positively-framed **ADVICE** targeted to individual circumstances:

I'd love for my doctor to say, 'When you quit smoking, here's what improves...'

Patients report higher satisfaction with providers who address tobacco use

Halladay JR, Vu M, Ripley-Moffitt C, et al. Patient Perspectives on Tobacco Use Treatment in Primary Care. *Prev Chronic Dis* 2015;12:140408

Conroy MB, Majchrzak NE, Regan S, et al. The association between patient-reported receipt of tobacco intervention at a primary care visit and smokers' satisfaction with their health care. *Nicotine Tob Res* 2005;7:S29-34

Carol: On the contrary—

Patient: “The only person to help me is my doctor, because I trust him. I’m not going to let somebody help me with a 30-year addiction that I don’t trust.”

Carol: Patients trust their providers, and they want positively-framed advice that’s targeted to individual circumstances.

Patient: “I’d love for my doctor to say, ‘When you quit smoking, here’s what improves.’”

Carol: In addition, studies show that patients report higher satisfaction with their providers who address tobacco use.

16 However they don't want a lecture or negative framing

No Lecture or Negative Framing



You end up getting fussed at.
Then that makes you want
to lie.

Halladay JR, Vu M, Ripley-Moffitt C, et al. Patient Perspectives on Tobacco Use Treatment in Primary Care. *Prev Chronic Dis* 2015;12:140408

Carol: At the same time, they don't want a negative lecture or negative framing.

Patient: "You end up getting fussed at. That makes you want to lie." - "Don't shake your finger at me or tell me all the terrible things that are going to happen to me. We know it's bad for us."

17 How you ADVISE Makes a Difference



The image shows a video frame with a woman in the center. To her left is a white box with a red border containing a bulleted list. Below the woman is a purple banner with white text. At the bottom of the frame is a blue banner with white text.

- Be clear and strong
- Be empathetic
- Offer help
- Be open to your patient

You have a 30 second message that is clear, effective, and personal.

How you ADVISE Makes a Difference

So, be clear and strong. “Quitting all tobacco use is one of the most important things you can do for your health.”

Be empathetic: “I understand that quitting can be difficult, and I’m here to support you.” Offer help: “We have effective resources such as medications and the Quit Line to help you succeed.”

And be open to the patient: “I’d like to hear your thoughts about stopping, or cutting back on your smoking.” Put together, you have a 30-second message that is clear, effective, and personal.

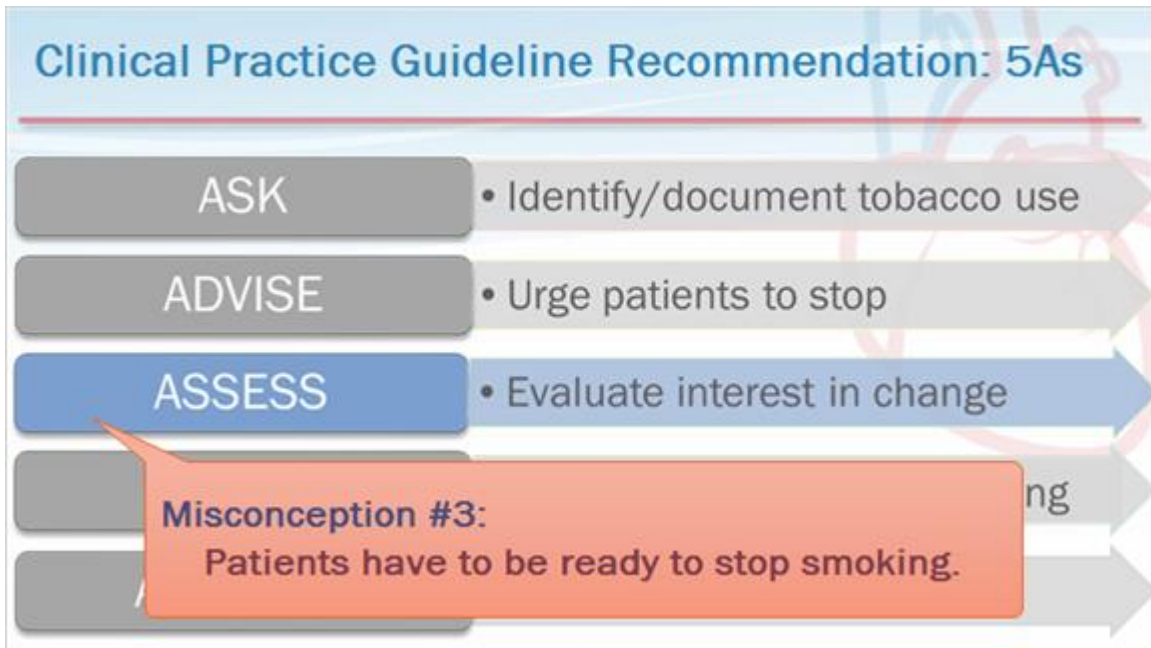
18 30-Second Message

“Quitting all tobacco use is one of the most important things you can do for your health. I understand that quitting can be difficult and I am here to support you.

We have effective resources such as medications and the **Quitline** to help you succeed. I’d like to hear your thoughts about stopping or cutting back on your smoking.”

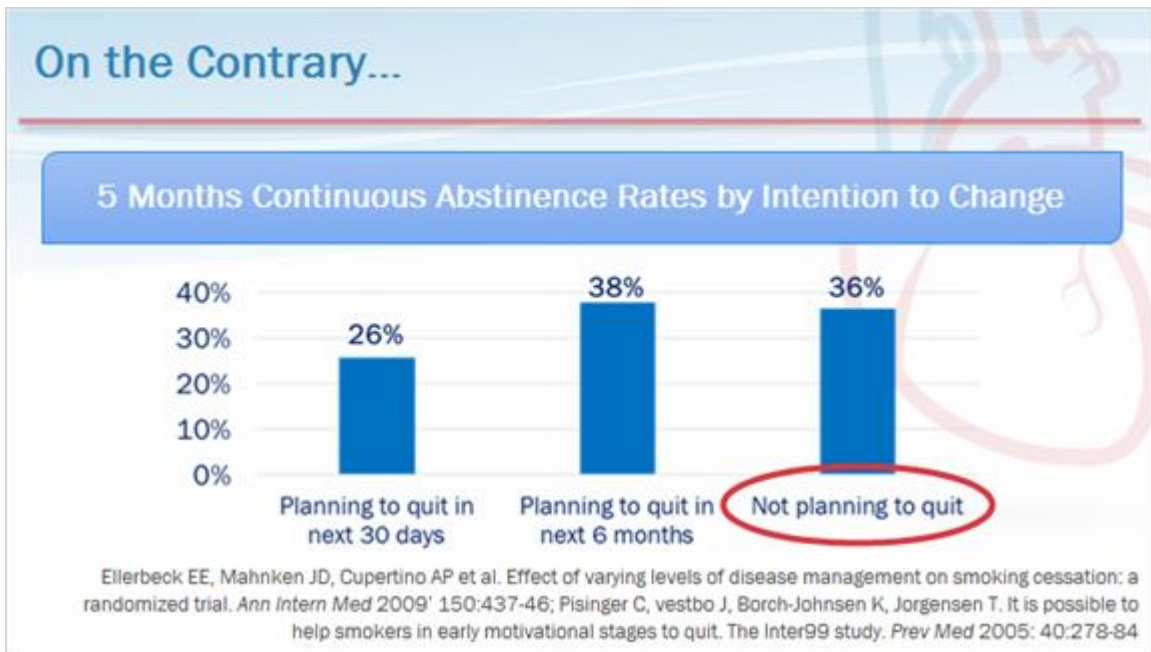
“Quitting all tobacco use is one of the most important things you can do for your health. I understand that quitting can be difficult and I am here to support you. We have effective resources such as medications and the Quitline to help you succeed. I’d like to hear your thoughts about stopping or cutting back on your smoking.”

19 Clinical Practice Guideline Recommendation: 5As



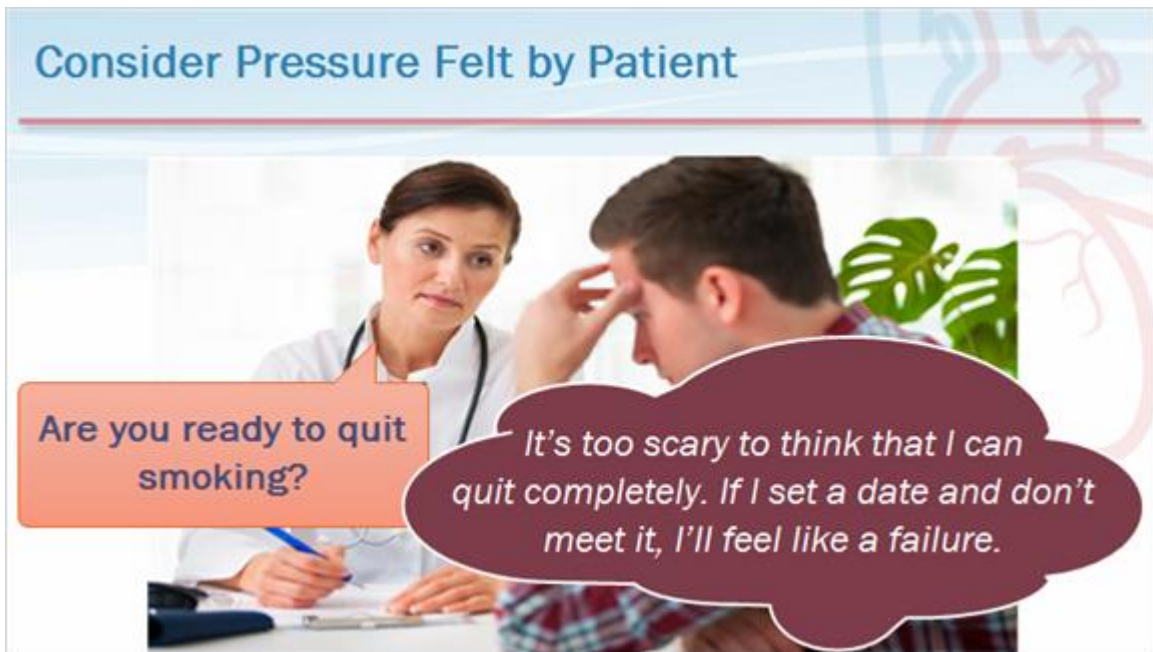
The third A, Assess, evaluates the patient's interest in change and can include exploring past quit attempts, motivations, and support. A common misconception about assessment is that both patients and providers believe the patient has to be ready in order to stop smoking.

20 On the Contrary...



On the contrary, several studies have demonstrated that patient readiness is not always the defining factor in becoming tobacco free. Patients who state that they are not ready have been successful in quitting, as successful as those stating they are ready, as shown in this Danish study where patients were offered classes and nicotine-replacement therapy, and those who indicated they were NOT planning to quit were as successful, if not more so, than those who stated their readiness to quit in the next 30 days.

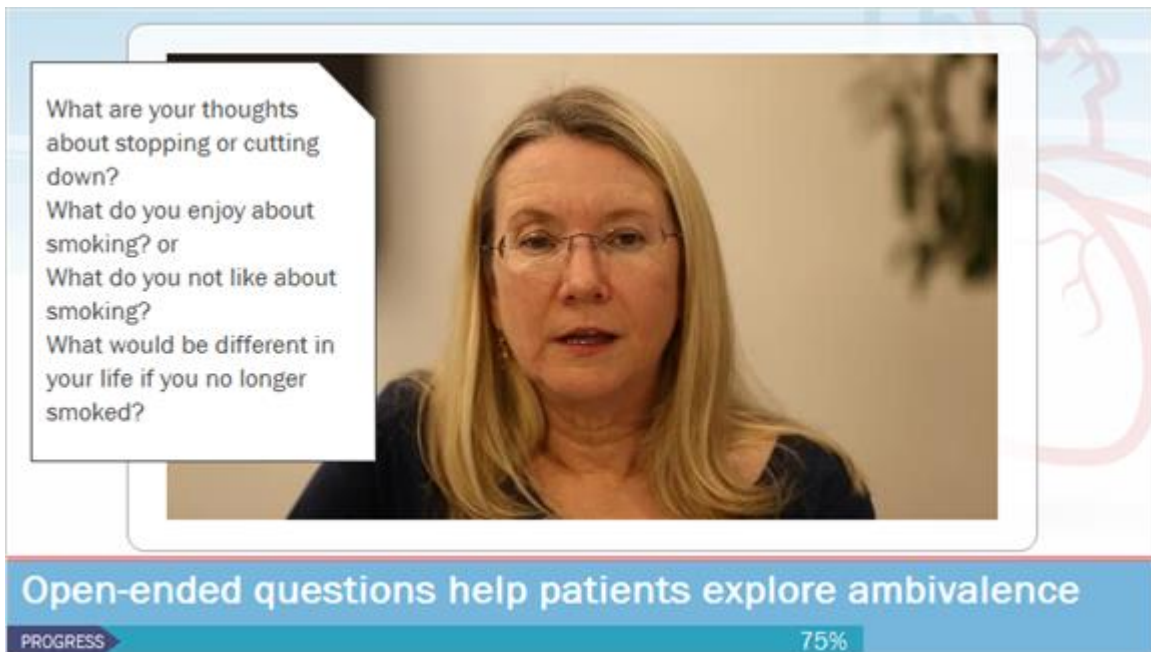
21 Consider Pressure Felt by Patient



Carol: Another way to think about this is consider what it feels like to be asked, "Are you ready to quit smoking?"

Patient: "It is too scary to think that I can quit completely. If I set a quit date, and I don't meet it, I'll feel like a failure. So, no, I'm not ready."

22 Open-ended questions help patients explore ambivalence



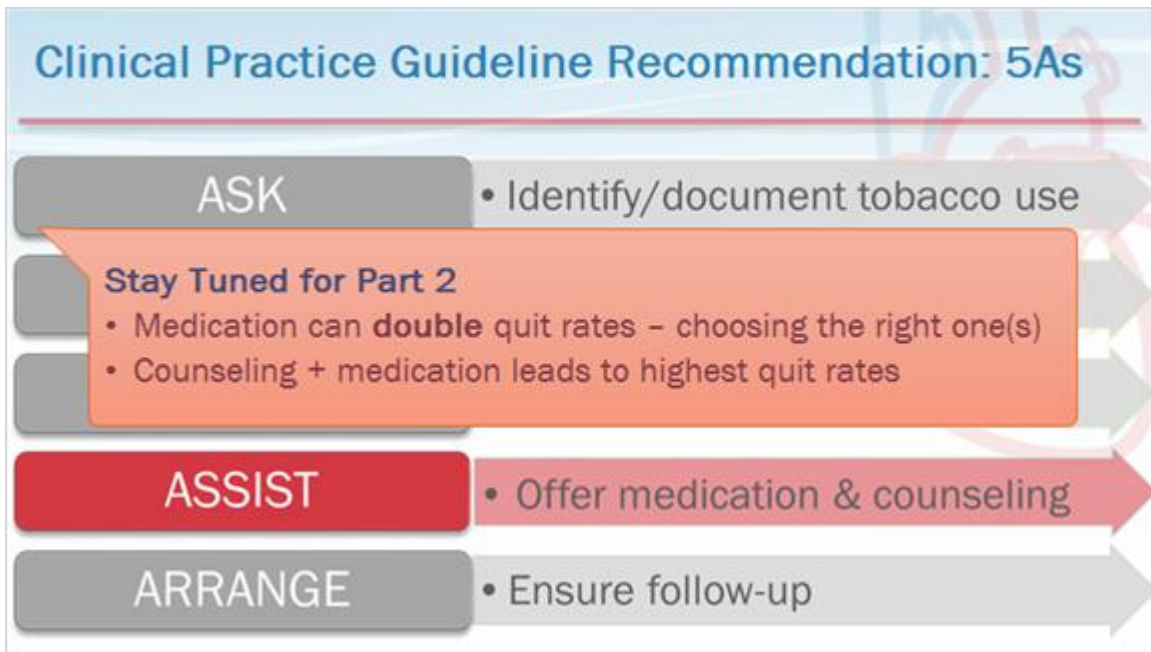
What are your thoughts about stopping or cutting down?
What do you enjoy about smoking? or
What do you not like about smoking?
What would be different in your life if you no longer smoked?

Open-ended questions help patients explore ambivalence

PROGRESS 75%

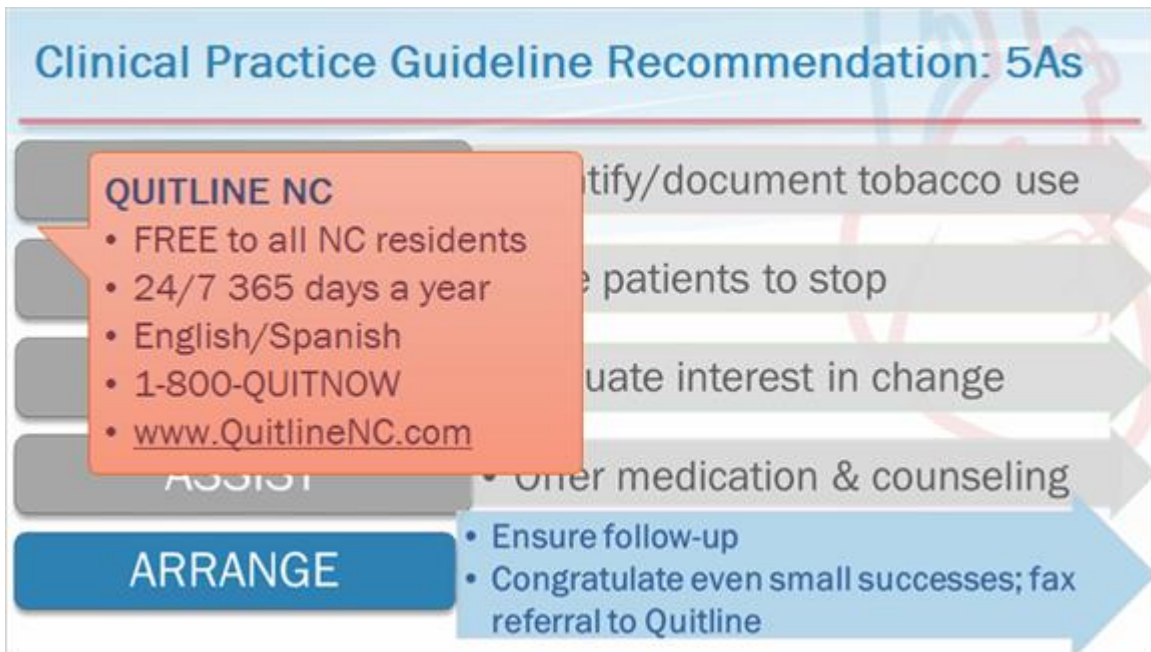
Instead of, “Are you ready?” which by the way is a closed yes/no question, consider offering open-ended questions that help patients explore their ambivalence. “What are your thoughts about stopping, or cutting down?” “What do you enjoy about smoking?” Or, “What do you not like about smoking?” And, “What would be different in your life is you no longer smoked?”

23 Clinical Practice Guideline Recommendation: 5As



The fourth A, Assist, will be covered in a second Webinar on Treating Tobacco Use, but to tweak your interest, you'll learn how medication can double your patients' chances of quitting smoking. You'll learn about the most-effective medications including combination therapies like patch and lozenge, as well as some effective brief counseling strategies.

24 Clinical Practice Guideline Recommendation: 5As




The fifth A, Arrange, related to following up. Patients appreciate when providers notice their progress on goals. If they started a medication, even if it's over-the-counter nicotine patch for the first time, have a staff member call to find out how it's going. The North Carolina Quitline can continue the conversation you started with your patient with trained coaches available 24/7, 365 days a year, and it's free to all North Carolina residents.

25 Quitline Fax Referral

Quitline Fax Referral

- For patients who are serious about making a quit attempt
- Quitline initiates call (no need for patient to remember or get “around to it”)
- Provider receives outcome report
- Free Nicotine Replacement Therapy for some populations



The image shows a 'QuitlineNC FAX REFERRAL FORM'. At the top left is the Quitline logo. The title 'QuitlineNC FAX REFERRAL FORM' is in red. Below the title, it says 'Fax completed form to: 1-800-483-3334'. The form itself is a white document with black text and checkboxes. It is divided into sections: 'Referring Organization Information', 'Patient Information', 'Patient Address, Referral by Quitline', and 'Check the BEST time for Quitline to call'. The 'Referring Organization Information' section includes fields for Name, Address, City, State, and Zip. The 'Patient Information' section includes fields for Name, Address, City, State, and Zip, and checkboxes for 'Home' and 'Work'. The 'Patient Address, Referral by Quitline' section includes fields for Name, Address, City, State, and Zip, and checkboxes for 'Home' and 'Work'. The 'Check the BEST time for Quitline to call' section includes checkboxes for 'Home' and 'Work'. At the bottom of the form, it says 'DOUBLE YOUR CHANCES OF QUITTING FOR GOOD' and has logos for 'NORC' and 'NC HEALTH PLAN'.

If your patients are serious about making a quit attempt, they can fill out a fax referral form, signing it with their best contact information and best time to contact. Your staff can fax the referral and the Quitline will initiate the call to the patient. You can receive an Outcome Report stating whether the patient was reached, and whether they accepted the Quitline services. There are also offers of free nicotine replacement products through the Quitline for certain populations such as those who have Medicaid, Medicare, or those who are uninsured. In addition, the State Health Plan members can receive free patches, lozenges, and gum through the Quitline as well.

26 Back to Our Patient...

Back to Our Patient...

Which of the following responses are *most* helpful for the nurse or medical assistant to offer?

- ✓ 1) No lecture, but please take a look at this brochure describing resources to help you cut back or quit. You can read it while you wait & Dr. Lee will be glad to discuss with you.
- 2) You just need to stop smoking—that would take care of your coughing and breathing.
- ✓ 3) It's hard to change when you're stressed. QuitlineNC has trained coaches who can suggest ways to deal with stress, & steps to help you cut down on smoking, even if you don't feel you can quit right now. Here's an information card.

Carol: So, back to our patient.

Patient: "I know I need to quit. So, you can hold the lecture. I'm too stressed right now. Just need something so I can stop coughing and breathe."

Carol: Which of the following responses are most helpful for the nurse or medical assistant to offer?

1. "No lecture; but, please, take a look at this brochure describing resources to help you cut back or quit. You can read it while you wait for Dr. Lee, who will be happy to discuss it with you."

2. "You just need to stop smoking. That would take care of your coughing and your breathing."

3. "It's hard to change when you're stressed. The North Carolina Quit Line has trained coaches who can suggest ways to deal with your stress and steps to help you cut down on smoking even if you don't feel you can quit right now. Here's an information card."

We hope you chose either "1" or "3" as being most effective.

27 Improving the 5As in your Clinic

Improving the 5As in your Clinic

Practice facilitators can help you make changes to integrate the 5As into your workflow, including Quitline fax referral

The diagram illustrates a circular workflow for an office visit. The central text is "Office Visit". Five steps are arranged around it, connected by arrows in a clockwise cycle: "Check in / Check out" (top left), "Vital signs" (top right), "Reviewing issues with provider" (right), "Treatment options" (bottom right), and "Referral to Quitline" (left). A green arrow points from "Referral to Quitline" back to "Check in / Check out".

Below the diagram is a "Quitline Fax Referral Form" with a red logo and the text "Quitline FAX REFERRAL FORM". The form contains various fields for patient information, including name, address, phone number, and date of birth. It also includes a section for "Physician Information" and a "Comments" section. The form is titled "Form completed here by: 11/20/2014 10:11:11 AM".

A photograph showing a female healthcare professional in blue scrubs examining the arm of a male patient in a blue shirt.

A photograph showing a female healthcare professional in a white lab coat talking to an elderly female patient in a pink top.

Your practice facilitators can help you to make the changes to integrate the Five A's into your workflow including the Quitline fax referral.

28 In Summary



In Summary

So, in summary:

Patients expect providers to address tobacco use treating it as a chronic relapsing condition. Patients want respect, support, and guidance. Patients can cut down and quit regardless of perceived readiness. And connecting your patients with Quitline NC coaches who are available 24/7 can extend your care.

30 Congratulations

Congratulations on Completing the Module

Click *Exit* at top right of screen

Please review the attachments and begin the next course.

31 The Evidence Team

The Evidence Team

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32 The Evidence Team

The Evidence Team

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