

Tips and Tools for Physicians to Assist Patients

Strategies to Engage the Healthcare Provider in Tobacco Use Prevention and Cessation



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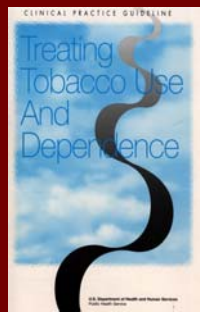
Learning Objectives

- Participants will be able to:
 - Illustrate effectiveness of tobacco dependence treatment guideline implementation into clinical practice;
 - Identify educational programs and incentives to assist healthcare providers with tobacco use prevention and cessation;
 - Explore strategies to network with healthcare providers to promote cessation resources for patients; and
 - Integrate new opportunities to address tobacco use with patients.

The Five A's

PHS 2000

- Ask
- Advise
- Assess
- Assist
- Arrange



Advantages of Behavioral Counseling

- An analysis by Hughes demonstrated that the most effective treatment for smoking cessation includes both pharmacologic and behavioral therapy
 - Behavior therapy is not essential to medication success, but it does increase quit rates

Smoking Cessation Success Rates Based on an Analysis Comparing the Effect of Various Levels of Behavioral Therapy and Pharmacotherapy

Medication Status	Behavioral Therapy Status		
	No Therapy	Brief Therapy*	Intense Therapy*
Medication	10%	20%	30%
No Medication or Placebo	5%	10%	15%

Adapted from Hughes

- Note: Only NRT and bupropion SR were examined in this publication

* Brief therapy is defined as 2-3 minutes of intervention, whereas intense therapy would last greater than 10 minutes

1. Hughes JR. CA Cancer J Clin. 2000;50:143-151. 2. Fiore MC et al. U.S. DHHS. U.S. Public Health Service. 2000.

Effectiveness of the Practice Guideline in Primary Care Practices

JNCI 2004

- 8 Community-Based Primary Care Clinics in Wisconsin
 - 4 intervention sites: staff education, performance feedback, vital sign stamp, free NRT, proactive telephone counseling
 - 4 usual care sites: general info about guideline
- 1141 patients
- Follow up assessments at 2 months & 6 months
- 2-month abstinence: 16.4 % vs 5.8%
- 6-month abstinence: 15.4% vs 9.8%

5 A's vs 3 A's in Dental Practices

Tob Control 2007

- 68 Dental Practices in Mississippi
 - Dental practitioner intervention based on 5 A's
 - Dental practitioner advice to quit and proactive telephone counseling (3 A's)
 - Usual care sites: general info about guideline
- 1652 patients
- Follow up assessments at 3 months
- 3-month abstinence smokers: 8.2%, 7.9% vs 5.1%
- 3-month abstinence all tobacco: 8.3%, 7.2% vs 6.3%
- *Authors' recommendation: perform 5 A's and proactively refer those ready to quit to telephone counseling.*

Tobacco Cessation Included in Clinical Practice Guidelines for Other Chronic Diseases

- ACOG established the 5 A's as standard component of prenatal care
- Similarly, the following guidelines include tobacco cessation intervention:
 - Asthma guidelines (NHLBI)
 - COPD guidelines (ATS)
 - Diabetes guidelines (ADA)
 - Hypertension guidelines (JNC-7)

Tobacco Cessation Included in Clinical Practice Guidelines for Other Chronic Diseases

- ACC/AHA refine heart attack treatment guidelines
- Recommendations stress importance of determining patients' early risk
- "These patients also should receive a number of therapies to prevent a second heart attack, including the use of ACE inhibitors — drugs that protect the heart muscle — and other drugs.
- And they place greater emphasis on smoking cessation and better control of cholesterol and blood pressure."



Impact of Tobacco Cessation on Population's Health

- 2007 President's Cancer Panel issues annual report. This year's efforts centers on lifestyle changes...two issues that are quite different...obesity and **battle to cut tobacco use**. 15-20% cancer deaths are related to obesity and 30% to tobacco use.

Impact of Tobacco Cessation on Population's Health

Partnership for Prevention 8-7-07

"New Study: Boosting 5 Preventive Services Would Save 100,000 Lives Each Year."

Additional 42,000 additional lives would be saved each year if we increased to 90 percent the portion of smokers who are advised by a health professional to quit and are offered medication or other assistance. Today, only 28 percent of smokers receive such services.

Impact of Tobacco Cessation on Population's Health

NEJM 6-7-07

- Death rate from heart disease in US cut in half from 1980 to 2000. Drop due to better medical treatments & risk factor reduction.
- "...In a culture where there has been a tendency to rely on miracle drugs and new surgical techniques, we found that as much as half of the decline in coronary heart disease was due to risk reduction," said one of the study's authors, Dr. Darwin Labarthe.
- Findings:
 - 341,745 fewer deaths in 2000 from coronary heart disease than in 1980
 - Better medical treatments responsible for a 47 percent drop
 - Risk factor reduction caused 44 percent of the decline
 - Use of aspirin and beta-blockers after a first heart attack resulted in 12,000 fewer deaths
 - The 32 percent decline in smoking saved almost 40,000 people from heart disease death between 1980 and 2000

Impact of Tobacco Cessation on Population's Health

USA Today 7-7-07

"USA TODAY's medical staff looks back at the top 25 medical developments":

#1 AIDS

- In 1982, the government selects AIDS, or acquired immune deficiency syndrome, as the formal name for the deadly disease then known as gay-related immune deficiency, or GRID. That same year the first cases were reported in Africa and an alarmed Congress held its first hearings on the new disease. AIDS now afflicts 40 million people worldwide, about 900,000 of them in the USA.

#2 Quitting the habit

- Fewer Americans are lighting up, which means more lives saved. A report from the American Cancer Society in 2006 said that men's death rates from cancer dropped 16% from 1991 to 2003; women haven't experienced that dramatic drop off because smoking rates in women have dropped more recently than among men.



How do doctors decide where to spend their time in medical settings?

- Individuals who quit at 50 years of age can add 6 years to their life expectancy, if quit at age 30, can add 10 years.
(Doll, BMJ 2004)
- Screening for colorectal cancer adds 7.3 - 21.9 days, depending on strategy.
(Frazier, JAMA 2000)
- Mammography adds 9.8 days for women aged 60-69, and 11.7 days for women aged 50-59.
(Kattlove, JAMA 1995)

Physician-Patient Relationship: Leveraging Time & Resources

Am J Prev Med 2002

- Patients expect advice from physicians regarding health behaviors and physicians accept and value this role.
- Reframe physician's responsibilities from competing demands to competing opportunities, as this is why clinicians have access to public & are cited as principle source of influence on patients' behavior.
- Time spent on health promotion involves less than 0.7 minutes averaged across visits (1.35 minutes per visit during which it occurs).
 - More time spent on health education during illness care
 - Patients more likely to change during "teachable moments"
- One minute for prevention is already happening during half of patient visits and is targeted to those that need it most.
- **Whole system approach** can leverage what the doctor does best, with the strengths of practice staffs, healthcare systems, and community resources.
- *The clinician need to play a consistent and realistic role!*

Behavior Change...it's not brain surgery...but it is complex!!!

- Health Belief Model: educate patient on importance
- Self-Determination: help patient find his/her own motivation
- Theory of Planned Behavior: patient's intention to perform behavior through beliefs, attitudes, norms & perceived control
- Motivational Interviewing: support patient's belief that change is possible
- Social Cognitive Theory: gauge patient's self-efficacy and belief that change will lead to positive outcome
- Ecological Models: review resources for & barriers to change
- Stages of Change: assess stage and support movement
- Patient-Centered Approach & Shared Decision-Making: appraise patient's desire for control and responsibility for his/her health

Enhancing Use of 5 A's to Effect Behavior Change

J Women' Health 2006

- Physicians with higher levels of self-efficacy expectations report significantly greater use of the 5 A's.
- Self-efficacy is enhanced by repeated guided practice and repeated successful performance.
 - Physicians who report using best practices in residency are twice as likely to use it in practice.
 - Practicing physicians with cessation resources, trained staff, and referral mechanisms are more likely to use best practices of smoking cessation.

Healthcare Professional Educational Programs

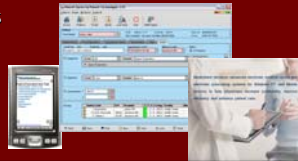
- Majority of physicians report being inadequately trained to counsel smokers.
(Cantor, JAMA 1993)
- Majority of US medical school graduates are not adequately trained based on curriculum survey.
- Nearly 70% of medical schools did not require clinical training in smoking cessation. (Ferry, JAMA 1999)

Healthcare Professional Educational Programs

- Identify educational programs (face-to-face, on-line) to assist practicing healthcare providers with evidence-based tobacco use prevention and cessation.
 - *Tobacco Dependence Treatment Continuing Education Program*
 - *Basic Tobacco Intervention Skills Certification*
 - *Treatment Specialist Certification*
 - www.healthcarepartnership.org
 - www.aafp.org, www.ctri.wisc.edu, www.medscape.com
- Provide health professions students with core curriculum addressing health consequences of tobacco and prevention and cessation interventions.

Incentives

- Offer Continuing Education Credit
- Reimburse for Physicians for Interventions
 - Medicare: codes G0375 (3-10 min); G0376 (>10 min)
 - Insurance: ICD-9 code tobacco cessation (305.1), with CPT code (99401-99404)
- Support Technological Advances in Care
 - Electronic Medical Records
 - Point-of-Care Assessment and Intervention Tools



Networking Opportunities

- Engage the doctor, nurse, dentist...Remember the “W.I.I.F.M.”
- Explore Strategies to Network with Healthcare Providers to Promote Cessation Resources for Patients and Staff
- Encourage Clinician Responsibility and Ethics
- Target Special Patient Groups (i.e., military)
- Promote Physician Leadership and Advocacy
- Healthcare Management Support

Tobacco Control Healthcare Champions



Cessation Resources

- Behavioral Support Programs
 - Arizona Smokers' Helpline (ASHLine) 1-800-55-66-222
 - Local, Tribal, Community Programs www.betobaccofree.org
 - Clinic-Based, Hospital-Based Programs
 - NCI National Quitline 1-800-Quit-Now
- Effective Pharmacotherapies are Available
 - Newer medications have created resurgence of interest among smokers
- Coverage for Medications through
 - ADHS-TEPP (if enrolled in behavioral support program)
 - Medicare, Insurance, VA, IHS

Direct To Consumer Marketing (DTC)

- Benefit-Harm Ratio of DTC
 - Raise issues previously difficult to discuss
 - Encourage patients to “ask their doctor” about concerns they might have
 - Serve as motivation for patients to attempt behavior change
 - Accelerate medication costs
 - Over-emphasize side effects
 - Waste physician's time
 - Paint unrealistic image of pill as magic solution

New Opportunities to Address Tobacco with Patients

- Tobacco-Free Environments
 - Smoke-Free Arizona Act
 - Worksite Policies
- Worksite Wellness Programs
- Engage Physicians in Quality Measures
 - CMS, JCAHO, NCOA, HEDIS, Chronic Disease Performance Indicators
 - Physicians are interested in quality especially two attributes: patient outcomes & utilization of time

Summary

- Tobacco Dependence Treatments are Effective.
- Educate and Offer Incentives to Healthcare Providers.
- Network with Healthcare Leaders.
- Seek New Opportunities to Address Tobacco Use.
- Promote Cessation Resources for Patients.

Employ a **Systems Approach** involving Doctors, Practice Staff, Healthcare Systems, and Community Resources.

Encourage clinicians to be consistent and realistic.....

