SUPPORTING EVIDENCE-BASED

Tobacco Dependence Screening & Treatment

TRAINING TOOLKIT

A Toolkit Developed by Center of Excellence for CHSI Health Systems Improvement A Project of CAI

Promoting Health Systems Improvement for a Tobacco-Free New York

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INTRODUCTION

Improving the delivery of tobacco dependence treatment is needed to decrease tobacco use in New York State.

The goal of this toolkit is to build the capacity of health care organizations to deliver evidence-based tobacco dependence screening and treatment to their patients, ultimately supporting the integration of this best practice into standard delivery of care.

This toolkit outlines training resources which have been developed for the following staff members: Frontline Staff, Prescribing Clinicians, Counseling Staff, and Quality Improvement Staff.

A tobacco-free New York can be realized by systematically identifying tobacco users, and ensuring staff are trained to provide services to address tobacco use.

OVERVIEW

INTRODUCTION

TOBACCO PREVENTION IS AN IMPORTANT PUBLIC HEALTH ISSUE IN NEW YORK STATE

Tobacco prevention is one of the most important public health actions that can be taken in New York State, as tobacco use is the number one cause of preventable disease and death.[1] Every year, approximately 25,500 New Yorkers die prematurely as a result of their tobacco use.[2] More than 500,000 New Yorkers live with serious tobacco-caused illnesses and disabilities.[3]

Exposure to secondhand smoke is a significant cause of illness and death in New York State, causing about 3,000 premature deaths from diseases including heart disease, lung cancer, and stroke.[4] Over a million children in New York State are exposed to secondhand smoke in their own homes every year. Children exposed to secondhand smoke are more likely to experience ear infections and more breathing problems such as bronchitis and pneumonia, and those who already have asthma have more frequent and severe attacks.[5]

The financial costs of tobacco use are high, partly because they lead to higher rates of different chronic diseases. In New York State, $8.17 billion can be attributed to medical expenditures related to tobacco use each year.[6] Those costs increase when health care expenditures caused by exposure to secondhand smoke, smokeless tobacco use, cigar and pipe smoking, smoking-related fires, and lost productivity are included.

NYS DOH ENVISIONS ALL NEW YORKERS LIVING IN A TOBACCO-FREE SOCIETY

The Bureau of Tobacco Control's (BTC) mission is to reduce morbidity and mortality and alleviate the social and economic burdens caused by tobacco use.[7] Evidence-based tobacco control programs and policy interventions can reduce this burden.

Disproportionately affected groups, specifically, low-income individuals, those with less than a high school education, and individuals with poor mental health are the BTC's primary focus.

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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] "Smoking and Tobacco Use – Cigarettes and Other Tobacco Products." New York State Department of Health, 1 Apr. 2014. Web. 22 June 2015.
[6] "Priority Area: Tobacco Use." New York State Department of Health, 1 Oct. 2011. Web. 22 June 2015.
[7] "Smoking and Tobacco Use – Cigarettes and Other Tobacco Products."

To achieve the vision of all New Yorkers living in a tobacco-free society, BTC administers a comprehensive Tobacco Control Program (TCP) built on evidence-based interventions based on population and focused on policy and systems-level change. The BTC's TCP uses an evidence-based, policy-driven, and cost-effective approach to decrease tobacco initiation by youth, motivate adult tobacco users to quit, and eliminate exposure to second-hand smoke.[8]

SYSTEMS-LEVEL INTERVENTIONS TO CREATE A TOBACCO-FREE NEW YORK

For the vision of a tobacco-free New York to be realized, changes in health systems to support clinician interventions are needed. Integration of tobacco cessation interventions into health care delivery requires clinicians, health care systems, insurers, and purchasers of health insurance to be actively involved. By having all of these players at the table, there is a great opportunity to increase the standard delivery of tobacco dependence screening and treatment, quit attempts, and successful cessation of tobacco use.[9]

Systems strategies ensure that tobacco use is assessed and treated at every clinical visit as part of every patient visit, regardless of the reason for the visit. These strategies are "designed to work synergistically with clinician - and patient-focused interventions, ultimately resulting in informed clinicians and patients interacting in a seamless way that facilitates the treatment of tobacco dependence."[10]

SYSTEMS-LEVEL STRATEGIES

This training toolkit focuses on two systems-level strategies to help ensure that tobacco intervention is consistently integrated into health care delivery, described in *Public Health Service (PHS) Clinical Practice Guideline — 2008 Update.*[11] These strategies are:

- Implementing a tobacco-user identification system in every clinic
- Educating all staff. Specifically, on a regular basis, offering training (e.g., lectures, workshops, in-services) on tobacco dependence treatments and providing continuing education (CE) and/or other incentives for participation

By systematically identifying tobacco users and ensuring your agency has a cadre of staff who is trained to provide services to address tobacco use, a tobacco-free New York can be realized.

[8] "The New York State Tobacco Control Program (TCP)." New York State Department of Health, 1 July 2014. Web. 22 June 2015.
[9] "Systems Change: Treating Tobacco Use and Dependence." Agency for Healthcare Research and Quality, 1 Dec. 2012. Web. 22 June 2015.
[10] "Systems Change: Treating Tobacco Use and Dependence."
[11] "Systems Change: Treating Tobacco Use and Dependence."

HOW TO USE THIS TOOLKIT

What Is The Goal Of This Training Toolkit?

The goal is to build the capacity of health care organizations to deliver evidence-based tobacco dependence screening and treatment to their patients, ultimately supporting the integration of this best practice into standard delivery of care.

Who Is This Training Toolkit For?

Training resources have been developed for Regional Contractors to use with the following staff members:

- Frontline Staff (1-hour training)
- Prescribing Clinicians (1-hour training)
- Counseling Staff (1.5-hour training)
- Quality Improvement Staff (tools)

How To Use The Training Designs And Tools?

For Frontline Staff, Prescribing Clinicians, and Counseling Staff, the training designs include the following:

- Introduction
- Goal and Objectives
- Training Agenda
- The training design includes the following for each activity:
  - Time required
  - Section purpose
  - Learning methodologies
  - Materials needed
  - Step-by-step instructions on how to deliver the training
  - Handouts
  - Trainer's materials
  - PowerPoint slides

For the Quality Improvement Staff, tools can be used to measure, monitor, and improve implementation activities.

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

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]

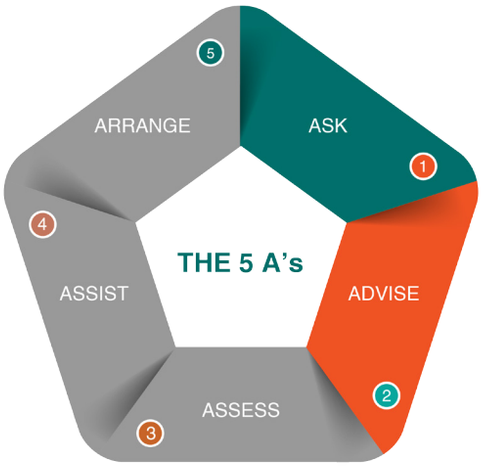
Evidence-based tobacco control programs and policy interventions can reduce this burden by promoting and assisting tobacco users to quit, and preventing the initiation of tobacco use, most notably among populations disproportionately affected by the burden of tobacco use. Disproportionately affected 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.

[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.

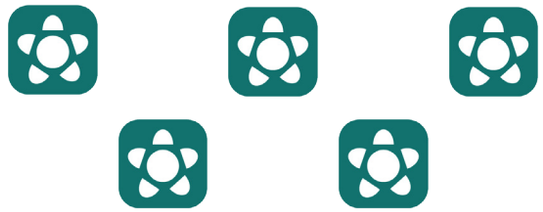
AGENDA

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

- 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:

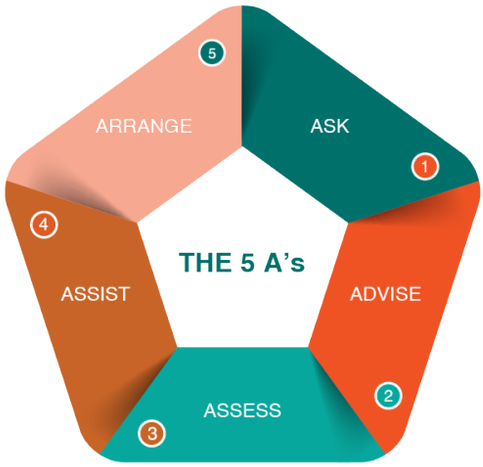
- A primary care home for all who need it, with a special focus on low-income and uninsured individuals
- A non-profit, community-directed healthcare provider located in medically underserved communities impacted by health disparities
- A provider of affordable primary care and preventive services regardless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

[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.

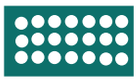
Trainer's Notes: Trainer does not have to address every bullet point but should select a few from each of the areas below.

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.

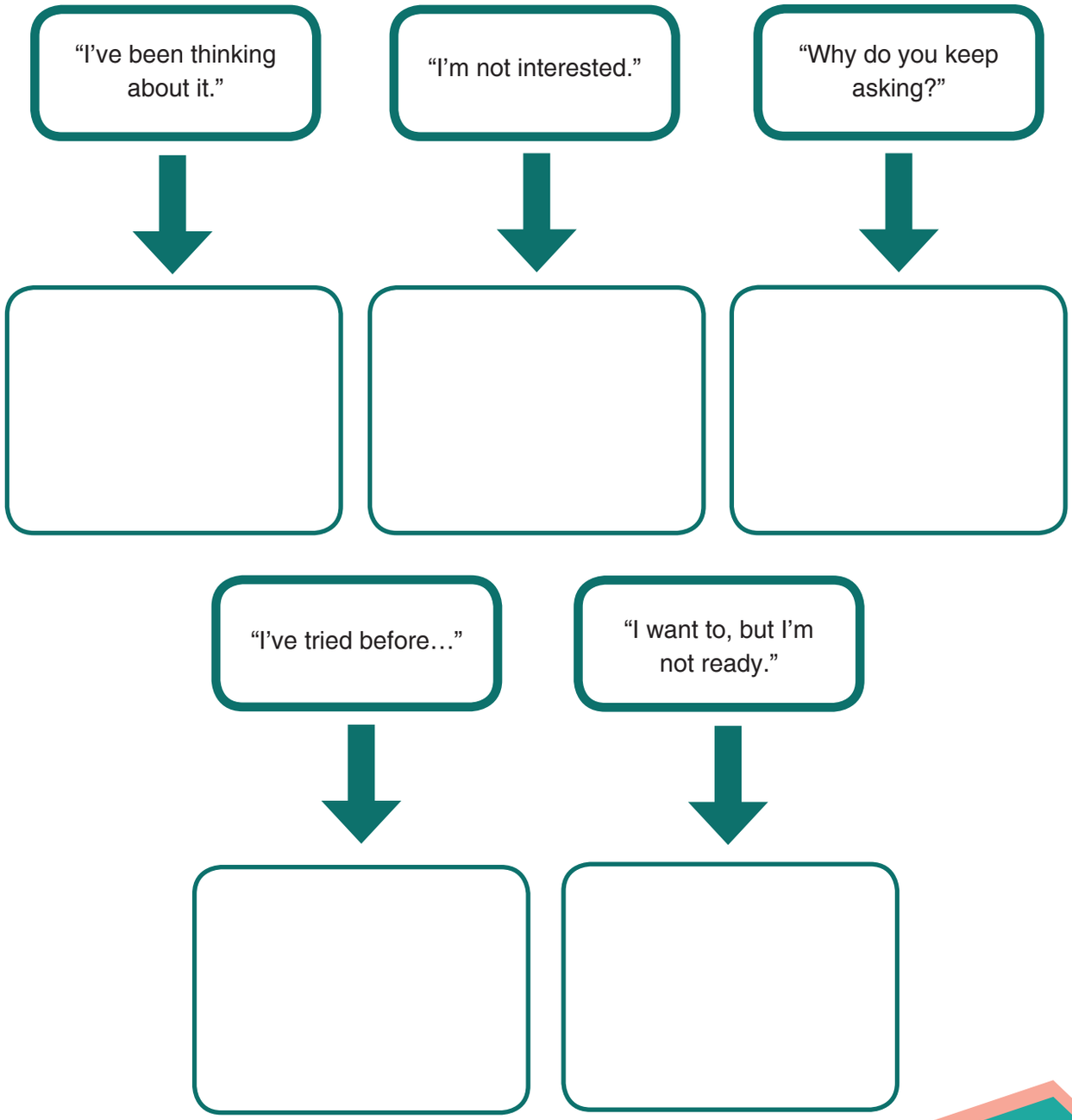
3. Identify pharmacotherapy that can be used to break the cycle of tobacco addiction and assist patients with a successful quit attempt.

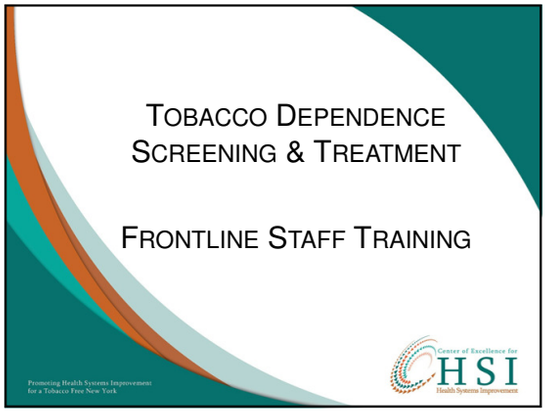
AGENDA

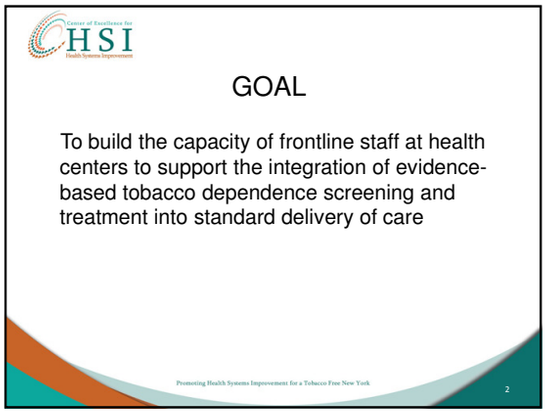
ACTIVITY
Welcome, Introductions, Warm-up Activity
Building a Rationale for Integrating Tobacco Dependence Screening & Treatment into Health Care Settings
Basic Knowledge of 5 As (Ask & Advise)
Overview of Pharmacotherapy & Medicaid Coverage
Closing

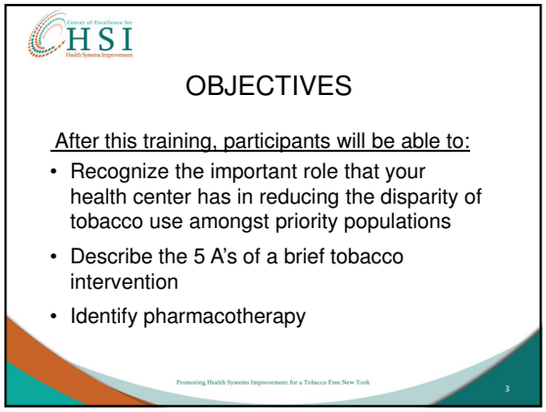
COMMON RESPONSES

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




TOBACCO DEPENDENCE
SCREENING & TREATMENT
FRONTLINE STAFF TRAINING
Promoting Health Systems Improvement for a Tobacco Free New York
Center of Excellence for HSI Health Systems Improvement


Center of Excellence for HSI Health Systems Improvement
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


Center of Excellence for HSI Health Systems Improvement
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

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4

WELCOME & INTRODUCTIONS

Please share your:

- Name
- Agency
- Role

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MYTHS & FACTS ABOUT TOBACCO USE

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MYTHS	FACTS
• Smoking light cigarettes will reduce one's risk of lung cancer, stroke, heart disease, and emphysema • Once addicted to nicotine, it's not that hard to quit • 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	• Tobacco use is the leading cause of preventable deaths in the U.S. • Cigarette smoking accounts for more than 480,000 deaths annually in the U.S. • Tobacco use reduces a women's fertility • 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

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Building a Rationale for Integrating Tobacco Dependence Screening & Treatment into Health Care Settings

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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

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BUILDING A RATIONALE: SCREENING EVERY PATIENT FOR TOBACCO USE

<u>These heath care settings serve as:</u>

- 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

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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

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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

Safety Net Providers are able to:

- 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

Definition of "evidence based":

- 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

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

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

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

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

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

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."

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."

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."

Individual Activity

Practice Responding to Clients

Overview of Pharmacotherapy & Insurance Coverage

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

PHARMACOTHERAPY & INSURANCE

Type	Form	Common Brand Name(s)	Availability
Nicotine Replacement Therapy	Gum	Nicorette	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

* 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.

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

THANK YOU!

TRAINING COUNSELING STAFF

Counseling staff are essential to ensuring that tobacco users receive the services and support they need so they can be provided with lifesaving tobacco cessation interventions.

In this section, counseling staff will review the "5 A's" (Ask, Advise, Assess, Assist and Arrange) of tobacco cessation and focus on the last three A's (Assess, Assist and Arrange), which is their role in the tobacco dependence screening and treatment systems strategy.

They will have an opportunity to think about how they can respond to statements frequently heard from patients about addressing tobacco use, gain a greater understanding about how to use the Transtheoretical Model (TTM) to motivate patients to quit using tobacco, and learn about the availability of pharmacotherapy.

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

OVERVIEW

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] 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, mortality, and alleviate the social and economic burdens caused by tobacco use.[4] Evidence-based tobacco control programs and policy interventions can reduce these burdens by assisting tobacco users to quit and to prevent the initiation of tobacco use, most notably among populations disproportionately affected by tobacco use. Such 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 health care systems that support clinician interventions are needed. Tobacco users come into contact with the health care delivery system regularly. During these encounters, their tobacco use is not addressed.

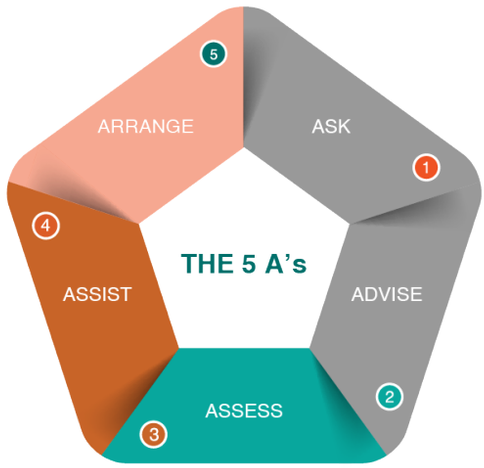
Minimizing these "missed opportunities" requires strategies that ensure patients' tobacco use is assessed and treated at every clinical visit as part of standard delivery of care.[5]

Counseling staff are essential to ensuring that tobacco users receive the services and support they need so they can be provided with lifesaving tobacco cessation interventions.

In this training, counselors will review the "5 As" (Ask, Advise, Assess, Assist, and Arrange) of tobacco cessation and focus on the last three As (Assess, Assist and Arrange) in the tobacco dependence screening and treatment systems strategy.

[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."

They will have an opportunity to think about how they can respond to statements frequently heard from patients about addressing tobacco use. They will also gain a greater understanding about how to use the Transtheoretical Model (TTM) to motivate patients to quit using tobacco, and learn about the availability of pharmacotherapy.



Time: 1.5 hours

Audience: Counseling Staff

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

Name tags	Internet connection (access to YouTube for video) & speakers	
Sign-in sheet	PowerPoint Presentation	Masking Tape
Projector	Easel	Pens and Pencils
Laptop	Newsprint	Copies of Handouts
Screen	Markers	

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 counseling staff to support the integration of evidence-based tobacco dependence screening and treatment into the standard delivery of care.

Objectives

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

1. Describe the 5 As of a brief tobacco intervention.
2. Identify the Stages of Change.
3. Demonstrate counseling skills to support tobacco dependence treatment.
4. Describe the different types of pharmacotherapy available to support a quit attempt.
5. Describe several of the tobacco dependence treatment services offered by the New York State Smokers' Quitline.

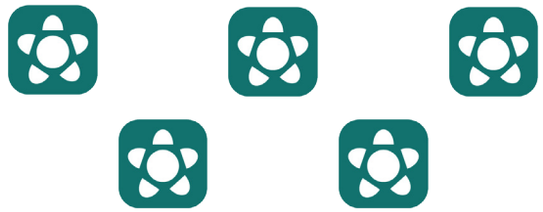
AGENDA

SAMPLE TIMING	ACTIVITY	TIME REQUIRED
9:00 am – 9:05 am	Welcome, Introductions, Goals & Objectives	5 minutes
9:05 am – 9:10 am	Basic Knowledge of the 5 As	5 minutes
9:10 am – 9:30 am	Overview of Transtheoretical Model (TTM): Assessing Tobacco Dependence & Patients' Readiness & Motivation to Quit	20 minutes
9:30 am – 9:55 am	Counseling Skills Practice: Open-ended Questions & Affirmations	25 minutes
9:55 am –10:10 am	Overview of Pharmacotherapy & New York State Smokers' Quitline	15 minutes
10:10 am – 10:25 am	Case Studies "Putting It All Together"	15 minutes
10:25 am – 10:30 am	Closing Video	5 minutes

TRAINING DESIGN

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: 5 minutes

Section Purpose:

The purpose of this section is to welcome participants to the 1.5-hour training session and introduce the trainer(s), training goal and objectives, the agenda, and set ground rules.

Learning Methodologies

- Large group discussion

Materials Needed

- PowerPoint Presentation - Slides 1 - 5
- 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
    - Have fun!
- Goal and Objectives Handout
- Agenda Handout

Description

Step 1: **Welcome and Trainer Introductions**

- Welcome participants to the 1.5-hour training on Tobacco Dependence Screening and Treatment for Counseling Staff.
- Trainers introduce themselves.

Step 2: **Review Goal and Objectives**

- Distribute the Goal and Objectives and Agenda handouts.

- Using the PowerPoint Slides 1 - 3, review the training goal and objectives, as well as the agenda for the training session.

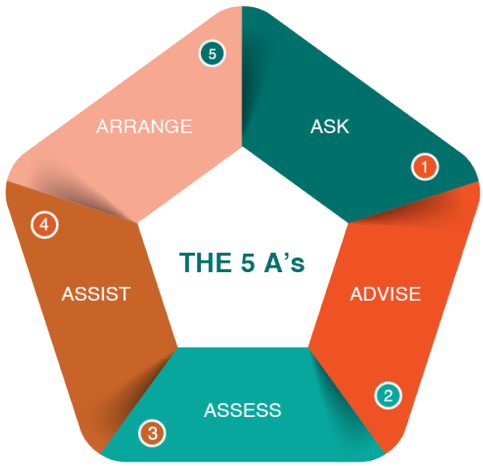
Step 3: **Large Group Introductions (Optional due to time constraints and size of group)**

- Show Slide 4 of the PowerPoint presentation and go around the room and ask participants to share with the group, their:
  - Name
  - Agency (if applicable)
  - 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.

BASIC KNOWLEDGE OF 5 As (**A**SK, **A**DVISE, **A**SSESS, **A**SSIST & **A**RRANGE)



Time Required: 5 minutes

Section Purpose

The purpose of this section is to provide participants with basic knowledge of the evidence-based tobacco intervention known as the 5 As, which allows health center staff to identify tobacco users and provide them with an appropriate intervention (based upon willingness to quit).

Learning Methodologies

- Lecturette
- Large group discussion

Materials Needed

- PowerPoint presentation - Slides 5 - 9
- Tobacco Algorithm Handout

Description

Step 1: **Large Group Discussion About the 5 As**

- Tell 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 7 - 11.
- While reviewing the slides, tell participants:
  - These are the 5 As, an evidence-based intervention to assist those tobacco users who want to stop using tobacco products to be successful.

1. **Ask -** Identify and document tobacco use status for every patient at every visit.

2. **Advise -** In a clear, strong, and personalized manner, urge every tobacco user to quit.
   - Tell participants that counseling staff will primarily be focused upon the last three As (Assess, Assist & Arrange).

3. **Assess -** whether the tobacco user is willing to make a quit attempt at this time?

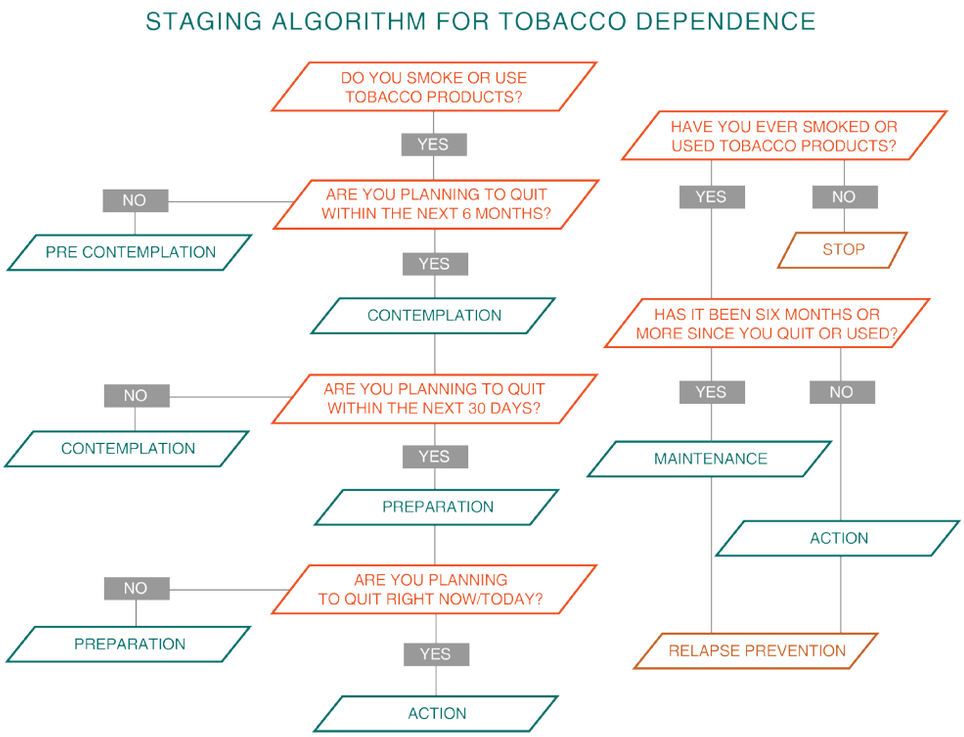
4. **Assist -** patient willing to make a quit attempt, and use counseling and pharmacotherapy to help him or her with overcoming this addiction. Also, refer the patient to 311 and NYS Smokers’ Quitline at 1-866-NY-QUITS for ongoing support.

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.[1]

[1] "Treating Tobacco Use and Dependence: Five Major Steps to Intervention (The “5As”)." PHS Clinical Practice Guidelines. Web. 22 June 2015.

Step 2: **Show Algorithm Example**

- Display Slide 12 in the PowerPoint presentation to participants.



- Explain to them that the above example conversation/intervention between a patient and a counselor takes approximately 3-5 minutes.
- Explain to participants that in an ideal safety net provider setting, frontline staff will have already **Asked** and **Advised** tobacco users to quit using tobacco products. This includes documenting their use during their intake assessment by:
  - Placing tobacco-use status stickers on all patient charts.
  - Indicating tobacco use status using electronic medical records or computer reminder systems.
- Explain that, as Counseling staff, they will primarily focus on 3 of the 5 As (**Assess, Assist** and **Arrange**) of the evidence-based intervention to assist those who want to quit using tobacco.

OVERVIEW OF TRANSTHEORETICAL MODEL: ASSESSING TOBACCO DEPENDENCE AND PATIENTS' READINESS & MOTIVATION TO QUIT

Time Required: 20 minutes

Section Purpose

The purpose of this section is to provide participants with an understanding of the Stages of Change and how this information can be used to inform tobacco dependence interventions.

Learning Methodologies

- Large group discussion
- Individual activity

Materials Needed

- PowerPoint section– Pharmacotherapy Slides 13 - 23
- Stages of Behavior Change Overview Handout
- Staging Practice Worksheet Handout
- Staging Practice Answer Key Handout

Description

Step 1: **Introduce the Presentation on the Transtheoretical Model of Behavior Change**

- Showing Slides 14 - 15, tell participants:
  - When it comes to changing behaviors, patients may not want to change, may be thinking about changing, may be preparing to change, or may be in process of changing.
  - According to the Transtheoretical Model (TTM) of Behavior Change, these different phases that an individual may be in are known as the Stages of Change.
  - As counseling staff, it will be important to assess which Stage of Change a patient is in.
  - The 5 Stages of Change are
    - Pre-contemplation
    - Contemplation
    - Preparation
    - Action
    - Maintenance

- Be sure to review some of the following points:
  - The TTM Stages of Change model helps us to better understand how people change behaviors.
  - The TTM acknowledges that relapse is a part of behavior change.
  - Harm reduction is an approach to help minimize the exposure when a person is not able or willing to completely stop a behavior.
  - Providing information around the impact of tobacco use is important in the early Stages of Change.

Step 2: **Lecturette on the Stages of Change**

- Ask participants to think about a behavior in their lives that they have tried to change.
- Offer some examples:
  - Diet/Eating habits (e.g., drink more water, eat more vegetables, eat less junk food)
  - Exercise habits
- Walk participants through the 5 Stages of Change by saying the following (use PowerPoint Slides 16 - 20 when describing each stage, if possible):

Trainer's Note: You may want to have the following script printed out to use as a guide while you are leading this part of the lecturette as there are many key points and questions that are important to highlight.

- Most of you are familiar with the Stages of Change model. Let's pick a behavior and see how the model works. How many of you have ever tried to change the way you eat? Let's look at changing the way you eat and apply the Stages of Change to that.
- We'll begin with **Stage 1 (Pre-contemplation)** of the Stages of Change Model. Stage 1 is when you are not considering a change at all. You are comfortable with what you are doing. In Stage 1:
  - Others may be aware or think you have a problem, you do not have the same recognition or do not feel the same way
  - You have no intention to change within the next 6 months
- How many of you remember being at this stage? Raise your hands.
- When you were at this stage, what was your reaction when people said, "You should stop?"
- Emphasize that they likely didn't want to hear people telling them to quit/stop.

- Now, let's say that you've moved on to **Stage 2 (Contemplation).** Stage 2 is when you start thinking, "Maybe there is a problem." In other words, you're considering making a change, but you are ambivalent and don't feel ready to initiate the change right now. This is where you start becoming aware of the pros and cons of your behavior.
- How many of you remember getting to this point? Raise your hands.
- What moved you from Stage 1 to Stage 2? In other words, what made you go from not considering making any change to thinking maybe you should do something about your behavior sometime in the future?

Trainer's Note: Encourage participants to tell their individual stories. Identify, in each case, what it was that moved the participant from not being willing to think about changing his/her behavior to actively considering it. Highlight these motivators and discuss with participants.

- Usually there is something that moves you from Stage 1 to Stage 2. Also, I want you to notice that for every person the motivator for changing his or her behavior may be different.
- What might motivate you to change may be different from what motivates me or another person .
- **Preparation (Stage 3)** is the next stage, and is where we seriously want to change the behavior and take concrete steps to prepare to do it. This is the stage we intend to change within the next 30 days.
- How many of you remember being at that stage? Raise your hands.
- There are really two parts to this stage:
  - The first part is planning how we are going to make the change, which may include taking some steps.
  - The second part is gearing up—preparing —to make these changes. This may or may not include picking a date to start the change in behavior.
- Who remembers being at this stage? Tell me what kind of plans you made? What were the first steps you took? How did you prepare?

Trainer's Note: Encourage participants to describe the plans they made. Ask about concrete steps taken.

- Point out:
  - Similar to the motivators, people have different plans. What works for one person may not work for the other.
  - If you are able to predict and plan for barriers, you are more likely to succeed in behavioral change.
- **Stage 4 (Action)** is when you are doing it, but you're not 100% confident you can keep it up without slipping back into the behavior. This is the stage where you are taking it one day at time. This stage requires considerable commitment. It runs from Day 1 to 6 months.
- How many of you remember being at this stage? Raise your hands.
- Tell me what that was like?

Trainer's Note: Allow participants to describe their experiences in detail. Highlight that slipping is a normal occurrence when trying to change a behavior.

- Just because you slip doesn't mean you aren't successful. It's normal to falter, and most people do. The Stages of Change are not linear. People will remain in different stages for different lengths of time and move back and forth through the stages. This is normal. Some people will have a brief slip and then go right back to the new behavior. Others will "relapse" and temporarily move back to a previous stage of change. When you try again, you don't have to start over from the beginning (Stage 1) usually, you just go back one stage.
- The final stage is **Maintenance (Stage 5).** This is the point where the new way of behaving becomes a regular part of your life. We consider you to be in Stage 5 (Maintenance) after you have maintained the new behavior for at least 6 months.
- How many of you remember being at that stage or are in that stage now? Raise your hands.
- Tell me what that was like?

Trainer's Note: Give participants an opportunity to describe their personal experiences.

- Highlight that being in Stage 5 does not mean that there are no temptations or struggles.
  - Emphasize
    - Being in Stage 5 is defined as successfully performing the new behavior without a relapse for six months or longer.
    - The longer you maintain a behavior; the less likely it is you will experience a relapse. But if you do, it is not a failure. It's just a slip into another stage.

Step 3: **Review Stages of Behavior Change Handout**

- Show PowerPoint Slide 21.
- Distribute a copy of "Stages of Behavior Change Overview" to each participant.
  - Highlight that we do not stage people. We stage their goals.
  - Explain that the Stages of Change are not linear and cycling through the stages is common. Emphasize that relapse can occur at any time.
  - Tell participants that stages have different domains we can focus on to help patients move towards behavior change, for example:
    - Cognitive: The way a person thinks. It includes perceptions, attitudes, beliefs and knowledge.
    - Affective: The way a person feels.
    - Behavioral: The way a person acts.

Step 4: **Share Examples of Domains to Help Patients Change**

- Show PowerPoint Slide 22.
- Provide the following examples of each domain:
  - Cognitive: If a lot of people in my support system use tobacco and have not experienced health-related illnesses as a result of their tobacco use, I may not believe my tobacco use is as harmful to my health as it potentially is. Addressing this misconception could help move me towards behavior change.
  - Affective: If using tobacco is the only thing that makes me feel relaxed, I am less likely to consider quitting. Addressing this domain could help move me towards behavior change.
  - Behavioral: If I continue to associate with people who use tobacco, I am more likely to continue using tobacco. Addressing this behavior will help move me towards behavior change.

- Highlight that during the first three stages, participants should focus on using interventions that impact the cognitive and affective domains whereas in the later stages, they may focus on using interventions for the behavioral domain. They may also need to impact the cognitive and affective domains in later stages.

Step 5: **Complete Staging Practice Worksheet**

- Show PowerPoint Slide 23.
- Distribute the "Staging Practice Worksheet" to each participant.
- Explain that they will use the statements on the worksheet to see what stage the patient is in with regard to stopping tobacco use.
- Ask participants to determine which stage the patient is in based on each of the statements and the goal.
- Using the answer key as a guide, discuss stages with participants.
- Highlight that when staging, it is important to use varying questioning techniques to avoid redundant and repetitive questioning.

Trainer's Note: The staging assessment questionnaire is mostly closed-ended questions (that is, questions that can be answered with a "yes" or a "no"). However, when working with patients, participants will typically be using more open-ended questions. Tell participants we will discuss how to use open-ended questions later in the training.

Step 6: **Process**

- Lead a discussion with the group by asking some of the following questions:
  - Why do we stage?
  - What stands out for you?
  - How easy/difficult is it to differentiate between the stages?
  - What do you find to be important about staging and the work you are doing?
  - What does this mean to you with regard to your work?

COUNSELING SKILLS PRACTICE: OPEN ENDED QUESTIONS & AFFIRMATIONS

Time Required: 25 minutes

Section Purpose

The purpose of this section is to define two counseling skills from Motivational Interviewing and provide an opportunity for skills practice.

Learning Methodologies

- Large group discussion
- Individual activity
- Pair activity

Materials Needed

- PowerPoint section– Counseling Skills Practice Slides 24 - 32
- Open-Ended Question Worksheet Handout

Description

Step 1: **Open-Ended Questions**

- Ask participants how many of them are familiar with the Motivational Interviewing counseling strategy.
- Showing PowerPoint Slides 25 - 27, highlight the following:
  - Developed by William Miller and Stephen Rollnick based on their experience in the field of addiction treatment
  - Person-centered approach
  - Used in multiple settings
  - Most effective working with individuals in pre-contemplation and contemplation
  - Skills to conduct Motivational Interviewing are called “OARS” (open-ended questions, affirmations, reflective listening, and summarizing).
- Explain to participants that today you will be discussing only 2 of the 4 “OARS”
  - Open-ended questions
  - Affirmations
- Emphasize the following about open-ended questions:

- Open-ended questions can help the session feel less like an interview and more like a conversation (which can help decrease resistance).

- Emphasize the following about open-ended questions:
  - Open-ended questions can help the session feel less like an interview and more like a conversation (which can help decrease resistance).
  - Using open-ended questions can help you gather a lot of information from a patient with using only two or three questions.
  - You can use open-ended questions that will evoke talk of change.
  - Staff can prepare themselves by developing a set of open-ended questions for information they frequently seek from patients.
- Define closed-ended questions as:
  - Questions that can only be answered with a Yes, No, or a specific response (e.g., date of birth).

Step 2: **Twenty Questions Game with Closed-Ended Questions**

- Ask the group – "What is a reason you don't use open-ended questions?"
  - Possible answer: Often people do not want to use them because they think it takes too much time.
- Ask for a volunteer to think of a movie and come to the front of the room.
- Tell those remaining that they will play twenty questions. They can ask only closed-ended questions to try to figure out the movie.
- Have one trainer facilitate and the other trainer count how many questions were asked before someone guessed correctly.

Step 3: **Review Open-Ended Questions and Twenty Questions**

- Using the PowerPoint Slide 27 Open-Ended Questions Stems, define frequent open-ended stems.
- Repeat the 20 questions game, with a new volunteer, thinking of a new movie.
- This time, tell participants that they can ask open-ended questions and the volunteer should answer fully.
- Have trainer count how many questions it takes to correctly guess the movie.

Trainer Note: It should take far fewer questions to identify what the movie was when open-ended questions rather than closed ones were asked.

Step 4: **Open-Ended Questions Worksheet Activity**

- Show PowerPoint slide 28 and explain the following:
  - Now everyone will do an activity to build skills in writing open-ended questions.
  - Asking open-ended questions can sound like an easy task, but before meeting with a patient it is important to practice asking them.
  - We are passing out a worksheet. Every statement on the worksheet is phrased as a closed-ended question. The task is for you to rewrite each question to make them open.
- Ask participants to refer to the Open-Ended Questions Worksheet.
- Give them about 5 minutes to complete sheet individually.
- Keep PowerPoint slide 27 with Open-Ended Question Stems up on the screen.
- Call time and review as a large group.
- If people have trouble writing open questions, ask another volunteer to share what they wrote.

Step 5: **Process the Activity**

- Ask some of the following questions:
  - What was it like to have to do this individually?
  - What was hard about it?
  - What surprised you?
  - Did you learn anything new from this section on open-ended questions?
  - How can you integrate them more often into your work?
  - What do you anticipate the impact of using them more often will be?
  - How will you know if it is working?

Step 6: **Highlight Key Points**

- Tell participants:
  - Open-ended questions are an opportunity to elicit information and build rapport with the patient.
  - Building rapport goes a long way towards engaging someone.
  - Asking open-ended questions tells you what they are interested in and can help you guide where to go next.
  - Now, we'll look at the skill of using Affirmations.

Step 7: **Introduce Affirmations**

- Review PowerPoint Slides 29 - 30 on Affirmations.
- Lead an interactive discussion on affirmations.

  Be sure to include the following points:
  - Affirmations are statements of recognition

- You can affirm an effort, experience, or feelings. This can include intent.
  - Affirmations help to show that you are listening and can help build confidence in the patient
  - In order to be effective, affirmations must be genuine and honest
- Describe the impact affirmations can have, e.g., make someone feel good, build rapport, etc.

Trainer Note: Explain that often, affirmations are relatively easy to do when someone is doing something you approve of. It might be more challenging to affirm someone when his or her behavior or statement is not reflective of successful behavior change.

Step 8: **Affirmations Activity**

- Show PowerPoint Slide 31.
- Have people find someone to work with that they do not know and have not worked with yet today.
- Tell them to pick who will be Person A and who will be Person B.
- Now have everyone think about one thing they have done that they are proud of that they would be willing to share with the other person (it doesn't have to be work-related).
- Person A will be the first person to speak about what they are proud of.
- Person B will just listen and affirm it.
- Give the pairs about 2 minutes each.
- Shout "switch" to make sure that Person B gets to share what he or she are proud of and Person A has an opportunity to affirm it.

Step 9: **Process the Activity**

- Ask some of the following questions:
  - What was it like to share something with another person you don't know?
  - How did it feel when they affirmed you?
  - How did it feel to affirm the other person?
  - What was it like to do this?
    - Hard? Easy?
  - What impact could it have on a patient if you affirm what they do?
  - How does that play out in our work?
  - How will you use this skill going forward?

Step 10: **Highlight the Following**

- Affirmations:
  - Make someone feel good and recognized
  - Recognize efforts
  - Build rapport
- It is a way to give information or feedback to a patient that allows him/her to know that you are aware of and appreciate his/her efforts. Affirmations are a way of validating these efforts as being something constructive, helpful, or difficult to do.
- Affirmations should be used judiciously, not overdone, or used too frequently (so as not to lose their effectiveness).

OVERVIEW OF PHARMACOTHERAPY AND NEW YORK STATE SMOKERS' QUITLINE

Time Required: 15 minutes

Section Purpose

The purpose of this section 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 Presentation – Slides 32 - 51

Description

Step 1: **Large Group Discussion**

- Show PowerPoint Slides 32 - 34; tell participants that medication like Nicotine Replacement Therapy (NRT) or pharmacotherapy:
  - Improves a tobacco user's chances of quitting

- Makes people more comfortable while quitting
- Allows consumer to focus on changing 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 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 Inhaler (the puffer)
    - Nicotine Nasal Spray
- Explain that:
  - All NRT can be used alone or in combination.
  - Some common side effects are as follows: headache, nausea, dizziness.
  - Healthcare providers should determine dosing and combinations that will work best for their patients.

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

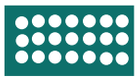
Step 2: **Lecturette on Medications**

- Review the PowerPoint Slides 35 - 42, sharing the following points about each method:
- **The 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, but 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

Step 3: **Lecturette on New York State Smokers Quitline**

- Review the PowerPoint Slides 44 – 51, sharing the following points about the New York State Smokers' Quitline:
  - Located in Buffalo, New York. Administered by the Roswell Park Cancer Institute
  - Explain that the following are some of the NYS Smokers Quitline services:
    - Cessation coaching
    - Nicotine Patches (phone and web)
    - Web interactive and informational services
    - Text and messaging services
    - Social media
    - Triage to health plan programs
    - Provider Referral Program
  - Some of their Mobile and Web resources are offered in English and Spanish
    - Registration for FREE Nicotine Replacement Therapy (NRT)
    - Quit Guides and Factsheets
    - Information to quit and stay tobacco free
  - The Quitline offers support, text tips , and cessation-related news and media via: Facebook, Twitter, Google+, YouTube
  - Opt-to-Quit Model includes the following:
    - Adoption of a policy by a healthcare organization that can support the systematic identification of all tobacco using patients.
    - As an adjunct to the health site's intervention, tobacco-using patients are referred to the NYS Smokers Quitline to be contacted and offered Quitline services. Patients are re-contacted to engage in the quit process, unless they opt out.
- Explain to counseling staff that these services can assist them in implementing a systemic change within their healthcare settings by providing a continuum of care to patients who are working through a quit attempt.
- Highlight the following (on the next page):

TRADITIONAL REFER-TO-QUIT	OPT-TO-QUIT™
Provider decision to refer	Policy driven-organization focus
Patient offered referral (opt-in option)	Patient informed of policy (opt-out option)
Individual patient referral process (fax or online)	Tailored patient information exchange process
Contact made within 24-72 hours	Variable timeframes for patient contac (i.e., upon discharge)

CASE STUDIES "PUTTING IT ALL TOGETHER"

Time Required: 15 minutes

Section Purpose

The purpose of this section is to provide participants with an opportunity to practice working with a patient who is in the pre-contemplation and contemplation stages, which requires the use of Open-Ended Questions and Affirmations.

Learning Methodologies

- Large group discussion
- Role-play scenarios

Materials Needed

- PowerPoint Presentation - Slides 52 - 54
- Pre-Contemplation Strategies Handout
- Pre-Contemplation Case Study Handout
- Contemplation Strategies Handout
- Contemplation Case Study Handout

- Show Effective Counseling Video (5 mins)
  - https://www.youtube.com/watch?v=URiKA7CKtfc

Description

Step 1: **Introduce the Video**

- Show PowerPoint Slide 53.
- Explain to participants that they are going to watch a video of a counseling staff person who works in a clinic meeting a patient who uses tobacco.
- Encourage participants to observe the skills she uses to engage the patient:
  - Open-ended questions
  - Affirmations
  - Verbal and non-verbal
  - Others

Step 2: **Play the Video**

- Play the 5-minute Effective Counseling Video – link is on PowerPoint Slide 53.
  - https://www.youtube.com/watch?v=URiKA7CKtfc

Step 3: **Process**

- What surprised you about this video?
- What were some of the skills you observed?
- What were some of the non-verbal cues you observed?
  - Sample answers: body language, eye contact
- What are you taking away from this activity/video?

Step 4: **Real Play Activity**

- Show PowerPoint Slide 54.
- Explain to participants that they are now going to have a chance to "Pull it All Together" by doing a "Real Play" of two scenarios:
  - Real Play 1: Patient is in Pre-contemplation stage
  - Real Play 2: Patient is in Contemplation stage

Step 5: **Set-up Real Play 1: Pre-Contemplation**

- Distribute a copy of pre-contemplation Strategies handout.
- Review strategies participants can use with patients in the pre-contemplation stage with respect to quitting tobacco.
- Give participants a copy of Pre-Contemplation Case Study.
- Ask and discuss:

- What kinds of things indicate that she is in the pre-contemplation stage?
- What are some strategies you could use to help this person begin to think about stopping or reducing her tobacco use?

- Ask participants to get into pairs.
- Once in pairs, have participants choose the following roles:
  - Patient
  - Staff
- Tell participants to role-play what a visit with this patient may look like based on the information provided in the case study.

Step 6: **Conduct Real Play 1: Pre-Contemplation**

- Remind participants to:
  - Use Open-ended questions and Affirmations to engage the patient.
  - Use some of the strategies to help the patient begin thinking about quitting or reducing tobacco use.
- Tell pairs to begin their role-plays.
- After a few minutes, call time.

Step 7: **Process the Activity**

- Lead a discussion with the group by asking some of the following questions:
  - What do you think about working with a patient in pre-contemplation?
  - What will be challenging?
  - How was it to do this activity using the conversation flow questions?
  - What does this mean to you in regards to your work?

Step 8: **Set-up Real Play 2: Contemplation**

- Tell participants to switch roles with their partners and conduct a real play with a new case study of a patient in Contemplation.
- Distribute a copy of Contemplation Strategies handout.
- Review the strategies participants can use with patients in the contemplation stage with respect to quitting tobacco.
- Give participants a copy Contemplation Case Study.
- Ask and discuss:
  - What kinds of things indicate that they are in the contemplation stage?
  - What are some strategies you could use to help this patient continue to consider stopping or reducing tobacco use?

Step 9: **Conduct Real Play 2: Contemplation**

- Remind participants to:
  - Use Open-ended questions and Affirmations to engage the patient.

- Use some of the strategies to help the patient think about quitting or reducing their tobacco use.

- Tell pairs to begin their role-plays.
- After a few minutes, call time.

Step 10: **Step 10: Process the Activity**

- Lead a discussion with the group by asking some of the following questions:
  - What do you think about working with a patient in contemplation?
  - What will be challenging?
  - How was it to do this activity using the conversation flow questions?
  - What does this mean to you in regards to your work?

CLOSING

Time Required: 5 minutes

Section Purpose

The purpose of this section is to display an example of counseling staff working effectively with a patient regarding their tobacco use.

Learning Methodologies

- Large group discussion

Materials

- PowerPoint Presentation – Slides 55

Description

Step 1: **Highlights**

- Show PowerPoint Slide 55.
- Thank everyone for their participation and hard work.
- Ask if anyone wants to share one highlight they are taking away from the training. (Time permitting.)
- Once everyone who wants to say something has had an opportunity to do so, wrap-up the training by thanking participants for being a part of the training.

HANDOUTS

1. Training Goal and Objectives
2. Training Agenda
3. Stages of Behavior Change Handout
4. Staging Practice Worksheet
5. Staging Practice Worksheet Answer Key
6. Open-Ended Questions Worksheet
7. Assisting a Patient in Pre-Contemplation Strategies
8. Pre-Contemplation Case Study
9. Assisting a Patient in Contemplation Strategies
10. Contemplation Case Study
11. Staging Algorithm for Tobacco Dependence Training
12. Quit Tobacco: Pharmacotherapy Chart
13. PowerPoint Slides

GOALS AND OBJECTIVES

Goal

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

Objectives

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

1. Describe the 5 As of a brief tobacco intervention.
2. Identify the Stages of Change.
3. Demonstrate counseling skills to support tobacco dependence treatment.
4. Describe the different types of pharmacotherapy available to support a quit attempt.
5. Describe several of the tobacco dependence treatment services offered by the New York State Smokers' Quitline.

AGENDA

ACTIVITY
Welcome, Introductions, Goals & Objectives
Basic Knowledge of the 5 As
Overview of Transtheoretical Model (TTM): Assessing Tobacco Dependence & Patients' Readiness & Motivation to Quit
Counseling Skills Practice: Open-Ended Questions & Affirmations
Overview of Pharmacotherapy and New York State Smokers' Quitline
Case Studies "Putting It All Together"
Closing

STAGES OF BEHAVIOR CHANGE

STAGE IN TRANSTHEORETICAL MODEL OF CHANGE	DESCRIPTION OF STAGE	LEARNING DOMAIN
Pre-contemplation	- Not thinking about change - May be resigned to or feel hopeless about their ability to change - Feeling of lack of control - May not believe need for change applies to self and/or may not view consequences of behavior (to themselves) as serious enough to warrant change - "Pros" of smoking outweigh "Cons" of smoking **Time frame:** *No intent to change in the near future (described as within 6 months). Individual could remain in this stage for years*	Cognitive Affective
Contemplation	- Aware that a problem exists and considering change. How ever, individual does not have a serious intent to change soon. The person is considering change within six months - Pros and cons of smoking are approximately equal (leads to ambivalence) - Feelings of ambivalence towards the behavior and idea of behavior change **Timeframe:** *Intention to change within 6 months, but may not have a serious commitment to making a change. Individual could remain in this stage for years*	Cognitive Affective
Preparation	- Seriously intending to make a behavioral change soon (within thirty days) - Making plans for change - Often, person may implement some steps towards change - Learning how to make the change successfully **Timeframe:** *Intention to change within the next 30 days*	Cognitive Affective Behavioral
Action	- Individual is committed to change - Modifying problem behavior; making the change consistently (e.g., every time) - Requires considerable commitment **Timeframe:** *Person has started making the change consistently. If change is maintained during this time, this stage lasts about 6 months*	Behavioral
Maintenance	- The new behavior has been integrated into their lifestyle and is now more habitual. - Takes less energy to maintain behavior **Timeframe:** *6 months or more*	Behavioral

Information from Prochaska, JO, DiClemente, CC, Norcross JC, In Search of How People Change. American Psychology 1992; 47:1102-4,
and Miller WR, Rollnick S. Motivational Interviewing: preparing people to change addictive behavior. New York: Guilford, 1991:191-202

STAGING PRACTICE WORKSHEET

Check the appropriate box that describes best what stage a person who made the statement would most likely be exhibiting. Be certain to consider approximate time frames that each statement is possibly referring to.

	STAGES				
Statements:	Pre-Contemplation	Contemplation	Preparation	Action	Maintenance
1. I set a quit date two weeks from now – I'm nervous.					
2. I recently celebrated my one year anniversary of quitting.					
3. I don't want to stop smoking. It's not hurting me.					
4. Sometimes I dream I've smoked a cigarette. It's a relief when I wake up. I've worked hard to be smoke-free for almost six months.					
5. I'm thinking that I had better stop using snus. I'm starting to worry about oral cancer.					
6. Quitting smoking is not a priority for me.					
7. I know I should stop smoking, but I really enjoy cigarettes.					
8. I tried the patch the other day. I think I need a higher dose because I still had cravings.					
9. I have someone who listens when I need to talk about my quit attempt.					
10. I find that doing other things with my hands is a good substitute for smoking.					

STAGING PRACTICE WORKSHEET: ANSWER KEY

Correct answers have been pronded below.

	STAGES				
Statements:	Pre-Contemplation	Contemplation	Preparation	Action	Maintenance
1. I set a quit date two weeks from now – I'm nervous.			Preparation		
2. I recently celebrated my one year anniversary of quitting.					Maintenance
3. I don't want to stop smoking. It's not hurting me.	Pre-Contemplation				
4. Sometimes I dream I've smoked a cigarette. It's a relief when I wake up. I've worked hard to be smoke-free for almost six months.					Maintenance
5. I'm thinking that I had better stop using snus. I'm starting to worry about oral cancer.		Contemplation			
6. Quitting smoking is not a priority for me.	Pre-Contemplation				
7. I know I should stop smoking, but I really enjoy cigarettes.		Contemplation			
8. I tried the patch the other day. I think I need a higher dose because I still had cravings.			Preparation		
9. I have someone who listens when I need to talk about my quit attempt.				Action	
10. I find that doing other things with my hands is a good substitute for smoking.				Action	

OPEN-ENDED QUESTIONS WORKSHEET

Rewrite the following closed-ended questions to make them open.

Are you interested in quitting using tobacco products?

Do you smoke around your children?

Do you smoke in your car?

Are you willing to discuss NRT/pharmacotherapy with me?

Don't you think the cost for a pack of cigarettes today is outrageous?

ASSISTING A PATIENT IN PRE-CONTEMPLATION STRATEGIES

- People who are in pre-contemplation (with respect to a target behavior) need more information or awareness about the behavior. They need to personalize the consequences of the behavior. They need to become aware of the impact of their behavior on others.
- Those who have attempted to change in the past, and have not been successful, need to believe they can make a change.
- People in pre-contemplation may be defensive. In turn, the information should be presented non-judgmentally.
- Interventions should focus on cognitive and affective domains.

Strategies

- Motivational Interviewing (Open-ended Questions and Affirmations)
- Provide feedback on information obtained during prior visits (e.g., length of use, past quit attempts)
- It is important to think about what type of information will motivate your patient (e.g., risks of second-hand smoke, financial implications)

Questions from the *Conversation Flow*

- "What would have to happen for this to be a problem for you?"
- "What warning signs would let you know that this is a problem?"
- "Have you tried to change in the past?" "If yes, what made you consider it then?"
- "What's important to you about continuing to smoke?" "Tell me about those reasons."
- "What qualities in yourself are important to you?" How does using tobacco support that?"

PRE-CONTEMPLATION CASE STUDY

Keisha is a 21-year-old woman who is at your health center for a pregnancy test and sexually transmitted infection (STI) testing. She is stressed-out and distracted when you meet with her. At intake, Keisha openly answers questions about her sexual history. When you ask her about her tobacco history, she says, "I smoke, and I'm not interested in quitting."

ASSISTING A PATIENT IN CONTEMPLATION STRATEGIES

- Individuals in contemplation (with respect to a target behavior) are aware they should make a change, but are having difficulty committing to change.
- They can still benefit from consciousness raising but really need to be able to see and accept themselves as a "changed" individual, which can be challenging to conceptualize
- They also need to see the new behavior as beneficial, and to believe they can manage the skills and tasks necessary to incorporate this new behavior into their lives.
- Individuals at this stage are aware of a problem, but feel stuck and unable to change their behavior. They may be feeling a lot of emotions associated with both the current and the new behavior, and they may be afraid of taking the risk of changing. It is, therefore, important to help them develop a realistic sense of competence and confidence.

Strategies

- Motivational Interviewing (Open-ended Questions and Affirmations)
- Decisional Balancing
- It is important to think about what type of information will motivate your patient (e.g., risks of second-hand smoke, financial implications)

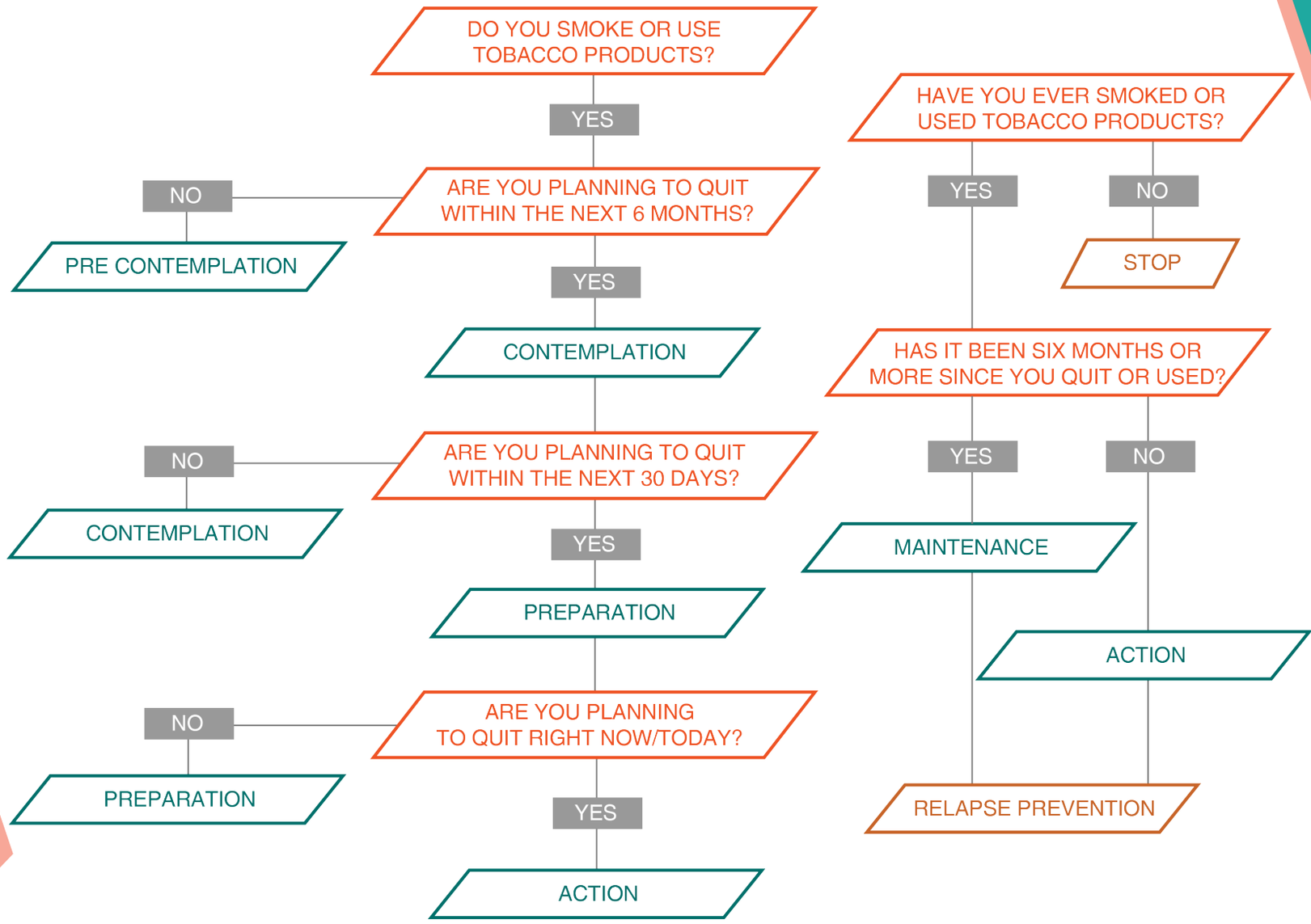
Questions from the *Conversation Flow*

- "What are reasons you are thinking about change at this time?"
- "What are some reasons for not changing?"
- "What are the barriers today that keep you from changing?"
- "What might help you with that aspect?"
- "What things (people, programs, and behaviors) have helped you in the past?"
- "Are those things still available to you now?"
- "On a scale from 0-10, how important is the change?
- "On a scale from 0-10 how confident do you feel in making the change right now?"

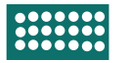
CONTEMPLATION CASE STUDY

Mario is a 42 -year-old man. He shares that he smokes, although mostly on the weekends when he's at the bar or watching sports with friends. Even though he's "not a smoker," Mario is concerned because several male relatives who were smokers died of lung cancer. Still, Mario isn't convinced that he should stop altogether; smoking is something that he does with his friends and he's not a heavy smoker like his family members.

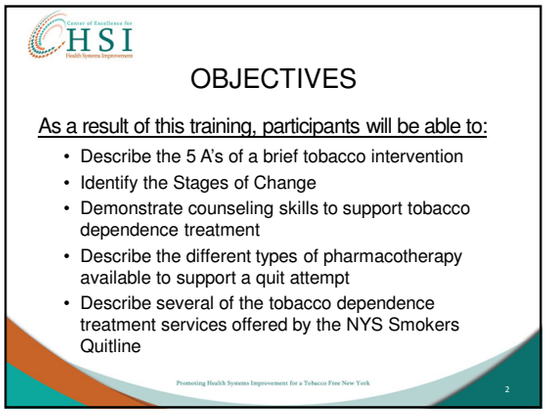
STAGING ALGORITHM FOR TOBACCO DEPENDENCE



QUIT TOBACCO: PHARMACOTHERAPY

Medication	Usage	Dosage	Potential Side Effects
Nicotine Patch 	• Apply patch to skin, above waist (e.g., upper arm), on a non-hairy spot • Replace every 24 hrs. Do not sleep with it unless you smoke in the middle of the night	• 7mg, 14mg, 21mg • Good for steady stream of nicotine in the system	• Skin irritation at the site of application (e.g., rash, swelling) • Insomnia
Nicotine Gum 	• Chew gum slowly until mouth tingles, then park it between cheek and gum • Continue this process for about 20 mins. • Do not eat or drink 15 mins. before or during use	• 2mg and 4mg • Good for breakthrough urges (e.g., after meals)	• Mouth soreness • Hiccups • Indigestion • Jaw ache
Nicotine Lozenge 	• Allow lozenge to dissolve between cheek and gum for up to 20 mins. • Do not eat or drink 15 mins. before or during use	• 2mg and 4mg • Good for breakthrough urges (e.g., driving)	• Hiccups • Nausea • Mouth sores • Dry mouth
Nicotine Inhaler* 	• Puff gently on the mouthpiece, do not inhale vapor into the lungs • Nicotine is absorbed through the lining of the mouth	• Provided 16 cartridges/day	• Mouth irritation • Throat irritation • Coughing • Runny nose
Nicotine Nasal Spray* 	• Spray once in each nostril • Nicotine is absorbed through the lining of the nasal passages • Do not inhale, sniff or swallow when spraying	• 0.5mg in each nostril • 1 dose = 1 squirt per nostril • 1 to 2 doses per hour	• Severe persistent sneezing, coughing, or runny nose • Nausea • Dizziness
Bupropion SR* 	• Does not contain nicotine • May be used in combination with a nicotine replacement product (e.g., gum, patch, lozenge) • Take up to 12 weeks	• Days 1-3: 150mg each morning • Days 4-end: 150mg twice daily	• Insomnia • Dry mouth • Shakiness • Nervousness
Varenicline* 	• Does not contain nicotine • Do not use in combination with nicotine replacement products • Take up to 12 weeks	• Days 1-3: 0.5mg every morning • Days 4-7: 0.5mg twice daily • Day 8-end: 1mg twice daily	• Nausea • Vivid dreams • Constipation • Vomiting


TOBACCO DEPENDENCE
SCREENING & TREATMENT
COUNSELOR STAFF TRAINING
Promoting Health Systems Improvement for a Tobacco Free New York
Center of Excellence for HSI Health Systems Improvement


OBJECTIVES
As a result of this training, participants will be able to:
• Describe the 5 A's of a brief tobacco intervention
• Identify the Stages of Change
• Demonstrate counseling skills to support tobacco dependence treatment
• Describe the different types of pharmacotherapy available to support a quit attempt
• Describe several of the tobacco dependence treatment services offered by the NYS Smokers Quitline
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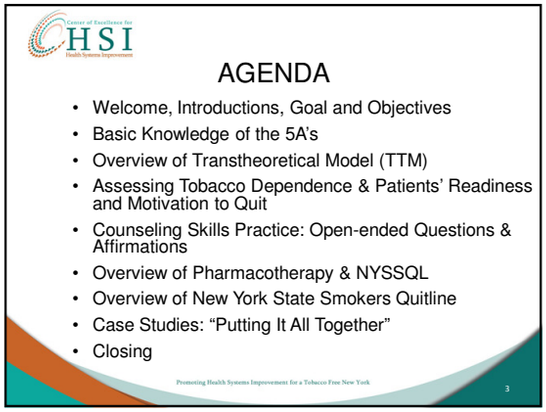
AGENDA
• Welcome, Introductions, Goal and Objectives
• Basic Knowledge of the 5A's
• Overview of Transtheoretical Model (TTM)
• Assessing Tobacco Dependence & Patients' Readiness and Motivation to Quit
• Counseling Skills Practice: Open-ended Questions & Affirmations
• Overview of Pharmacotherapy & NYSSQL
• Overview of New York State Smokers Quitline
• Case Studies: "Putting It All Together"
• Closing
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3

WELCOME & INTRODUCTIONS

Please share your:

- Name
- Agency
- Role

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BASIC KNOWLEDGE OF 5 A'S

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BASIC KNOWLEDGE OF THE 5 A'S

Definition of "evidence based":

- 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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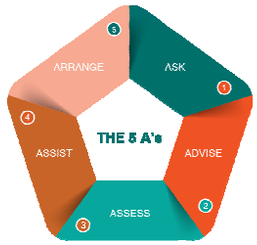
THE 5 A'S



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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

Source: http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.pdf

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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

Source: http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.pdf

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THE 5 A'S

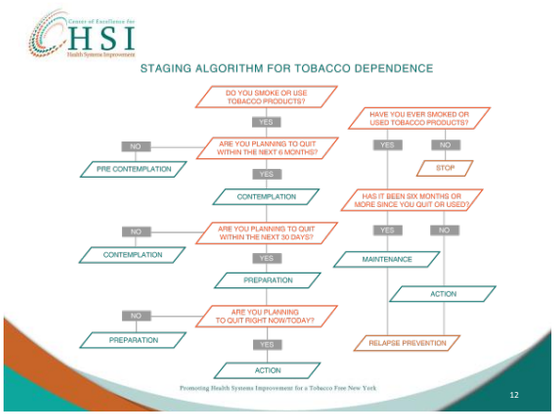
4. Assist

- 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

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



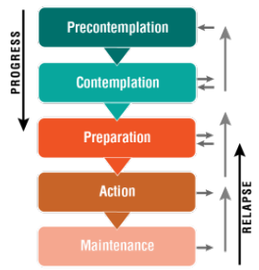
Overview of Transtheoretical Model (TTM):

- Assessing Tobacco Dependence & Clients Readiness and Motivation to Quit

STAGES OF CHANGE MODEL

- Developed by Prochaska and DiClemente
- Behavior change does not happen in one step, but in stages
- An individual progresses through the stages at their own pace, depending on their goals and sources of motivation

THE STAGES OF CHANGE



PRECONTEMPLATION

There is no intention to change behavior in the foreseeable future:

- Others are aware of problem
- Unaware or under-aware
- Change due to outside pressure
- No plans to change (6 months)
- Coerced by others to change

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CONTEMPLATION

Aware that a problem exists and begins to think about overcoming it:

- No commitment
- Struggles with loss
- Decisional-balancing
- Can get stuck and remain so

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PREPARATION

Making Plans for the intended change:

- Intending to take action within 30 days
- Taking steps/making plans
- May/may not have taken unsuccessful action in past year

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ACTION

Modification of behavior, experiences, or environment in order to overcome problem behavior

- Taking an action is not being in action
- Runs from one day to six months
- Requires Considerable Commitment

MAINTENANCE

Integrated the new behavior into present lifestyle

- More than six months
- Stabilizing change
- Avoiding relapse
- Can last a lifetime

THE STAGES OF CHANGE

LEARNING DOMAINS FOR CHANGE

Cognitive
- What a person thinks related to the change

Affective
- What a person feels related to the change

Behavioral
- What actions related to the change

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INDIVIDUAL ACTIVITY

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COUNSELING SKILLS PRACTICE
OPEN-ENDED QUESTIONS
AND AFFIRMATIONS

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MOTIVATIONAL INTERVIEWING

- Developed by Miller and Rollnick
- Person-centered approach
- Utilized in multiple settings
- Most effective working with individuals in pre-contemplation and contemplation

O. A. R. S.

- Open-ended Questions
- Affirmations
- Reflective Listening
- Summarizing

OPEN-ENDED QUESTION STEMS

- How…
- What…
- Tell me…
- In what ways…

Individual Open-ended Questions Activity

AFFIRMATIONS

- Statement of understanding and appreciation for something someone has tried, done, or achieved
- Genuine and honest
- Positive
- Encouraging

AFFIRMATIONS

- Make someone feel good and recognized
- Recognize efforts, experiences, and feelings; this can include intent
- Build rapport

AFFIRMATIONS ACTIVITY

OVERVIEW OF PHARMACOTHERAPY

&

NEW YORK STATE SMOKERS QUITLINE

PHARMACOTHERAPY

- Why use Nicotine Replacement Therapy (NRT) or pharmacotherapy?
  - Improves chances of quitting
  - Makes individuals 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

PHARMACOTHERAPY

Over the counter (no prescription needed):

- Nicotine Patch (7mg , 14mg, and 21mg)
- Nicotine Gum (2mg and 4mg)
- Nicotine Lozenges (2mg and 4mg)

Prescription only:

- Nicotine Inhaler (the puffer)
- Nicotine Nasal Spray

All NRT can be used alone or in combination

Common side effects: headache, nausea, dizziness

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NICOTINE PATCH

- Nicotine absorbed through skin
- Can take up to 6 hours to reach peak nicotine levels
- Wear waist above, non-hairy spot
- Do not cut in half
- Reapply every 24 hours
- Common side effects – headache, nausea, dizziness, rash at the site of contact

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NICOTINE GUM

- Sugar-free
- Absorbed through lining of mouth
  - Chew Slowly and Park
- Two strengths (2mg and 4mg)
- Flavors are: Original, cinnamon, fruit, mint, and orange
- OTC as Nicorette or as generic
- May not be good choice for people with jaw problems, braces, retainers, or significant dental work
- Can irritate the mouth and throat and cause dryness

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NICOTINE LOZENGE

- Absorbed through lining of mouth
  - Park in the cheek
- OTC in two strengths (2mg and 4mg)
- Sugar-free flavors:
  - Mint
  - Cherry
- Can irritate the mouth and throat and cause dryness

NICOTINE INHALER

- Nicotine inhalation system:
  - Mouthpiece
  - Cartridge
- Absorbed through lining of mouth
- Mimics hand-to-mouth action of smoking
  - Prescription only
- Can irritate the mouth and throat and cause dryness if not used properly

NICOTINE NASAL SPRAY

- About 100 doses per bottle
- Quickly absorbed through lining of nose
- Gives largest “spike” of nicotine
- Prescription only as Nicotrol NS
- Side effects include sneezing, sore throat, and runny nose and eyes

NICOTINE WITHDRAWAL

- Irritability/frustration/anger
- Anxiety
- Difficulty concentrating
- Restlessness/impatience
- Depressed mood/depression
- Insomnia
- Impaired performance
- Increased appetite/weight gain
- Cravings

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SMOKING WITH NRT

- Relatively safe
- Harm reduction
- Less reinforcing effects

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ORAL MEDICATIONS

- Bupropion SR – prescription only
  - Zyban; Wellbutrin SR or Generic
  - Can be used with NRTs
  - Effective among many clients, including those with depressive disorders
  - Non-sedating, activating antidepressant
  - Potential side effects – headache, insomnia

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ORAL MEDICATIONS

- Varenicline HCl (Chantix) –prescription only
  - Reduces the amount of physical and mental pleasure received from tobacco
  - Two strengths (0.5mg and 1mg)
  - Use with NRTs not recommended
  - Recommended length of use is 12 weeks, but can be extended for patients who successfully quit so they can boost their chances of remaining smoke-free
  - Potential side effects: nausea and vivid dreams

NEW YORK STATE SMOKERS QUITLINE

NYS SMOKERS QUITLINE SERVICES

- The NYS Smokers Quitline offers the following tobacco dependence treatment services:
  - Cessation coaching
  - Nicotine patches (phone and web)
  - Web interactive and informational services
  - Text and messaging services
  - Social media
  - Triage to health plan programs
  - Provider Referral Program

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NYS SMOKERS QUITLINE SERVICES

- Nysmokefree.com (Available in English and Spanish)
  - Registration for FREE Nicotine Replacement Therapy (NRT)
  - Quit guides and factsheets
  - Information to quit, and stay quit
- Social Networks
  - The Quitline offers support, text tips, cessation-related news and media via:
    - Facebook
    - Twitter
    - Google+
    - YouTube

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NYS SMOKERS QUITLINE MOBILE & WEB SERVICES

- Text Messaging
  - On-demand (sample right)
  - Customizable text messaging
  - Quick Response code (QR code)
- Online Community
  - Customizable text messaging
  - Forum
  - Chat room
  - Journal
  - Savings Calculator

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NYS SMOKERS QUITLINE OPT-TO-QUIT SERVICES

- Health care organizations first adopt a policy to systematically identify all tobacco-using patients
- As an adjunct to this intervention, tobacco-using patients are referred to the NYS Smokers Quitline, to be contacted and offered support services
  - Patients are re-contacted to engage in the quit process, unless they opt-out

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NYS SMOKERS QUITLINE SERVICES

Traditional Refer-to-Quit	Opt-toQuit™
Provider decision to refer	Policy driven-organizational focus
Patient offered referral (opt-in option)	Patient informed of policy (opt-out option)
Individual patient referral process (fax or online)	Tailored patient information exchange process
Contact made within 24-72 hours	Variable timeframes for patient contact (i.e., upon discharge)

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NYS SMOKERS QUITLINE SERVICES

- For additional questions, materials or more information, please contact:
  - Patricia Bax, R.N., M.S., New York State Smokers' Quitline
  - Roswell Park Cessation Services
  - patricia.bax@roswellpark.org

New York State Smokers' Quitline
1-866-NY-QUITS (697-8487) / nysmokefree.com

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PULLING IT ALL TOGETHER

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EFFECTIVE COUNSELING VIDEO

Video link: https://www.youtube.com/watch?v=URiKA7CKtfc

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PRE CONTEMPLATION & CONTEMPLATION ACTIVITY

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THANK YOU!


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TRAINING PRESCRIBING CLINICIANS

Prescribing Clinicians are essential to ensuring that tobacco users are provided with lifesaving tobacco cessation interventions.

In this section, prescribing clinicians will learn about how tobacco dependence is a chronic illness and their role in integrating tobacco dependence treatment into their health care settings. They will also learn about evidence-based tools for tobacco dependence treatment.

This training will end with a review of counseling strategies and coding and documentation considerations. The goal of this training is to build the capacity of prescribing clinicians to provide evidence-based tobacco dependence screening and treatment to their patients, ultimately supporting the integration of this practice into standard delivery of care.

OVERVIEW

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, mortality, and alleviate the social and economic burdens caused by tobacco use.[4] Evidence-based tobacco control programs and policy interventions can reduce these burdens by promoting and assisting tobacco users to quit and by preventing initiation of tobacco use, most notably among populations disproportionately affected by the burden of tobacco use. Such 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 health care systems that support clinician interventions are needed. Tobacco users regularly come into contact with the health care delivery system, and, during these encounters, their tobacco use is not addressed.

Minimizing these "missed opportunities" requires strategies that ensure patients' tobacco use is assessed and treated at every clinical visit as part of standard delivery of care.[5]

Prescribing clinicians are essential to ensuring that tobacco users are provided with lifesaving tobacco cessation interventions. In this training, prescribing clinicians will learn about how tobacco dependence is a chronic illness and about their role in integrating tobacco dependence treatment into their healthcare settings. They will also learn about evidence-based tools for tobacco-dependence treatment. This training will end with a review of counseling strategies and coding and documentation considerations.

[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."

Time: 1 hour

Audience: Prescribing Clinicians (MD, DO, DDS, NP, PA)

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

Name tags	Easel
Sign-in sheet	Markers
Projector	Masking Tape
Laptop	Pens and Pencils
PowerPoint Presentation	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 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 regard to the activity being conducted.

GOAL AND OBJECTIVES

Goal

The goal is to build the capacity of prescribing clinicians to provide evidence-based tobacco dependence screening and treatment to their patients, ultimately supporting the integration of this practice into standard delivery of care.

Objectives

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

1. Explain how tobacco dependence is considered a chronic illness.
2. Explain the clinician's role in the integration of evidence-based tobacco dependence screening and treatment into healthcare settings
3. Identify and describe the evidence-based tools available for supporting successful tobacco cessation interventions
4. Identify and demonstrate effective counseling strategies to facilitate patient involvement in treatment
5. Identify the necessary coding and documentation for reimbursement

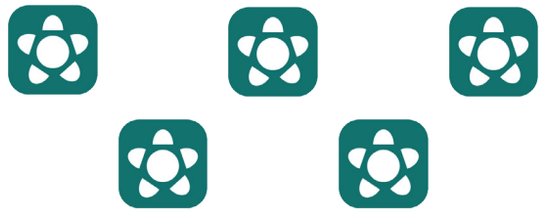
AGENDA

SAMPLE TIMING	ACTIVITY	TIME REQUIRED
9:00 am – 9:05 am	Welcome, Goals & Objectives	5 minutes
9:05 am – 9:15 am	Tobacco Dependence as a Chronic Illness	10 minutes
9:15 am – 9:25 am	Clinician's Role in the Integration of Tobacco Dependence Screening & Treatment into Healthcare Settings	10 minutes
9:25 am – 9:35 am	Evidence-based Tools for Tobacco Dependence Screening & Treatment	10 minutes
9:35 am –9:45 am	Effective Counseling Strategies for Tobacco Dependence Screening & Treatment	10 minutes
9:45 am – 9:55 am	Coding & Documentation	10 minutes
9:55 am – 10:00 am	Closing	5 minutes

TRAINING DESIGN

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

Time Required: 5 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, and agenda and set ground rules.

Learning Methodologies

- Large group discussion

Materials Needed

- PowerPoint Presentation Slides 1 - 5
- 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
    - 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 Prescribing Clinicians.
- 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.
- Show the ground rules already written, with the following explanations:
  - 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.

TOBACCO DEPENDENCE AS A CHRONIC ILLNESS

Time Required: 10 minutes

Section Purpose

The purpose of this section is to discuss the concept that tobacco dependence is a chronic disease and explore the need to approach its treatment like that of any other chronic illness (e.g., hypertension, diabetes).

Learning Methodologies

- Lecturette

Materials Needed

- PowerPoint presentation Slides 6 - 10
- Treating Tobacco Use and Dependence: Clinical Practice Guideline. U.S. DHHS, Public Health Service, May 2008 Handout

Description

Step 1: **Lecturette**

- Review Slides 6 - 10 of the PowerPoint presentation and make the following points:
  - In 2000, the *US Public Health Service Clinical Practice Guidelines* introduced the concept of treating tobacco dependence as a chronic condition and explained that it often requires repeated interventions.
    - "A failure to appreciate the chronic nature of tobacco dependence may undercut clinicians' motivation to treat tobacco use consistently."
  - Tobacco addiction is a long-term disorder with multiple periods of relapse and remission.
  - On average, tobacco users make between 8-11 attempts to quit before successfully quitting.
  - Ongoing counseling, support, and appropriate pharmacotherapy are required, just as with the treatment of hypertension and diabetes.
  - Screening and treatment need to be offered at every visit to maximize a patient's chance of successfully quitting.

Step 2: **Process the Lecturette**

- Ask the following questions:

Step 2: **Process the Lecturette**

- Ask the following questions:
  - What are you taking away from this discussion?
  - What surprised you?
  - How can you apply this information to your work with tobacco users?

CLINICIAN'S ROLE IN THE INTEGRATION OF TOBACCO DEPENDENCE SCREENING AND TREATMENT INTO HEALTHCARE SETTINGS

Time Required: 10 minutes

Section Purpose

The purpose of this section is to identify the important role that clinicians play in reaching tobacco users and facilitating access to evidence-based tobacco dependence treatment.

Learning Methodologies

- Lecturette

Materials Needed

- PowerPoint presentation Slides 11 - 16
- Treating Tobacco Use and Dependence: Clinical Practice Guideline. U.S. DHHS, Public Health Service, May 2008 Handout

Description

Step 1: **Lecturette**

- Review Slides 11 - 12 of the PowerPoint presentation and make the following points:
  - Tobacco users expect their healthcare provider to encourage them to quit.
  - Failure to address tobacco use tactically implies that quitting is not important
  - Screening for tobacco use and providing tobacco cessation counseling are positively associated with patient satisfaction.

- Display Slide 13 from the PowerPoint Presentation as shown below and highlight the following:
  - Compared to tobacco users who receive no clinician assistance, tobacco users who receive assistance from two or more clinicians are 2.4 – 2.5 times more likely to quit successfully for 5 or more months.
  - The number of clinicians who intervene, screening for tobacco use, and offering tobacco dependence treatment make a difference.
- Review Slides 14 - 16 of the PowerPoint presentation and make the following points:
  - 70% of tobacco users want to quit.
  - 5-7% of tobacco users are successful on their own.
  - More than 30% of tobacco users are successful when their clinicians provide a combination of counseling and cessation medications.
  - Benefits of evidence-based tobacco treatment include:
    - Reduced healthcare costs for patients.
    - Patients are not as sick —> easier management of care and improved quality of life.
    - Patients are more successful with quit attempts when clinicians provide a combination of counseling and cessation medication.
    - More opportunities in New York State than ever for reimbursement of tobacco cessation.
  - Patient Centered Medical Homes (PCMH), Meaningful Use (MU), DSRIP
  - Slide 16 illustrates how Patient-Centered Medical Homes and Meaningful Use support efforts to integrate screening for and treatment of tobacco dependence as part of standard delivery of care in primary care and medical care settings.

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?

EVIDENCE-BASED TOOLS FOR TOBACCO DEPENDENCE SCREENING AND TREATMENT

Time Required: 10 minutes

Section Purpose

The purpose of this section is to provide participants with the basic knowledge of evidence-based tools for tobacco dependence screening and treatment including the 5 As, the NYS Smokers' Quitline and Quitsite, the 5 Rs , and FDA-approved NRT medications.

Learning Methodologies

- Large group discussion

Materials Needed

- PowerPoint presentation Slides 17 - 30

Description

Step 1: **Large Group Discussion about the 5 As**

- Tell 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 18 - 22.
- While reviewing the slides, tell participants:
  - These are the 5 As of an evidence-based intervention to assist those who want to stop using tobacco products to be successful.
  - Tell participants that Frontline Staff will focus primarily on the first 2 As **(Ask & Advise)** as part of their role:
    1. **Ask -** Identify and document tobacco use status for every patient at every visit.

at

2. **Advise -** In a clear, strong, and personalized manner, urge every tobacco user to quit.

- Tell participants that they will focus primarily on the last three As **(Assess, Assist & Arrange)** in their role as Prescribing Clinicians, in partnership with Counseling Staff:
  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' Quitline at 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: **Quitline and Quitsite (Passive vs. Active Referrals)**

- Review Slides 23-25 in the PowerPoint presentation and highlight the following:
  - Explain that there are passive referrals (palm cards) and active referrals (Fax-to-Quit)
  - Clinicians also can suggest that patients call the NYS Smokers' Quitline at 1866-NY-QUITS or visit the Quitsite at: https://qunity.nysmokefree.com for advice, support, and information.
  - The Quitline provides the following services for clinicians:
    - Patient progress reports via fax or email
    - Refer-to-Quit and Opt-to-quit Forms can be sent electronically from most electronic health records (EHR)
    - Bi-monthly NYS Educational Collaborative Conference Calls on tobacco use cessation
  - Fax-to-Quit referrals to the NYS Quitline or Quitsite provide patients with the following:
    - A follow-up call from a Quit Coach, who provides a stop-smoking or stop-smokeless-tobacco coaching session
    - A Stop-Smoking or Stop-Smokeless-Tobacco packet in the mail with information tailored to their specific situation and a listing of local stop-smoking programs
    - Access to the NYS Quitline's smoke-free community, where members talk with other members and quit coaches about smoke-free experiences, or just to socialize

[6] "Treating Tobacco Use and Dependence: Five Major Steps to Intervention (The "5As").

" PHS Clinical Practice Guideline. Web. 22 June 2015.

- Patients can be referred to the NYS Smokers' Quitline as often as needed.
- Patients can call the NYS Smokers' Quitline and use the Quitsite as often as needed.

Step 3: **Large Group Discussion About the 5 Rs**

- Review Slides 26 - 29 in the PowerPoint presentation. Highlight that the 5 Rs are recommendations of an evidence-based intervention to assist those who are not ready to stop using tobacco products.
  - **Relevance -** Encourage the patient to indicate why quitting is personally relevant (e.g., children at home, money saved)
    - Example: "Your child's asthma flare-up is certainly related to your smoking habit"
  - **Risks -** Ask the patient to identify their negative consequences of tobacco use
    - Short-term: Shortness of breath, exacerbation of asthma
    - Long-term: Heart attack, stroke, lung and other cancers
  - **Rewards -** Ask the patient to identify the potential benefits of stopping their tobacco use (e.g., improved health, improved sense of smell and taste, improved health among family members)
    - Example: "You'll set a good example for your children and their friends"
    - Example: "Your clothes and house will smell better"
  - **Roadblocks -** Ask the patient to identify barriers to quitting and to success
    - Address the barriers as they are presented and reassure the patient that assistance and encouragement are available
  - **Repetition -** Motivational intervention should be repeated every time an unmotivated patient comes into contact with a clinician
    - Tobacco users who failed in previous quit attempts need to be told most people make repeated attempts before they are successful

Step 4: **Overview of FDA-approved Nicotine Replacement Therapy Medications**

- Review Slide 30 in the PowerPoint presentation and highlight the following:
  - Over-the-Counter medications include:
    - Nicotine Patch
    - Nicotine Gum
    - Nicotine Lozenge

- Prescription medications include:
  - Nicotine Inhaler
  - Nicotine Nasal Spray
  - Buproprion (Zyban)
  - Varenicline (Chantix)

Trainer Notes: Refer participants to the "Tobacco Cessation Pharmacotherapy" on-demand webinar for more in-depth training.

EFFECTIVE COUNSELING STRATEGIES FOR TOBACCO DEPENDENCE SCREENING AND TREATMENT

Time Required: 10 minutes

Section Purpose

The purpose of this section is to highlight that most tobacco users want to quit, but, sometimes the attitude of clinical staff and their verbal and non-verbal responses can motivate them to overcome their addiction or not.

Learning Methodologies

- Large group discussion
- Lecturette
- Role Play Activity

Materials Needed

- PowerPoint presentation Slides 31 - 39

Description

Step 1: **Lecturette and Large Group Discussion**

- Review the PowerPoint Slides 31 - 39, highlighting the following points:
- **Main point:** Most tobacco users want to quit, and sometimes our attitudes towards tobacco users and our verbal and non-verbal responses can serve as additional motivation to overcome their addiction.

- **Express Empathy**
  - Use open-ended questions to explore.
    - **Prescribing Clinicians:** "What might happen if you quit?"
  - Use reflective listening to seek shared understanding.
    - **Prescribing Clinicians:** "What I heard so far is that you enjoy smoking, but that you're concerned it will lead to a serious illness."
  - Normalize feelings and concerns.
    - **Prescribing Clinicians:** "Many people worry about managing without cigarettes."
  - Support the patient's autonomy and right to choose or reject change.
    - **Prescribing Clinicians:** "I'm here to help you when you're ready to quit."
- **Develop Discrepancy**
  - Highlight discrepancy between current behavior and expressed values.
    - **Prescribing Clinicians:** "It sounds like you're very devoted to your family. How do you think your tobacco use is affecting them?"
  - Reinforce/Support using "Change Language."
    - **Prescribing Clinicians:** "So you realize how smoking is affecting your breathing and making it hard to keep up with your kids."
  - Build and deepen commitment to change.
    - **Prescribing Clinicians:** "There are effective treatments to ease the pain of quitting, such as medication options and counseling."
- **Roll with Resistance:** "I'm really not interested in quitting."
  - Use reflection when you meet resistance.
    - **Prescribing Clinicians:** "Sounds like you're feeling pressured about your tobacco use."
  - Express empathy.
    - **Prescribing Clinicians:** "It sounds like you are worried about how you will manage with the withdrawal symptoms."
  - Ask permission to provide information.
    - **Prescribing Clinicians:** "Would you like to hear about some strategies that can help you address your concerns?"
- **Support Self-Efficacy:**
  - Help the patient identify and build on past successes.
    - **Prescribing Clinicians:** "So you were fairly successful the last time you tried to quit."

- Offer options for achievable, small steps toward change.
  - **Prescribing Clinicians:**
    - "You can call the NYS Smoker's Quitline at 866-NY-QUITS or visit the Quitsite at https://qunity.nysmokefree.com/ for advice and support."
    - "I can even fax over a referral form to them if you like and they will call you."
    - "Changing smoking patterns (e.g., not smoking in the car or inside the house) can help you practice not smoking."
    - "Do you have any other ideas?"

Step 2: **Role Activity (Optional)**

- If time allows, have participants pair-up and role play these effective counseling strategies for a patient who is contemplating quitting, but is not ready now.
- Give participants 3-5 minutes to complete the activity.
- Call time and ask for a few volunteers to share their responses.

Step 3: **Process the Activity**

- Ask the following questions:
  - What was it like to do this activity?
  - What are your reaction(s) to the different ways your "patient" responded to your statements?
  - What lessons are you taking away from this activity?

CODING AND DOCUMENTATION & CLOSING

Time Required: 10 minutes

Section Purpose

The purpose of this section is to provide participants with the billing codes and documentation necessary for reimbursement of tobacco dependence screening and treatment and to identify some next steps for integrating tobacco dependence screening and treatment into their settings moving forward.

Learning Methodologies

- Large group discussion
- Lecturette

Materials Needed

- PowerPoint presentation - Slides 40 - 52

Description

Step 1: **Lecturette and Large Group Discussion**

- Display Slide 41 - 47
  - Insurances:
    - NYS Medicaid (Fee-for-Service and Managed Care)
    - Medicare/Medicare Advantage
    - TRICARE
    - Private
- ICD-10 Codes:
  - F17.20 Nicotine dependence, unspecified
    - F17.21 Nicotine dependence, cigarettes
    - F17.22 Nicotine dependence, chewing tobacco
    - F17.29 Nicotine dependence, other tobacco product
  - Maximum number of billable quit attempts and counseling sessions
  - Intermediate Counseling (3-10 minutes) - CPT, CDT or G Code
  - Intensive Counseling (11+ minutes) - CPT, CDT or G Code
  - Type of Counseling
  - Approved Healthcare Providers
  - Clinical Setting
- Display Slide 48 - 49 to show an abbreviated table of ICD10 and CPT codes for Medicaid payments
- Review Slides 50 and highlight the following:
  - NYS Medicaid covers cessation counseling and medications (including OTC medications)
  - Medicare now covers counseling for tobacco dependence without a co-morbidity
- Many private plans now cover medications and some reimburse for cessation counseling

Step 2: **Question and Answer Period**

- Display Slide 51
- Open the floor for questions and answers by asking the following questions:
  - What were some highlights from today's training?
  - Do you feel you are walking away with more resources to assist your patients in quitting their tobacco use?

- What other resources do you need to be successfull with helping your patients quit their tobacco use?

Step 3: **Thank Participants and Close the Training**

- Display Slide 52
- 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.
  - Tell participants that their patients are more likely to make a behavioral change (e.g., lose weight, attending preventive screening visits, tobacco cessation) when they hear it from their healthcare provider.
  - Prescribing clinicians 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.

PHARMACOTHERAPY TRAINING GUIDE

OVERVIEW

Pharmacotherapy has been shown to improve a patient's chances of quitting his or her tobacco use. By helping mitigate difficult nicotine withdrawal symptoms and cravings, medication allows patients to focus on changing their behaviors and will make individuals more comfortable while quitting. Additional training is needed for prescribing clinicians to increase their knowledge of the 7 Food and Drug Administration (FDA) approved medications outlined below:

Pharmacotherapy

Over-the-counter (no prescription needed):

- Nicotine Patch (7mg, 14mg, and 21mg)
- Nicotine Gum (2mg and 4mg)
- Nicotine Lozenges (2mg and 4mg)

Prescription only:

- Nicotine Inhaler (the puffer)
- Nicotine Nasal Spray
- Buproprion (Zyban)
- Varenicline (Chantix)

Pharmacotherapy Webinar:

The Webinar, "Prescribing Tobacco Cessation Pharmacotherapy: Implementing Evidence-Based Practices," builds prescribing clinicians' knowledge of pharmacotherapy in terms of dosage, side effects, and drug interactions. All attendees who participate in this one-hour Webinar are eligible for continuing education credits through CAI. It is recommended that prescribers participate in the pharmacotherapy Webinar annually to ensure they are up-to-date with any changes to over-the-counter and prescription tobacco cessation medications.

Link to Webinar: http://www.cicatelli.us/hsi/archive/18741.

Capacity-building Exercises:

To further build the capacity of prescribing clinician staff to provide tobacco cessation pharmacology and foster an environment where prescribers are able to learn from their peers, it is recommended that health care delivery sites regularly review pharmacotherapy case studies at staff meetings and/or morning huddles. These case studies can be sample patients with different conditions that the prescribing clinicians can brainstorm together the most appropriate medications for the sample patients. This strategy not only will enhance prescribers' ability to provide patients with appropriate tobacco cessation pharmacology; it also will assure that prescribers are aware of their organizations' prioritization on providing tobacco dependence treatment to all tobacco users.

HANDOUTS

1. Training Goal and Objectives
2. Training Agenda
3. Quit Tobacco: Pharmacology Chart
4. PowerPoint Slides

GOAL AND OBJECTIVES

Goal

The goal is to build the capacity of prescribing clinicians to deliver evidence-based tobacco dependence screening and treatment to their patients, ultimately supporting the integration of this practice as part of standard delivery of care.

Objectives

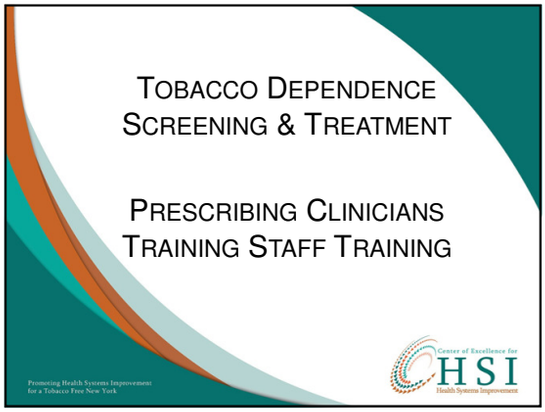
1. Explain how tobacco dependence is considered a chronic illness
2. Explain the clinician's role in the integration of evidence-based tobacco dependence screening and treatment into healthcare settings
3. Identify and describe the evidence-based tools available for supporting successful tobacco cessation interventions
4. Identify and demonstrate effective counseling strategies to facilitate patient involvement in treatment
5. Identify the necessary coding and documentation for reimbursement

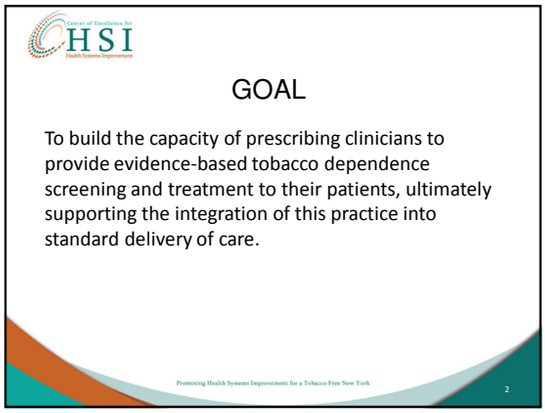
AGENDA

ACTIVITY
Welcome, Goals & Objectives
Tobacco Dependence as a Chronic Illness
Clinician's Role in the Integration of Tobacco Dependence Screening &Treatment into Healthcare Settings
Evidence-based Tools for Tobacco Dependence Screening & Treatment
Effective Counseling Strategies for Tobacco Dependence Screening & Treatment
Coding & Documentation
Closing

QUIT TOBACCO: PHARMACOTHERAPY

Medication	Usage	Dosage	Potential Side Effects
Nicotine Patch 	• Apply patch to skin, above waist (e.g., upper arm), on a non-hairy spot • Replace every 24 hrs. Do not sleep with it unless you smoke in the middle of the night	• 7mg, 14mg, 21mg • Good for steady stream of nicotine in the system	• Skin irritation at the site of application (e.g., rash, swelling) • Insomnia
Nicotine Gum 	• Chew gum slowly until mouth tingles, then park it between cheek and gum • Continue this process for about 20 mins. • Do not eat or drink 15 mins. before or during use	• 2mg and 4mg • Good for breakthrough urges (e.g., after meals)	• Mouth soreness • Hiccups • Indigestion • Jaw ache
Nicotine Lozenge 	• Allow lozenge to dissolve between cheek and gum for up to 20 mins. • Do not eat or drink 15 mins. before or during use	• 2mg and 4mg • Good for breakthrough urges (e.g., driving)	• Hiccups • Nausea • Mouth sores • Dry mouth
Nicotine Inhaler* 	• Puff gently on the mouthpiece, do not inhale vapor into the lungs • Nicotine is absorbed through the lining of the mouth	• Provided 16 cartridges/day	• Mouth irritation • Throat irritation • Coughing • Runny nose
Nicotine Nasal Spray* 	• Spray once in each nostril • Nicotine is absorbed through the lining of the nasal passages • Do not inhale, sniff or swallow when spraying	• 0.5mg in each nostril • 1 dose = 1 squirt per nostril • 1 to 2 doses per hour	• Severe persistent sneezing, coughing, or runny nose • Nausea • Dizziness
Bupropion SR* 	• Does not contain nicotine • May be used in combination with a nicotine replacement product (e.g., gum, patch, lozenge) • Take up to 12 weeks	• Days 1-3: 150mg each morning • Days 4-end: 150mg twice daily	• Insomnia • Dry mouth • Shakiness • Nervousness
Varenicline* 	• Does not contain nicotine • Do not use in combination with nicotine replacement products • Take up to 12 weeks	• Days 1-3: 0.5mg every morning • Days 4-7: 0.5mg twice daily • Day 8-end: 1mg twice daily	• Nausea • Vivid dreams • Constipation • Vomiting


TOBACCO DEPENDENCE
SCREENING & TREATMENT
PRESCRIBING CLINICIANS
TRAINING STAFF TRAINING
Promoting Health Systems Improvement
for a Tobacco Free New York
Center of Excellence for
CHSI
Health Systems Improvement


Center of Excellence for
CHSI
Health Systems Improvement
GOAL
To build the capacity of prescribing clinicians to provide evidence-based tobacco dependence screening and treatment to their patients, ultimately supporting the integration of this practice into standard delivery of care.
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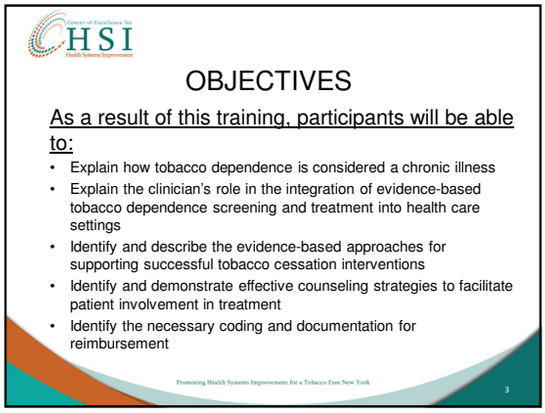
Center of Excellence for
CHSI
Health Systems Improvement
OBJECTIVES
As a result of this training, participants will be able to:
• Explain how tobacco dependence is considered a chronic illness
• Explain the clinician's role in the integration of evidence-based tobacco dependence screening and treatment into health care settings
• Identify and describe the evidence-based approaches for supporting successful tobacco cessation interventions
• Identify and demonstrate effective counseling strategies to facilitate patient involvement in treatment
• Identify the necessary coding and documentation for reimbursement
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TRAINING AGENDA

- Activity
- Welcome, Goal & Objectives
- Tobacco Dependence as a Chronic Illness
- Clinician's Role in the Integration of Tobacco Dependence Screening and Treatment into Health Care Settings
- Evidence-based Tools for Tobacco Dependence Screening and Treatment
- Effective Counseling Strategies for Tobacco Dependence Screening and Treatment
- Coding and Documentation
- Closing

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WELCOME & INTRODUCTION

Please share your:

- Name
- Agency
- Role

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TOBACCO DEPENDENCE AS A CHRONIC ILLNESS

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TOBACCO DEPENDENCE AS A CHRONIC ILLNESS

In 2000 and again in 2008, the U.S. Department of Health and Human Services Public Health Service stated in their Clinical Practice Guidelines that tobacco dependence needed to be treated as a chronic condition:

"A failure to appreciate the chronic nature of tobacco dependence may undercut clinicians' motivation to treat tobacco use consistently"

Source: Fiore, MC, Bailey, WC, Cohen, SJ, et al (June 2000) Treating tobacco use and dependence: clinical practice guideline. U.S. Department of Health and Human Services, Public Health Service. Rockville, MD

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TOBACCO DEPENDENCE AS A CHRONIC ILLNESS

- Tobacco dependence is a chronic, relapsing disease that requires repeated intervention and multiple attempts to quit
- Clinicians need to consistently identify and document tobacco use status and treat every tobacco user seen

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TOBACCO DEPENDENCE AS A CHRONIC ILLNESS

- Ongoing counseling, support, and appropriate pharmacotherapy are required to achieve long-term abstinence
- Counseling and treatment need to be offered at every visit to every patient willing to quit to maximize their chances of successfully quitting

Source: Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

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TOBACCO DEPENDENCE AS A CHRONIC ILLNESS

- Tobacco dependence is a chronic, relapsing disease that requires repeated intervention and multiple attempts to quit
- Clinicians need to consistently identify and document tobacco use status and treat every tobacco user seen
- Ongoing counseling, support, and appropriate pharmacotherapy are required to achieve long-term abstinence
- Counseling and treatment need to be offered at every visit to every patient willing to quit to maximize their chances of successfully quitting

Source: Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

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CLINICIAN'S ROLE IN THE INTEGRATION OF TOBACCO DEPENDENCE SCREENING & TREATMENT INTO HEALTH CARE SETTINGS

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CLINICIAN'S ROLE FOR INTEGRATING TOBACCO DEPENDENCE SCREENING AND TREATMENT

- Tobacco users expect their health care provider to encourage them to quit
- Screening for tobacco use and providing tobacco cessation counseling are positively associated with patient satisfaction
- Failure to address tobacco use tactically implies that quitting is not important

Source: Borrelli et al. (2001). Prev Med 33:595–599.

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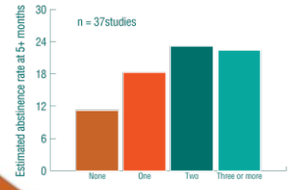
CLINICIAN'S ROLE FOR INTEGRATING TOBACCO DEPENDENCE SCREENING AND TREATMENT



Compared to tobacco users who do no receive clinician assistance, tobacco users who receive assistance from two or more clinicians are **2.4–2.5 times more likely to quit successfully for 5 or more months**

Source: Fiore et al. (2008). Treating Tobacco Use and Dependence: Clinical Practice Guideline. Rockville, MD: U.S. DHHS, PHS, May 2008

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CLINICIAN'S ROLE FOR INTEGRATING TOBACCO DEPENDENCE SCREENING AND TREATMENT

- 70% of tobacco users want to quit
- 5-7% of tobacco users successfully quit on their own
- More than 30% of tobacco users are successful when clinicians combine counseling and cessation medications

Source: CDC Morbidity and Mortality Weekly Report (MMWR); November 11, 2011 / 60(44); 1513-1519

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CLINICIAN'S ROLE FOR INTEGRATING TOBACCO DEPENDENCE SCREENING AND TREATMENT

<u>Benefits of evidence-based tobacco treatment:</u>

- Reduced health care costs for patients.
- Patients are not as sick → easier management of care and improved quality of life
- Patients are more successful with quit attempts when a combination of counseling and cessation medication are provided
- More opportunities in New York State than ever for reimbursement of tobacco cessation
  - Patient Centered Medical Homes (PCMH), Meaningful Use (MU), DSRIP

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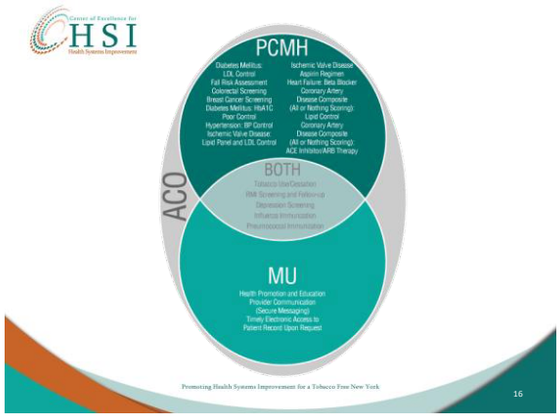


Evidence-Based Tools for Tobacco Dependence Screening & Treatment

THE 5 A'S

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

THE 5 A'S

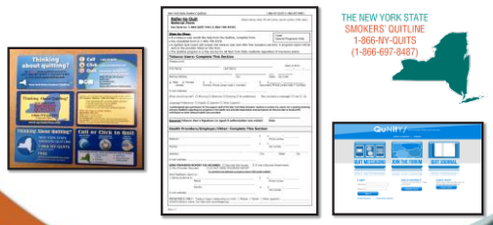
3. Assess
   - Each patient's readiness and interest in quitting
   - The patient's responses to your questions regarding readiness to quit will affect the next step in the process:
     - If he or she is willing to quit, you'll offer resources and assistance
     - If not, you'll help the patient identify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

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
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

QUITLINE & QUITSITE

Passive Referrals vs. Active Referrals



Source: https://quitty.nysmokefree.com/

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NEW YORK STATE SMOKERS QUITLINE SERVICES FOR THE CLINICIAN

- Provide patient progress reports by fax or e-mail
- Refer-to-Quit and Opt-to-Quit Forms can be sent electronically from most electronic health records (EHR)
- Also offer bi-monthly NYS Educational Collaborative Conference Calls on tobacco use cessation

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THE 5 R'S

1. **Relevance:** Encourage the patient to indicate why quitting is personally relevant (e.g., children at home, money saved)
   - Example: "Your child's asthma flare-up is certainly related to your smoking habit"
2. **Risks:** Ask the patients to identify the negative consequences of their tobacco use
   - Short-term: Shortness of breathe, exacerbation of asthma
   - Long-term: Heart attacks, Strokes, Lung and other cancers

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THE 5 R'S

3. **Rewards:** Ask the patient to identify potential benefits of stopping his or her tobacco use (e.g., improved health, improved sense of smell and taste, improved health among family members)
   - Example: "You'll set a good example for your children and their friends.
   - Example: "Your clothes and house will smell better"

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THE 5 R'S

4. **Roadblocks:** Ask the patient to identify barriers to quitting and barriers to success
   - Address the barriers as they are presented and reassure the patient that assistance and encouragement are available

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THE 5 R'S

5. **Repetition:** Motivational intervention should be repeated every time an unmotivated tobacco user comes into contact with a clinician
   - Tobacco users who failed in previous quit attempts need to be told most people make repeated attempts before they are successful

Source: http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5rs.html

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FDA-APPROVED NRT MEDICATIONS

Over the Counter	Require a Prescription
Nicotine Gum	Nasal Spray
Nicotine Lozenge	Inhaler
Nicotine Patch	Bupropion (Zyban)
	Varenicline (Chantix)

Refer to Tobacco Cessation Pharmacotherapy Webinar for more Indepth Training

* Refer to Tobacco Cessation Pharmacotherapy Webinar for more in-depth training

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EFFECTIVE COUNSELING STRATEGIES FOR TOBACCO DEPENDENCE SCREENING AND TREATMENT

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MOTIVATIONAL INTERVIEWING STRATEGIES

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy

EXPRESS EMPATHY

Use open-ended questions to explore

- "What might happen if you quit?"

Use reflective listening to seek shared understanding

- "What I have heard so far is that your enjoy smoking, but you're concerned it will lead to a serious illness."

EXPRESS EMPATHY

Normalize feelings and concerns

- "Many people worry about managing without cigarettes."

Support the patient's autonomy and right to choose or reject change

- "I'm here to help you when you're ready."

DEVELOP DISCREPANCY

Highlight discrepancy between current behavior and expressed values

- "It sounds like you're very devoted to your family. How do you think your tobacco use is affecting them?"

Reinforce and support using "Change Language"

- "So you realize how smoking is affecting your breathing and making it hard to keep up with your kids."

DEVELOP DISCREPANCY

Build and deepen commitment to change

- "There are effective treatments to ease the pain of quitting, such as medication options and counseling."

ROLL WITH RESISTANCE

Use reflection when you meet resistance

- "Sounds like you're feeling pressured about your tobacco use."

Express empathy

- "It sounds like you are worried about how you will manage with the withdrawal symptoms."

Ask permission to provide information

- "Would you like to hear about some strategies that can help you address your concerns?"

SUPPORT SELF-EFFICACY

Help the patient identify and build on past successes

- "So you were fairly successful the last time you tried to quit."

SUPPORT SELF-EFFICACY

Offer options for achievable, small steps toward change

- "You can call the NYS Smokers Quitline at 1-866-697-8487 for advice and support."
- "I can even fax over a referral form to them, if you would like, and they will call you."
- "Changing smoking patterns (e.g., not smoking in the car, inside the house) can help you practice not smoking."
- "Do you have any other ideas?"

CODING AND DOCUMENTATION FOR TOBACCO DEPENDENCE SCREENING AND TREATMENT

REIMBURSEMENT FOR SMOKING CESSATION COUNSELING

- NYS Medicaid covers smoking cessation counseling and medication (including over-the-counter medications)
- Medicare now covers counseling for tobacco dependence without a co-morbidity
- Many private plans now cover medications and some reimburse for cessation counseling

GETTING STARTED

<u>In order to bill for services, Clinicians must:</u>

- Document services in the patient's medical record
- Capture WHAT services / supplies were provided
  - Procedure codes (CPT / HCPCS)
- Capture WHY the services were delivered to the patient
  - Diagnostic codes (ICD-10)
- Document any special circumstances
  - Modifiers

REQUIRED DOCUMENTATION: BILLING FOR SMOKING CESSATION COUNSELING

To receive reimbursement for Smoking Cessation Counseling services, the following information must be documented in the patient's record:

- At least 4 of the 5 A's: Smoking status and, if yes (the patient is a tobacco users), willingness to quit:

REQUIRED DOCUMENTATION: BILLING FOR SMOKING CESSATION COUNSELING

- If willing to quit: Offers of medication, as needed, target date for quitting, and follow-up date (with documentation of all follow-up)
- If unwilling to quit: The patient's expressed roadblocks, and referrals to the New York State Smoker's Quitline and/or community services to address roadblocks

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DOCUMENTATION STANDARDS

As part of "Assess," document responses to the following:

- Do you believe that you can quit using tobacco in the next two months?
  - If YES, do you believe that you can set a quit date?
  - If NO, do you believe you can quit smoking in the next six months?
  - If NO, let's talk about some of your barriers to quitting

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DOCUMENTATION STANDARDS

As part of "Assist," document any/all of the following:

- Discussion of medications
- The formal quit plan, as developed by the Prescribing Clinician and other members of the care team
- Discussion of State Quitline and Quitsite
- Fax-to-Quit referral
- Any materials provided

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DOCUMENTATION STANDARDS

As part of "Arrange," document any/all of the following:

- Follow-up contact to be made within one week of the after intended quit date
- Telephone call scheduled?
- Office visit scheduled?

ICD-10 CODES

F17 Nicotine Dependence

Excludes1: History of tobacco dependence (Z87.891); tobacco use not otherwise specified (NOS) (Z72.0)
Excludes2: Tobacco use (smoking) during pregnancy, childbirth and the puerperium (O99.33); toxic effect of tobacco and nicotine (T65.2) – see below

F17.2 Nicotine dependence

F17.20 Nicotine dependence, unspecified
- F17.200 Nicotine dependence, unspecified, uncomplicated
- F17.201 Nicotine dependence, unspecified, in remission
- F17.203 Nicotine dependence unspecified, with withdrawal
- F17.208 Nicotine dependence, unspecified, with other nicotine-induced disorders
- F17.209 Nicotine dependence, unspecified, with unspecified nicotine-induced disorders

F17.21 Nicotine dependence, cigarettes
- F17.210 Nicotine dependence, cigarettes, uncomplicated
- F17.211 Nicotine dependence, cigarettes, in remission
- F17.213 Nicotine dependence, cigarettes, with withdrawal
- F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders
- F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders

F17.22 Nicotine dependence, chewing tobacco
- F17.220 Nicotine dependence, chewing tobacco, uncomplicated
- F17.221 Nicotine dependence, chewing tobacco, in remission
- F17.223 Nicotine dependence, chewing tobacco, with withdrawal
- F17.228 Nicotine dependence, chewing tobacco, with other nicotine-induced disorders
- F17.229 Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders

F17.29 Nicotine dependence, other tobacco product
- F17.290 Nicotine dependence, other tobacco product, uncomplicated
- F17.291 Nicotine dependence, other tobacco product, in remission
- F17.293 Nicotine dependence, other tobacco product, with withdrawal
- F17.298 Nicotine dependence, other tobacco product, with other nicotine-induced disorders
- F17.299 Nicotine dependence, other tobacco product, unspecified nicotine-induced disorders

COMMON PROCEDURE CODES

If time spent with the patient is not factored towards a Preventive Medicine Counseling visit time, Clinicians may code the following and add Modifier 25 to indicate tobacco cessation counseling:

- 99406: Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
- 99407: Smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes
- D1320: Counseling for the control and prevention of oral disease

REQUIREMENTS FOR SMOKING CESSATION COUNSELING REIMBURSEMENT

To be reimbursed, smoking cessation counseling must meet the following criteria:

- Be provided face-to-face by the Prescribing Clinician
- Be provided individually for at least 3 minutes
  - No group sessions allowed
- Take place during an medical or dental visit as an adjunct service
  - Cannot be billed as a stand-alone service

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QUESTIONS AND ANSWER PERIOD

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Thank You!

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QUALITY IMPROVEMENT TOOLS

The goal of this section is to build the capacity of quality improvement staff to implement proven strategies and techniques within their health care organization to support the integration of evidence-based tobacco dependence screening, counseling, and treatment into standard delivery of care.

The tools in this section are designed to support quality improvement efforts within health systems as well as the integration of evidence-based tobacco dependence screening and treatment into the standard delivery of care.

OVERVIEW

INTRODUCTION

Many factors within healthcare settings determine the quality of services that patients receive. Staff within healthcare settings can become aware of some of the factors that impact the quality of services delivered and work together to improve care provided.

The tools in this section are designed to support quality improvement efforts within health systems as well as the integration of evidence-based tobacco dependence screening and treatment into the standard delivery of care.

► Patient Flow Tools

Patient flow varies by healthcare delivery site. For this reason, efforts to integrate new screening and/or treatment protocol into the standard delivery of care must be tailored to each individual site. The Patient Flow Tools (pgs 148-153) provide a visual representation of the steps that patients go through during a typical medical visit, including the points at which they are screened, counseled, and connected to treatment for tobacco use dependence.

Mapping out these steps will support healthcare systems with identifying opportunities to screen for tobacco use, deliver tobacco cessation messages, and provide counseling and treatment to support a quit attempt. Worksheets are provided to assist with standardizing the provision of evidence-based tobacco dependence screening, counseling, and treatment, including identifying who is responsible for delivering the different elements of the 5 As intervention.

► Plan-Do-Study-Act (PDSA) Cycles Tool

Health systems can use the PDSA four-stage problem-solving framework to develop, test, and implement changes aimed to lead to improvements. By using PDSA cycles—representing the four stages of Plan, Do, Study, and Act — health care organizations are able to test whether an idea has an impact on performance on a smaller scale prior to implementing changes across the board.

Healthcare organizations also modify or "fine-tune" changes prior to organization-wide implementation. The PDSA Cycle Tool (pgs 154-160) can assist staff with defining each element in the PDSA process. Staff also can use this tool to assist with the integration of evidence-based tobacco dependence screening and treatment into standard delivery of care.

▶ Performance Feedback

Data is a powerful tool to measure provider-level and organizational-level performance. Health systems can use data not only to identify gaps and areas needing improvement, but also to provide feedback to individual providers and teams on their performance on core tobacco dependence treatment quality indicators. The ultimate goal is to facilitate change.

Provider performance feedback draws on data from chart audits, electronic health records, and computerized patient databases.

GOAL AND OBJECTIVES

Goal

The goal is to build the capacity of quality improvement staff to implement proven strategies and techniques within their healthcare organization in order to support the integration of evidence-based tobacco dependence screening, counseling, and treatment into standard delivery of care.

Objectives

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

1. Examine and tailor patient flow to integrate new screening and/or treatment protocols into standard care.

2. Use PDSA cycles to develop, test, and implement changes to an organization's tobacco dependence treatment.

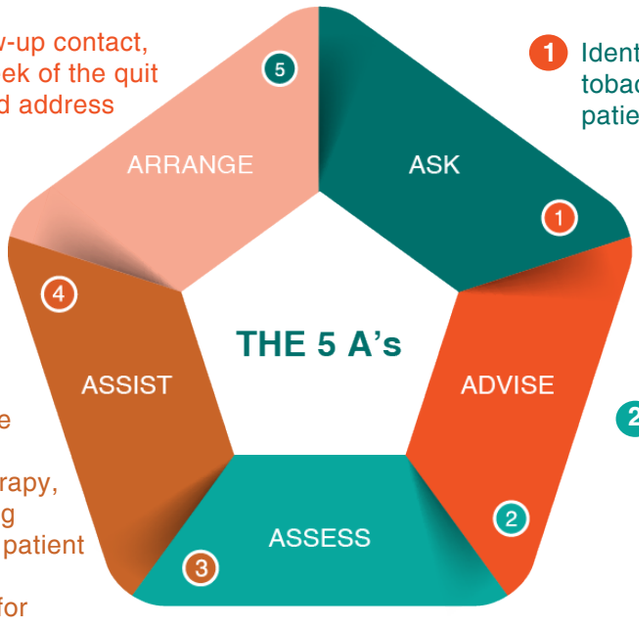
3. Explain how performance feedback can improve provider-level and organizational level performance.

PATIENT FLOW TOOLS

The patient flow at each healthcare delivery site is unique, and is determined by several factors, including the physical design and layout of the site, aesthetics of the waiting area, wait time, presence of an on-site pharmacy, staffing, patient and visit mix, and efficiency of all involved staff (e.g., frontline staff, counselors, prescribing clinicians). Regardless of where a health center is in its efforts to assure that every patient is assessed for tobacco use and provided with access to same-day tobacco dependence treatment, including pharmacology, it is important to understand how patients flow through your health center site.

Mapping out the steps a patient goes through at a health center delivery site will support the identification of opportunities for the healthcare team to screen for tobacco use, deliver tobacco cessation messages, and provide counseling and treatment to support a quit attempt.

As an Improvement Team examines the workflow of a typical medical visit, it is important to highlight how the steps—which make up the 5 As Intervention —are delivered by the care team:



1 Identify and document the tobacco use status of all patients

2 In a clear, strong, and personalized manner, urge all tobacco users to quit

3 Determine the willingness of every tobacco user to quit

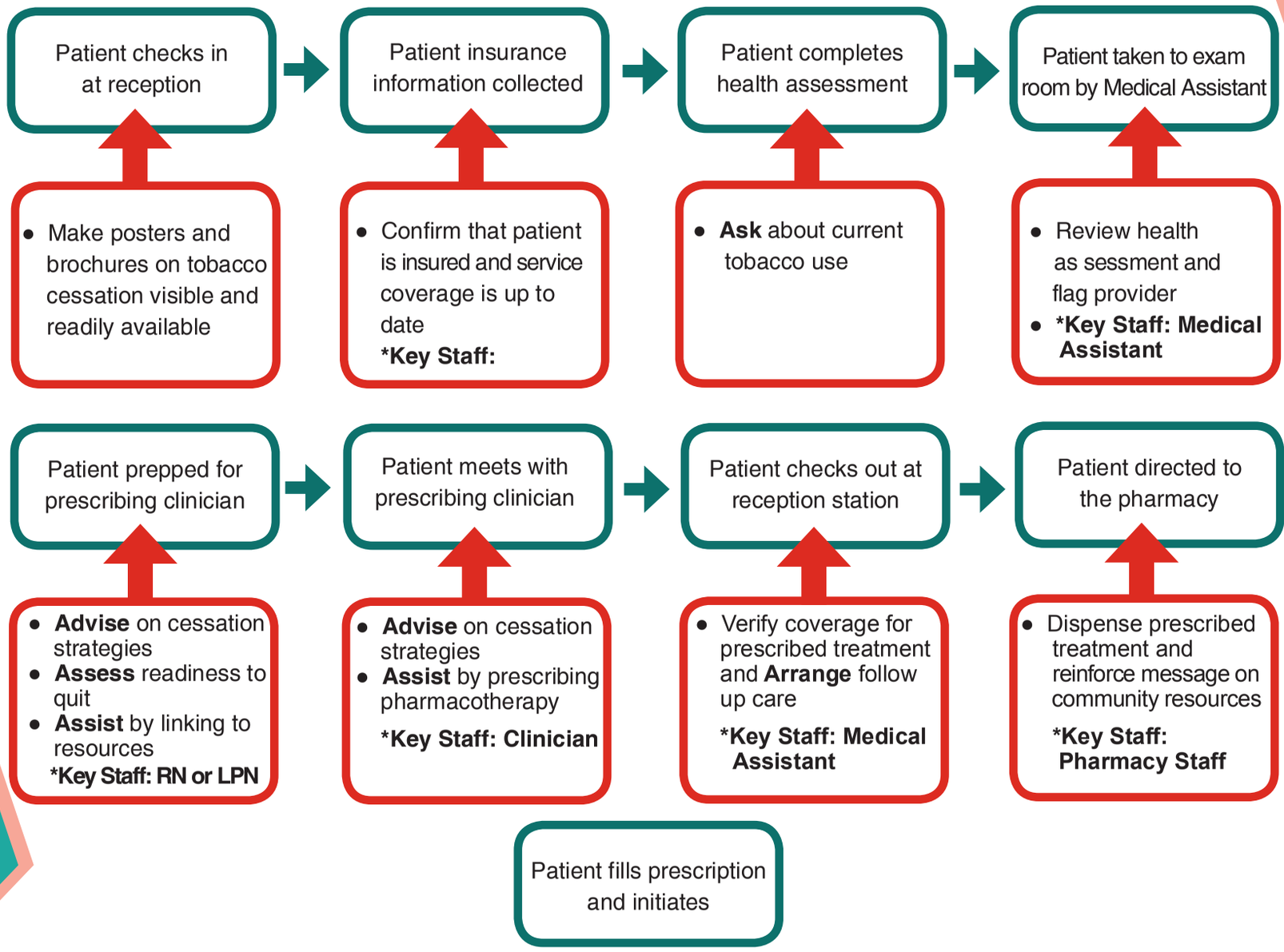
4 Assist patients willing to make a quit attempt, provide counseling and pharmacotherapy, to support them in overcoming this addiction. Also, refer the patient to 311 or the NYS Smokers' Quitline at 1-866-NY-QUITS for ongoing support

5 Connect the patient to follow-up contact, preferably within the first week of the quit date to discuss progress and address challenges

Sample Patient Visit Flow

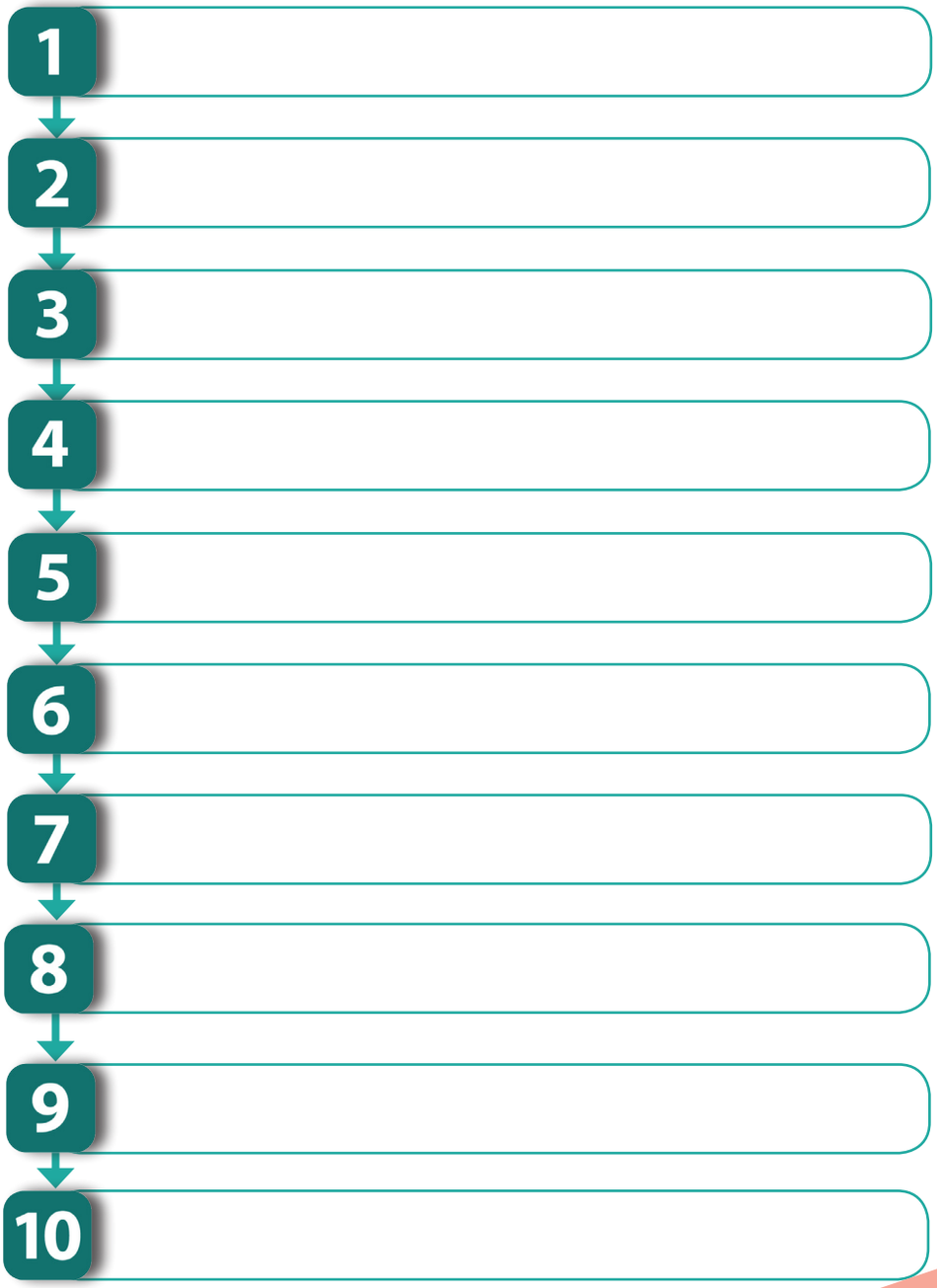
Below is an example of a patient workflow that highlights the different opportunities throughout a patient's visit where the healthcare team can screen for tobacco use and deliver support.

Sample Patient Visit Flow and Opportunities: Below is another example of a patient workflow. Notice that each step offers applicable staff an opportunity to engage their patients and **Ask, Advise, Assess, Assist,** and/or **Arrange follow-up contact.**

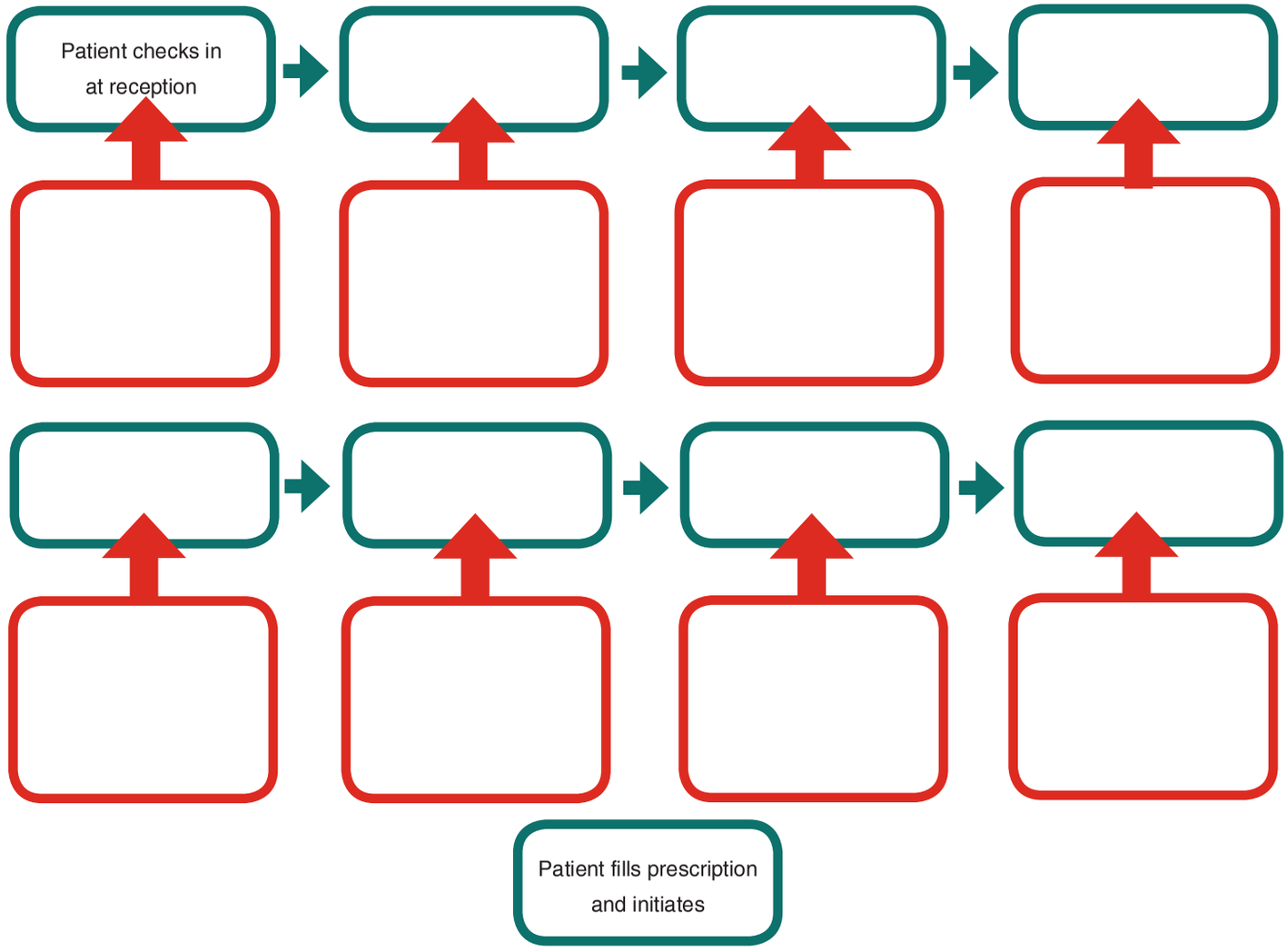


Patient Flow Visit Worksheet

It is important to outline how patients advance through each step at a healthcare delivery site, from the time of entry to exit. Regardless of agency, both the layout and staffing differ from department-to-department and site-to-site. Use this worksheet to record patient flow related to providing tobacco dependence screening and treatment to patients in your site.



Patient Flow and Opportunities Worksheet: When completing this flow chart, it is important to consider how care is delivered on a **typical** day at the specific department/healthcare delivery site. In the **blue rectangles,** indicate the different steps a patient encounters during a **typical** medical visit. Review patient flow—the patient's movement through the healthcare continuum—and, in the **orange rectangles**, identify key opportunities to **Assess, Advise, Assist,** and **Arrange** for the tobacco screening, counseling, and treatment for patients, as well as key staff responsible for providing these critical tasks.



IDENTIFYING KEY OPPORTUNITIES

After outlining the standard process for delivering tobacco dependence screening and treatment, consider the following questions related to screening for and treating tobacco dependence:[1]

What questions are asked (1) on the intake form, and (2) when patients' vital signs are measured?

- Are these questions sufficient to identify all tobacco users?

What staff persons do patients interact with before meeting with the prescribing clinician?

- What information is typically exchanged with patients before they meet with the prescribing clinician?
- Do these staff have an opportunity to deliver messages urging tobacco users to quit?
- Are tobacco cessation posters visible, and are brochures, and pamphlets readily available to reinforce messaging?

How do prescribing clinicians support tobacco cessation during the encounter?

What reminder systems and prompts are in place to alert counselors and prescribing clinicians of opportunities to discuss tobacco cessation with patients?

- Are these reminder systems and prompts sufficient?
- Can the system be modified to include follow-up prompts for future visits?

How is tobacco cessation counseling and/or other treatment documented throughout the encounter?

What path do patients take as they exit the office? Do they make any stops that require interaction with staff?

- How can final interactions reinforce messages related to quitting?

There are always opportunities to improve patient flow to increase the quality of tobacco use cessation services delivered, and the efficiency of the process for delivering this care. **The Plan-Do-Study-Act Cycle Tool** (pg 154) can support such improvement efforts.

[1] American Academy of Family Physicians (2013). Ask and Act Practice Toolkit. Leawood, KS: American Academy of Family Physicians. Retrieved 23 June 2015 from: http://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/practice-manual.pdf. healthcare

PLAN-DO-STUDY-ACT (PDSA) CYCLE TOOL

Plan-Do-Study-Act (PDSA) is a continuous quality improvement tool for testing the impact of changes in real world clinical settings. PDSA supports the improvement of a system or process by, in a step-wise fashion, planning changes, testing them out, observing the results, and acting on what is learned.

PDSA is a tool that healthcare delivery sites can use to successfully integrate tobacco dependence screening and treatment into standard delivery of care, as well as to increase the efficiency and consistency of these practices.

PLAN: In this phase of the PDSA, a multidisciplinary Improvement Team will identify a goal or aim to work towards. For example, as a goal, an Improvement Team may be working towards assuring that all patients, regardless of the reason for their visit, receive the 5 As Intervention.

Step 1: **Form the Improvement Team and Designate Responsibilities**

- Strategically form an Improvement Team with the expertise and authority to implement the change successfully. These individuals should possess one or more of the following:
  - **Clinical expertise:** The understanding of both the clinical implications of changes to the process and the consequences of such changes on other aspects of care delivery
  - **Technical expertise:** A strong knowledge of evidence-based and best practices for delivering tobacco dependence screening, counseling, and treatment
  - **Leadership of day-to-day operations** affords an understanding of both the details of the process and the consequences of making change(s) to the process
  - **Knowledge of when and where to engage stakeholders** (e.g., staff, patients) affected by the change

Use the chart below to make a list of the key members for your improvement team.

STAFF NAME	STAFF ROLE

Step 2: **Setting an Aim**

- The aim should be time-specific and measurable. It also should define the specific population of patients to be affected.

What are you trying to accomplish?

- Consider all the systems and processes (e.g. patient flow, insurance verification, clinical documentation charge capture) that support the goal.

To achieve the goal, what process(es) must be improved?

- If there is more than one process, select the one process, which, if altered, has the potential to have the greatest improvement on outcomes. Describe below.

Step 3: **Identify how the selected process can be improved**

- Decide on the changes to be implemented to improve the identified process.

What changes can be made to this process that will result in improved performance and, ultimately, outcomes?

Step 4: **Identify measures to gauge whether planned changes actually result in improvement**

- Decide how to measure the impact of the changes you choose to implement.

How will it be known that a change is an actual improvement (e.g. increased rate of patients screened for tobacco dependence, increased rate of patients provided with on-site tobacco cessation medication)?

- Identify/create data source(s) that will enable the measurement of identified changes (e.g. data reports, dashboard) using the chart provided below.

CHANGE MEASURE	DATA SOURCE

DO The next phase of the PDSA cycle is to test the changes believed to result in improvement in the clinical setting and document the impact of such changes. Make sure to test changes on a small scale to see if they work prior to implementing changes more broadly.

Step 5: **Test identified changes on a small scale**

- Rollout the test for a designated timeframe. The timeframe should be time limited, but allow for sufficient time to see a change.

Were there any circumstances that affected implementation during the designated time frame (e.g. unexpected absence of key staff, competing priorities)?

STUDY In this phase of the PDSA, the Improvement Team will analyze the data collected during your testing stage and compare it to predictions.

Step 6: **Set aside time to study test results**

- Study the outcomes that resulted from implementing the identified change.

What was learned (e.g. staff needs refresher training on the 5 A's, electronic health records needing prompts that cannot be by passed)?

What impact did the change have on identified measures?

ACT In this phase of the PDSA, the Improvement Team will refine changes that were tested based on what was learned during the STUDY phase. Based on the outcomes, the Improvement Team may want to initiate a new PDSA cycle. Once the Improvement Team reaches a point where it does not see opportunities for further refinement, the identified change is ready for full-scale implementation at the healthcare delivery site.

Step 7: **Implement further change**

- Determine which modifications, if any, can be made to refine change.

Is there a need or opportunity to refine the change? If yes, how?

Step 8: **Spread and institutionalize at the healthcare delivery site**

- Identify next steps towards widespread implementation of changes.

What needs to be done to institutionalize the final changes at the healthcare delivery site?

How will the Improvement Team communicate the improvement process and results to all staff affected by the change?

Source: Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.

PERFORMANCE FEEDBACK

Performance feedback is a process that provides staff within a health system with an opportunity to view their performance in comparison with that of their peers and adopt benchmarks and regulatory standards. Encourage healthcare providers to accurately document work done and provide a representation that relates the contributions of that work to overall agency performance and patient health outcomes. Performance feedback supports healthcare providers and health systems to deliver high-quality care. Peers' performance can be expressed in relation to one another, allowing for a side-by-side comparison of individuals or teams, or expressed as an average.

To create a performance feedback system that gauges the delivery of tobacco dependence screening and treatment across healthcare providers and within the organization, a health system should follow the steps below.

- Determine tobacco dependence treatment measure(s) through a performance feedback system. This can be accomplished by defining the numerator and denominator, with the numerator indicating how many times the measure has been met and the denominator indicating the opportunities to meet the measure. Examples of measures that can be used, including the denominator and numerator, refer to the 5 As of tobacco dependence treatment (Ask, Advice, Assess, Assist (Prescribe and Counsel), Arrange):

  Ask: Percentage of patients screening for tobacco use over the age of 13 in the last 12 months.
  Numerator: Patients who were screened for tobacco use at least once within the last 12 months.
  Denominator: All unduplicated patients ages 13 years or older.

  Advise: Percentage of tobacco users who were advised to quit.
  Numerator: Patients who were advised to quit at their last visit.
  Denominator: All unduplicated patients over the age of 13 who screened positive for tobacco use in the past 12 months.

  Assess: Percentage of tobacco users who were assessed for readiness to quit.
  Numerator: Patients who were assessed for readiness to quit at their last visit.
  Denominator: All unduplicated patients over the age of 13 who screened positive for tobacco use in the past 12 months.

Prescribe: Percentage of tobacco users who were prescribed tobacco cessation medications

Numerator: Patients who screened positive for tobacco use and were prescribed with a tobacco cessation medication at their last visit.

Denominator: All patients over the age of 13 who screened positive for tobacco use in the past 12 months.

Counsel: Percentage of tobacco users who were provided tobacco cessation counseling.

Numerator: Patients who screened positive for tobacco use and were provided tobacco cessation counseling (includes 3 minutes or more) at their last visit.

Denominator: All patients who screened positive for tobacco use in the past 12 months.

Arrange: Percentage of tobacco users whose follow-up was arranged. Examples of how this activity could be measured include: Percentage of tobacco users who received follow-up within two weeks after their actual appointment. Percentage of tobacco users who were referred to the New York State Smokers' Quitline; or Percentage of tobacco users who were referred to a local cessation program.

Numerator: Patients who received follow-up contact within two weeks of their actual appointment.

Denominator: All patients over the age of 13 who screened positive for tobacco use in the past 12 months.

- Set benchmarks by comparing a provider's or organization's performance with an external or internal standard. Benchmarks can stimulate healthy competition to improve performance on selected measures. Benchmarks can be generated by comparing a provider or organization to the following:
  - Provider :
    - Peers within a department or across the organization
    - Aggregate rates from similar organizations in the same city or region
    - A Federal or State Regulation Standard
  - Organization:
    - Similar organizations in the same city or region
    - A larger group of organizations across the country
    - A Federal or State Regulation Standards

- Set timeline for performance feedback and clearly identify staff member who will be creating reports.

  Determine Timeline: For example, distribute reports on a regular basis (e.g., monthly, quarterly), circulating the previous reporting period's data by the end of the first month of the next reporting period.

  Identify Performance Feedback Creator and Distributor: For example, Director of Quality Improvement, Medical Director, or Chief Operations Officer.

- Encourage staff to provide their own responses to performance feedback reports.

  Staff Feedback: Staff feedback is important to ensure that data is being captured accurately. If staff see any discrepancies, this creates an opportunity to review the data system to ensure accuracy and can also create training opportunities in terms of skills building and documenting. This feedback loop is critical to ensure that all glitches and needs are addressed to ensure the highest quality.

- Comparing regularly reported (e.g., monthly, quarterly) and annual performance feedback data can show progress over time, assisting organizations with identifying areas in need of improvement and/or successful interventions, and, ultimately, tailoring future interventions to meet desired benchmarks.

REGULAR TOBACCO DEPENDENCE TREATMENT PERFORMANCE FEEDBACK EXAMPLE

Performance Measures:

Ask: **Numerator:** Patients who were screened for tobacco use at least once within the last 12 months
Denominator: All unduplicated patients ages 13 years or older

Advise: **Numerator:** Patients who were advised to quit at their last visit
Denominator: All unduplicated patients over the age of 13 who screened positive for tobacco use in the past 12 months

Assess: **Numerator:** Patients who were assessed for readiness to quit at their last visit
Denominator: All unduplicated patients over the age of 13 who screened positive for tobacco use in the past 12 months.

Prescribe: **Numerator:** Patients who screened positive for tobacco use and were prescribed with a tobacco cessation medication at their last visit
Denominator: All patients over the age of 13 who screened positive for tobacco use in the past 12 months

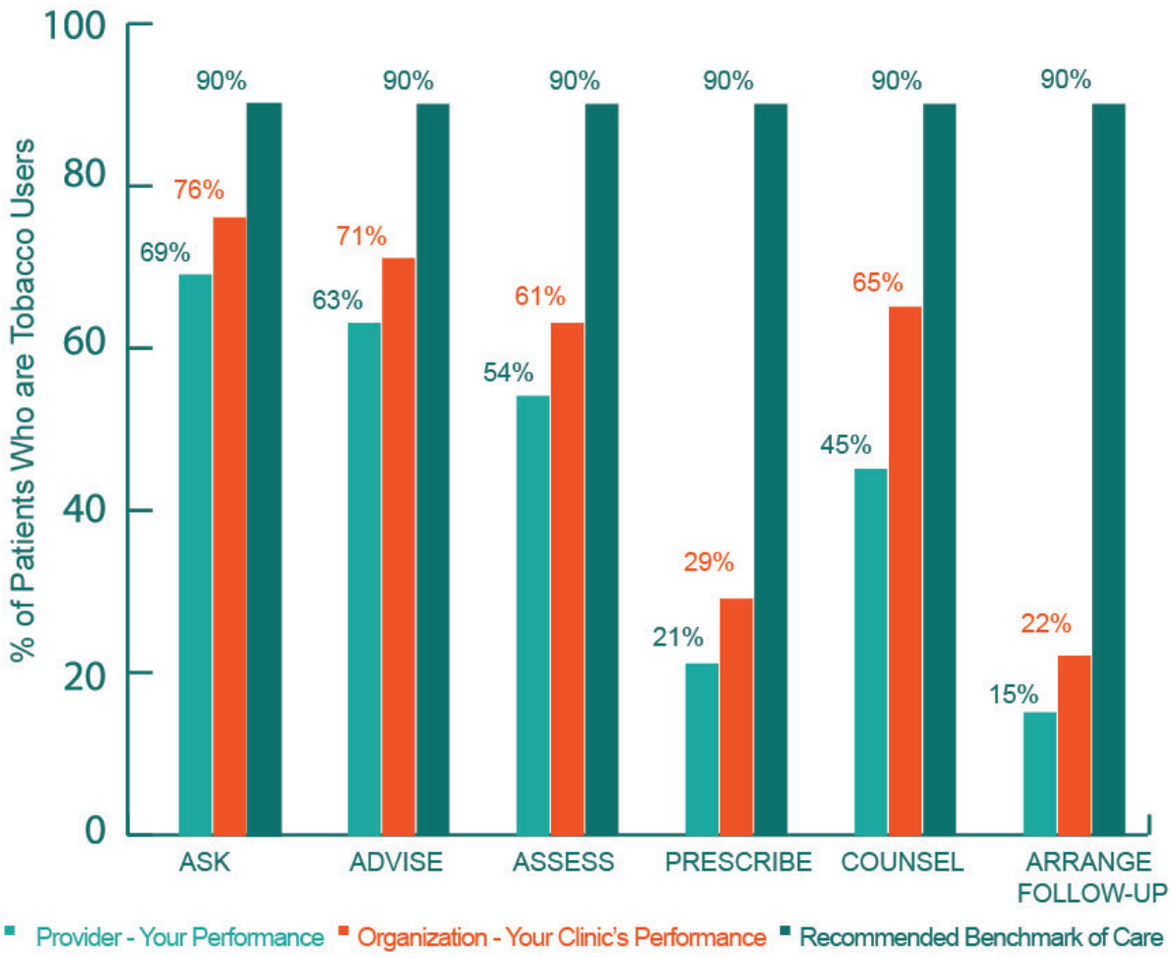
Counsel: **Numerator:** Patients who screened positive for tobacco use and were provided tobacco cessation counseling (includes 3 minutes or more) at their last visit
Denominator: All patients who screened positive for tobacco use in the past 12 months

Arrange: **Numerator:** Patients who received follow-up contact within two weeks of their actual appointment
Denominator: All patients over the age of 13 who screened positive for tobacco use in the past 12 months

Data Source: Electronic health record (EHR) data.

Why these measures are important: These measures provide a snapshot of current provider and organizational practice with regards to the standard delivery of tobacco dependence treatment using the evidence-based 5A model (Ask, Advise, Assess, Assist [Prescribe, Counsel], Arrange-Follow-up).

PATIENTS TOBACCO DEPENDENCE TREATMENT PERFORMANCE FEEDBACK FOR (REPORTING PERIOD)



PATIENTS TOBACCO DEPENDENCE TREATMENT PERFORMANCE MEASURE DATA SUMMARY EXAMPLE: 2014 – 2015

DATA MEASURE: TOBACCO DEPENDENCE TREATMENT QUALITY INDICATORS, 2014 - 2015									
	2014				2015				2014-2015 Difference*
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Ask									
Provider <Insert Name>	53.0%	55.0%	58.0%	60.0%	65.0%	61.0%	68.0%	69.0%	+16%
Clinic <Insert Name>	65.0%	69.0%	72.0%	74.0%	75.0%	71.0%	72.0%	76.0%	+11%
Regional Benchmark	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	-
Advise									
Provider <Insert Name>	45.0%	47.0%	46.0%	48.0%	50.0%	55.0%	61.0%	63.0%	+18%
Clinic <Insert Name>	58.0%	65.0%	64.0%	63.0%	68.0%	69.0%	70.0%	71.0%	+13%
Regional Benchmark	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	-
Assess									
Provider <Insert Name>	38.0%	38.0%	39.0%	43.0%	43.0%	46.0%	50.0%	54.0%	+16%
Clinic <Insert Name>	51.0%	52.0%	56.0%	58.0%	59.0%	60.0%	61.0%	63.0%	+12%
Regional Benchmark	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	-
Prescribe									
Provider <Insert Name>	15.0%	19.0%	18.0%	21.0%	20.0%	15.0%	18.0%	21.0%	+6%
Clinic <Insert Name>	22.0%	21.0%	23.0%	23.0%	26.0%	27.0%	26.0%	29.0%	+7%
Regional Benchmark	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	-
Counsel									
Provider <Insert Name>	30.0%	35.0%	35.0%	39.0%	41.0%	39.0%	43.0%	45.0%	+15%
Clinic <Insert Name>	55.0%	56.0%	57.0%	57.0%	59.0%	62.0%	66.0%	65.0%	+10%
Regional Benchmark	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	-
Arrange Follow-up									
Provider <Insert Name>	22.0%	21.0%	21.0%	22.0%	20.0%	18.0%	17.0%	15.0%	-7%
Clinic <Insert Name>	22.0%	20.0%	19.0%	22.0%	24.0%	26.0%	25.0%	21.0%	-1%
Regional Benchmark	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	-

Tobacco Dependence Treatment Performance Measure Data Summary Example: 2014 – 2015
Note: The data summary uses the numerator and denominators for Ask, Advise, Assess, Prescribe, Counsel, and Arrange mentioned on previous page and demonstrates the adherence rates over a two-year period to monitor changes over time.

*Difference between the two percentages expressed as a percent change. The measure is calculated calculating the different between the last period reported (Q4 2015), minus the first period reported (Q1 2014).

RESOURCES

The tools and resources in this section will support frontline staff, counselors, and prescribing clinicians deliver evidence-based tobacco dependence screening, counseling, and treatment to all patients.

OVERVIEW

- Background and Rationale for Screening Every Patient for Tobacco Use
- How to Integrate Evidence-Based Tobacco Dependence Treatment into Care
- Prescribing, Billing, and Coding Reference Tools
- Effects of Tobacco Use on Health

BACKGROUND AND RATIONALE FOR SCREENING EVERY PATIENT FOR TOBACCO USE

Title	Description	Source	Audience	Type	Link	CME/CEU Offered
1. Systems Change: Treating Tobacco Use and Dependence	This resource provides a comprehensive summary of the Public Health Service (PHS) Clinical Practice Guidelines. They recommend using systems change for treating tobacco use and dependence	Agency for Healthcare Research and Quality	Fronline Staff, Counseling Staff, Prescribing Clinicians	Information Resource	http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/decisionmakers/systems/index.html	
2. Help Your Patients Quit Tobacco Use: An Implementation Guide for Community Health Centers	This implementation guide includes background information about the burden of tobacco use and case studies.	Legacy and Partnership for Prevention	Frontline Staff, Counseling Staff, Prescribing Clinicians	Information Resource	http://www.prevent.org/data/files/action-toquit/leg-community_health_report_inside_final_web_101013.pdf	

HOW TO INTEGRATE EVIDENCE-BASED TOBACCO DEPENDENCE TREATMENT INTO CARE

Title	Description	Source	Audience	Type	Link	CME/CEU Offered
1. Help Your Patients Quit Smoking: A Coaching Guide	This resource outlines how to administer the 5 As in the clinical setting.	New York City Department of Health and Mental Hygiene	Counseling Staff, Prescribing Clinicians	Information Resource	http://www.nyc.gov/html/doh/downloads/pdf/smoke/smoke-quit-smoking-coaching-guide.pdf	
2. Treating Tobacco Use	This online learning module explains the 5 As, discusses the FDA-approved medications and combined therapy, and details New York State Medicaid Managed Care Plan coverage for treatment.	New York City Department of Health and Mental Hygiene	Prescribing Clinicians	Self-Paced Online Learning Module	http://www.nyc.gov/html/doh/media/flash/tobacco/player.html	CME
3. Toolkit for Delivering the 5As and 5Rs; Brief Tobacco Interventions in Primary Care	This toolkit outlines how to provide brief tobacco cessation interventions in primary care settings as part of routine practice.	World Health Organization	Prescribing Clinicians	Toolkit	http://apps.who.int/iris/bitstream/10665/112835/1/9789241506953_eng.pdf	
4. A Team Approach: Integrating Tobacco Dependence Treatment Into Routine Clinical Practice	This Webinar discusses the importance of integrating evidence-based tobacco dependence treatment into care to improve population health and to reach disparate populations.	Smoking Cessation Leadership Center	Frontline Staff, Counseling Staff, Prescribing Clinicians	Webinar	https://cc.readytalk.com/cc/playback/Playback.do?id=9b36t4	

Title	Description	Source	Audience	Type	Link	CME/CEU Offered
5. What's Smoking Got to Do with It? Improving the Health of Priority Populations by Treating Tobacco Use	This Webinar summarizes the importance of addressing tobacco use and dependence with a focus on reaching disparate populations.	Smoking Cessation Leadership Center	Prescribing Clinicians	Webinar	https://cc.readytalk.com/cc/playback/Play-back.do?id=9ylhg2	CME
6. Tobacco Use and Dependence: An Updated Review of Treatments	This online learning module provides a rationale for addressing tobacco dependence treatment, as well as a review of effective treatment for varying populations.	The University of Wisconsin Center for Tobacco Research and Intervention	Prescribing Clinicians	Self-Paced Online Learning Module	http://cme.uwisc.org/index.pl?id=532379	CME

PRESCRIBING, BILLING, AND CODING

Title	Description	Source	Audience	Type	Link
1. Prescribing Tobacco Cessation Pharmacotherapy: Implementing Evidence-Based Practices	This annually-updated Webinar on tobacco cessation pharmacotherapy provides updated tobacco dependence treatment guidelines to the field.	Center of Excellence for Health Systems Improvement for a Tobacco-Free New York	Prescribing Clinicians	Webinar	https://attendee.gotowebinar.com/register/6991371495413412097?utm_source=getresponse&utm_medium=email&utm_campaign=healthsystemsimprovement&utm_content=Reminder%21+Prescribing+Tobacco+Cessation+Pharmacotherapy+Webinar+on+June+30+at+2PM+EST
2. New York State Medicaid Managed Care and Family Health Plus Pharmacy Benefit Information Center	This website includes a function to look-up whether specific medications are included in Medicaid Managed Care plans' formularies.	New York State Department of Health	Prescribing Clinicians	Interactive Webpage	http://pbic.nysdoh.suny.edu/search/
3. New York State Medicaid Managed Care and Family Health Plus Pharmacy Benefit Information Center Managed Care Plans	This website includes a function to look-up Medicaid Managed Care plans' formularies.	New York State Department of Health	Prescribing Clinicians	Interactive Webpage	http://pbic.nysdoh.suny.edu/

Title	Description	Source	Audience	Type	Link
4. Smoking Cessation Medication Prescribing Chart	This prescribing chart details the FDA-approved tobacco cessation medications, including suggested regimen, precautions, contraindications, potential adverse effects, and brief instructions.	New York City Department of Health and Mental Hygiene	Prescribing Clinicians	Information Resource	http://www.nyc.gov/html/doh/downloads/pdf/smoke/smoke-medication-prescribing-chart.pdf
5. New York State (NYS) Smoking Cessation Counseling Information and Billing Codes	This resource lists codes to be used when billing for tobacco dependence treatment delivered to beneficiaries covered by Medicaid, Medicare/ Medicare Advantage, TRICARE, and commercial insurance.	New York City Department of Health and Mental Hygiene	Prescribing Clinicians	Information Resource	http://www.nyc.gov/html/doh/downloads/pdf/smoke/smoke-billing-guide.pdf

EFFECTS OF TOBACCO USE ON HEALTH

Title	Description	Source	Audience	Type	Link
1. Current Cigarette Smoking Among Adults in the United States	This resource provides an overview of the burden of cigarette smoking in the United States.	Centers for Disease Control and Prevention	Frontline Staff, Counseling Staff	Information Resource	http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+CdcSmokingAndTobaccoUseFactSheets+%28CDC+-+Smoking+and+Tobacco+Use+-+Fact+Sheets%29&utm_content=FeedBurner
2. Quitting Smoking	This resource summarizes the health benefits of quitting tobacco use and information on how to quit.	Centers for Disease Control and Prevention	Frontline Staff, Counseling Staff	Information Resource	http://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+CdcSmokingAndTobaccoUseFactSheets+%28CDC+-+Smoking+and+Tobacco+Use+-+Fact+Sheets%29&utm_content=FeedBurner
3. Health Effects of Cigarette Smoking	This resource explains the health effects of smoking cigarettes, linking tobacco use to many diseases and premature death.	Centers for Disease Control and Prevention	Frontline Staff, Counseling Staff, Prescribing Clinicians	Information Resource	http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+CdcSmokingAndTobaccoUseFactSheets+%28CDC+-+Smoking+and+Tobacco+Use+-+Fact+Sheets%29&utm_content=FeedBurner