

Expanding Tobacco Treatment among High- Risk Populations for Value- Based Integrated Care

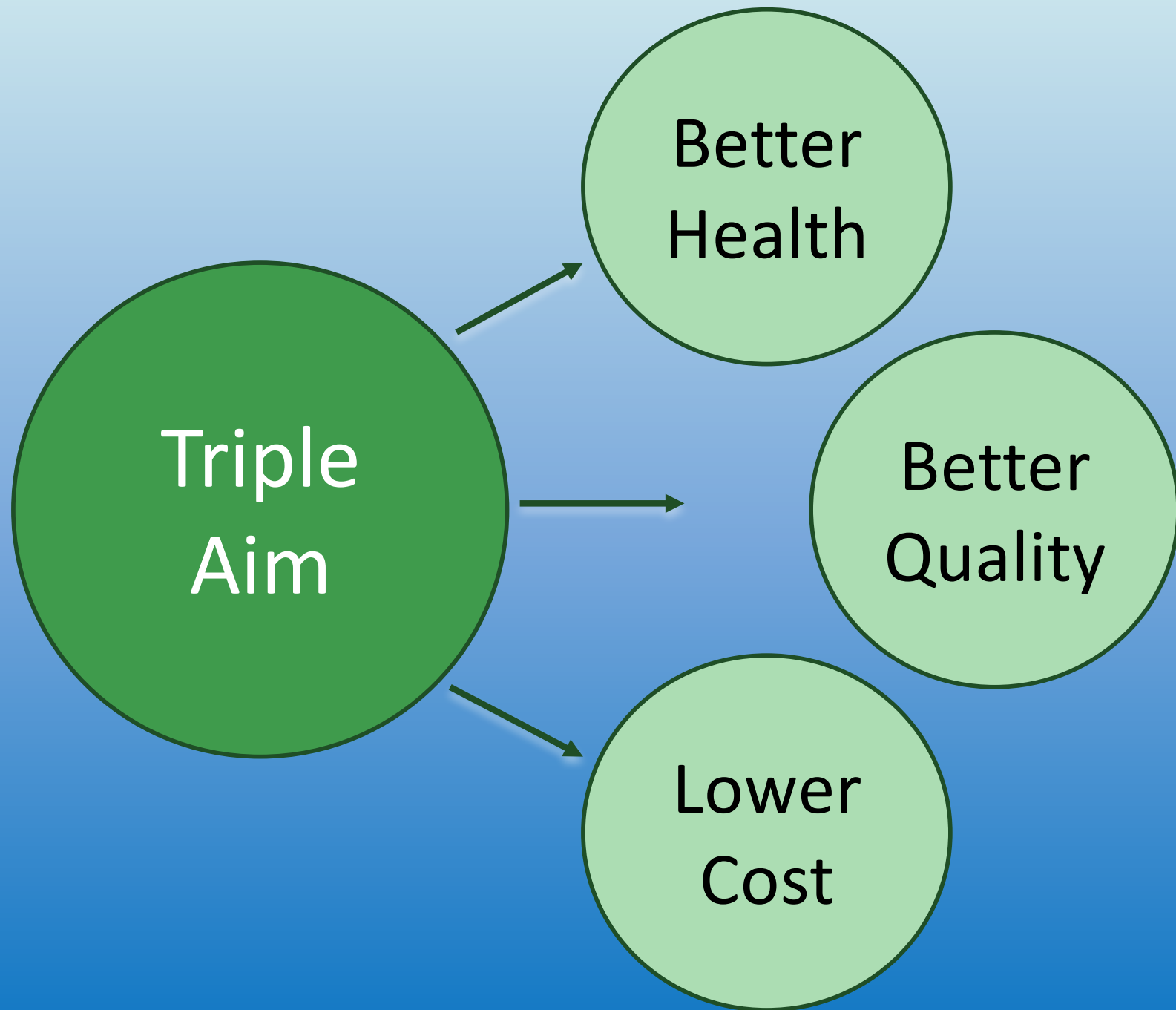
Chad Morris, Ph.D.
November, 2016
New Hampshire



School of Medicine

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS



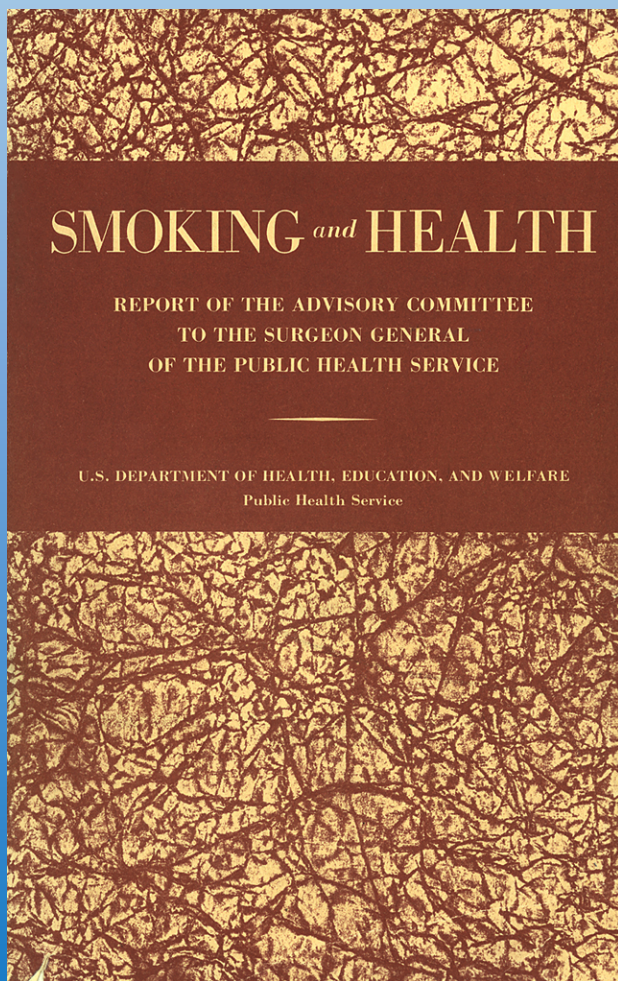


What is killing the majority of us is
not infectious disease, but our
chronic and modifiable behaviors.

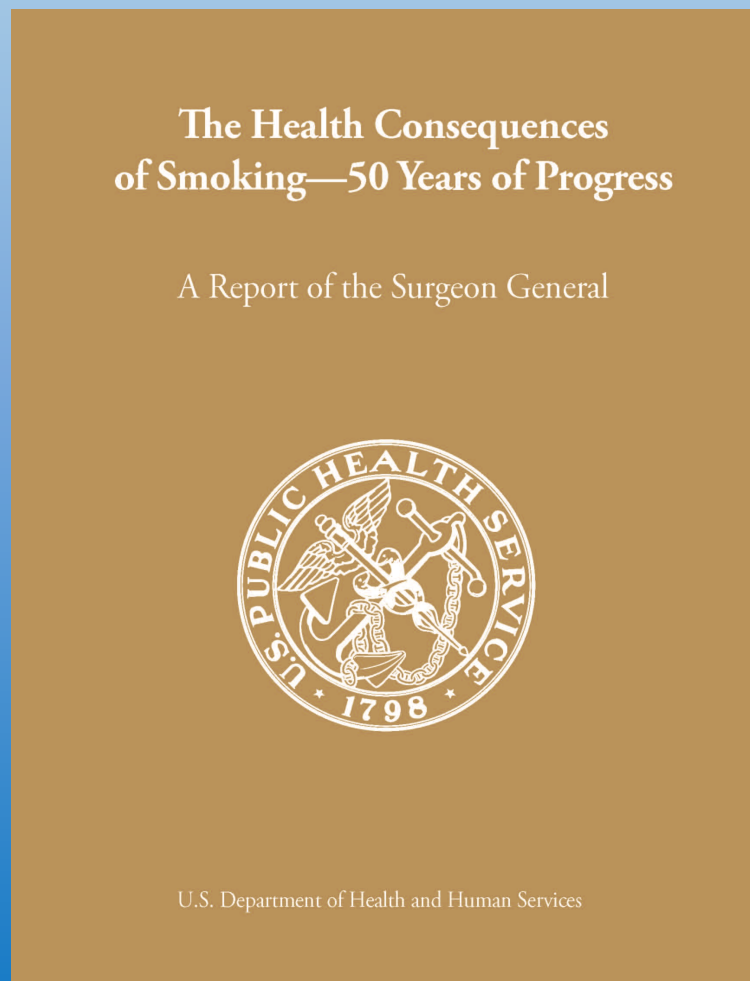


The Health Consequences of Smoking

50 Years of Progress



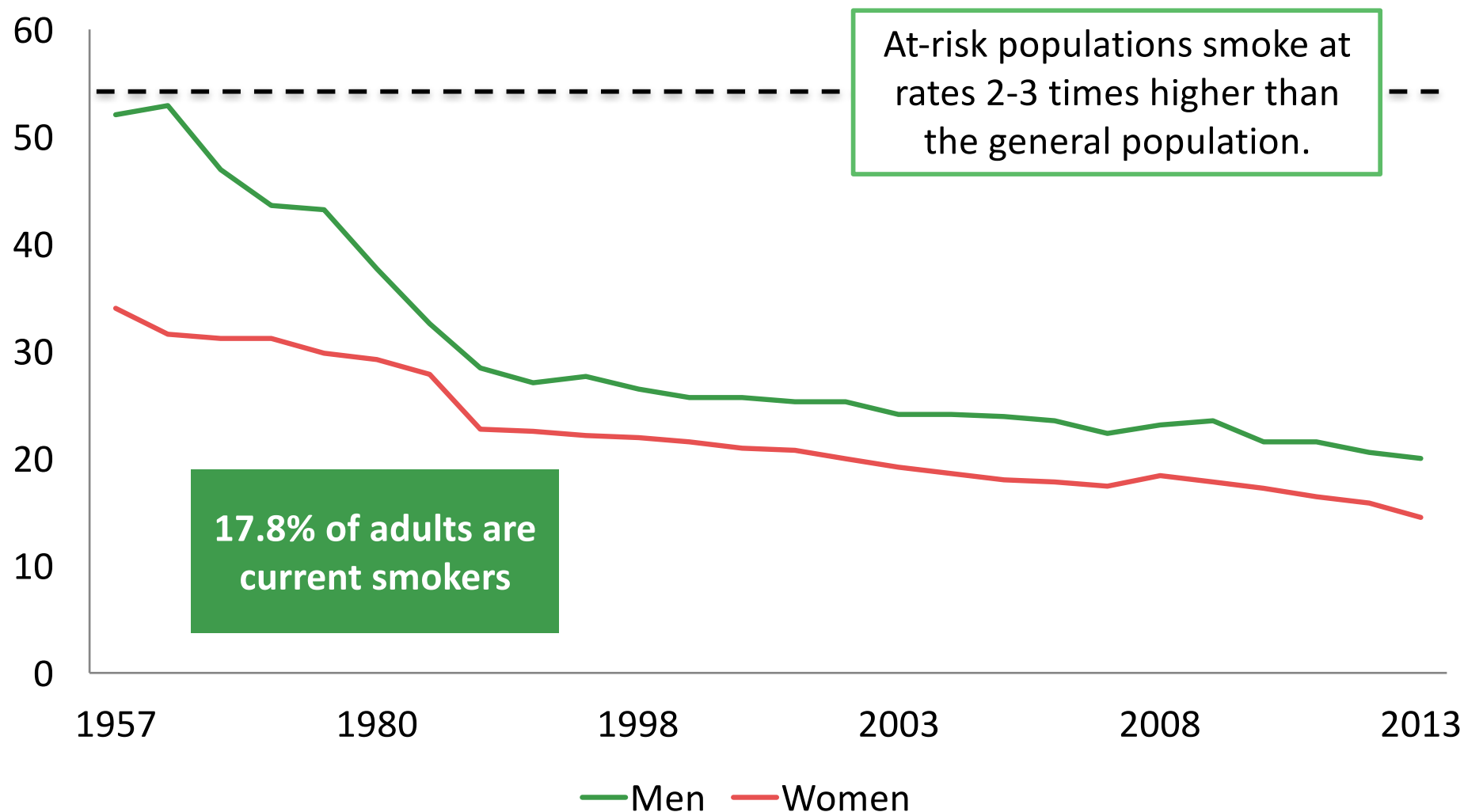
1964



2014



Trends in U.S. Adult Smoking



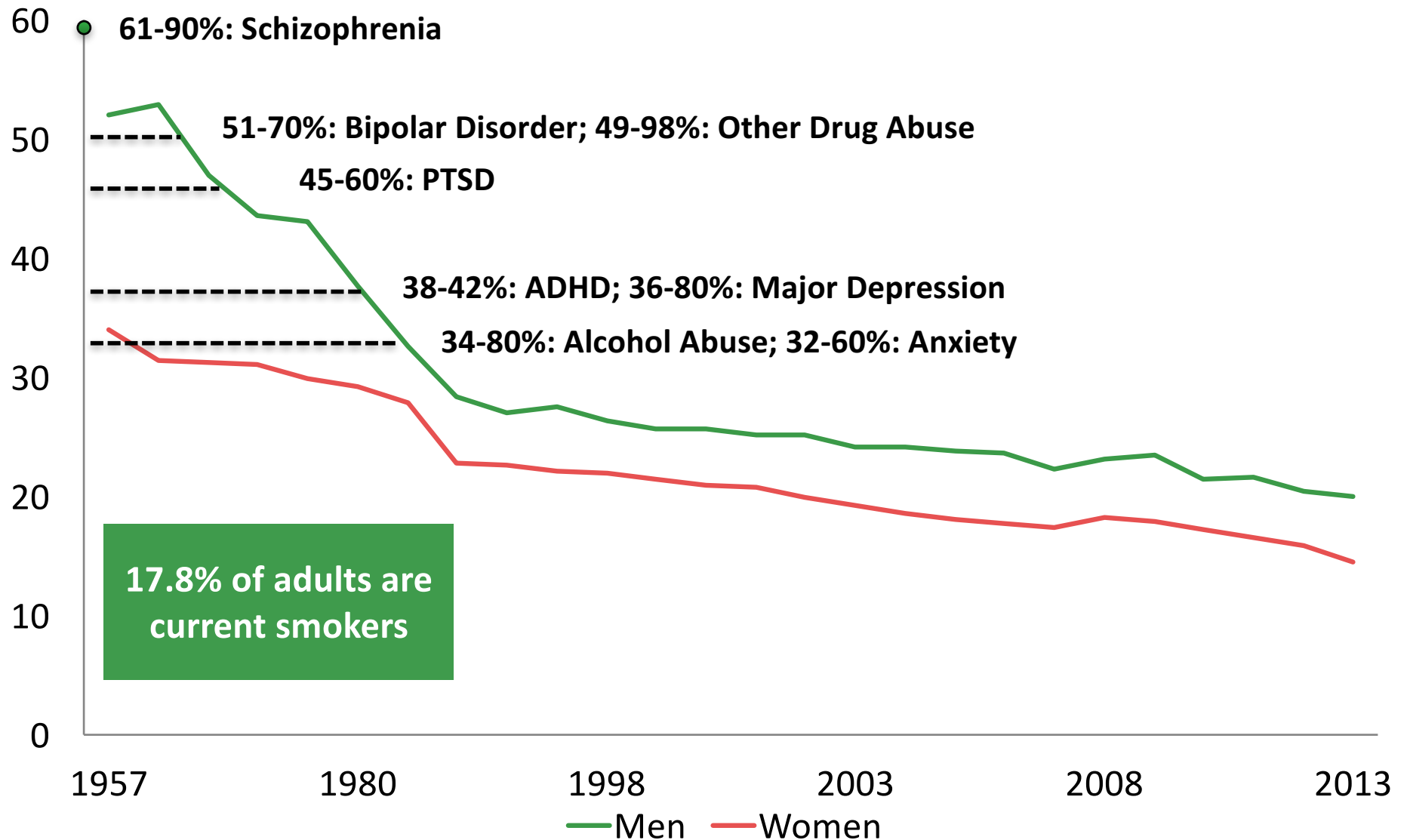
Health Disparities

Population	Rates of Use Compared to General Population
Behavioral Health	2-3 times higher
HIV/AIDS Diagnosis	2-3 times higher
Homeless (or at risk)	Nearly 4 times higher
Justice Involved	3 times higher

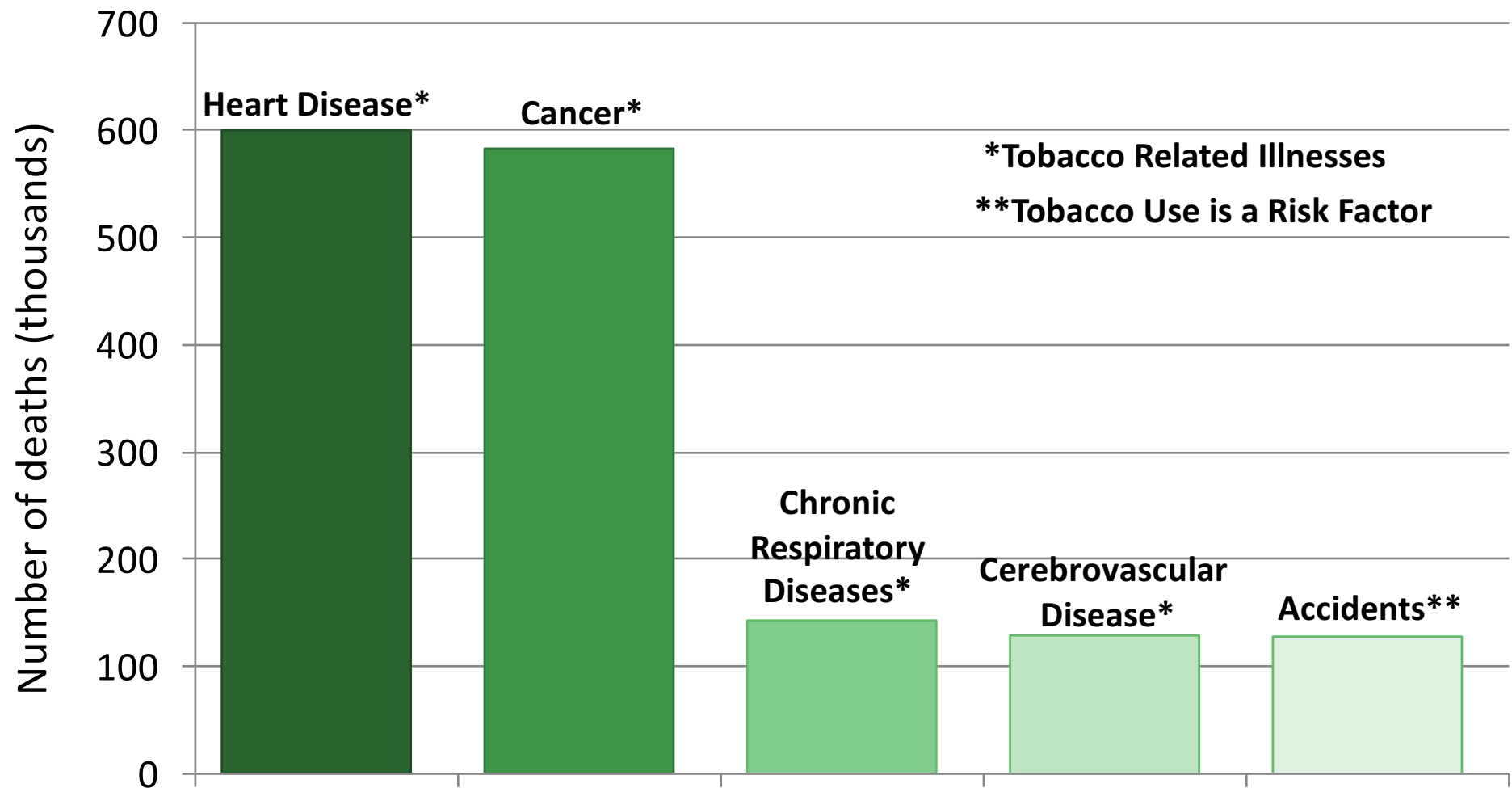
NH Medicaid Participants = 46%
NH Uninsured = 34%



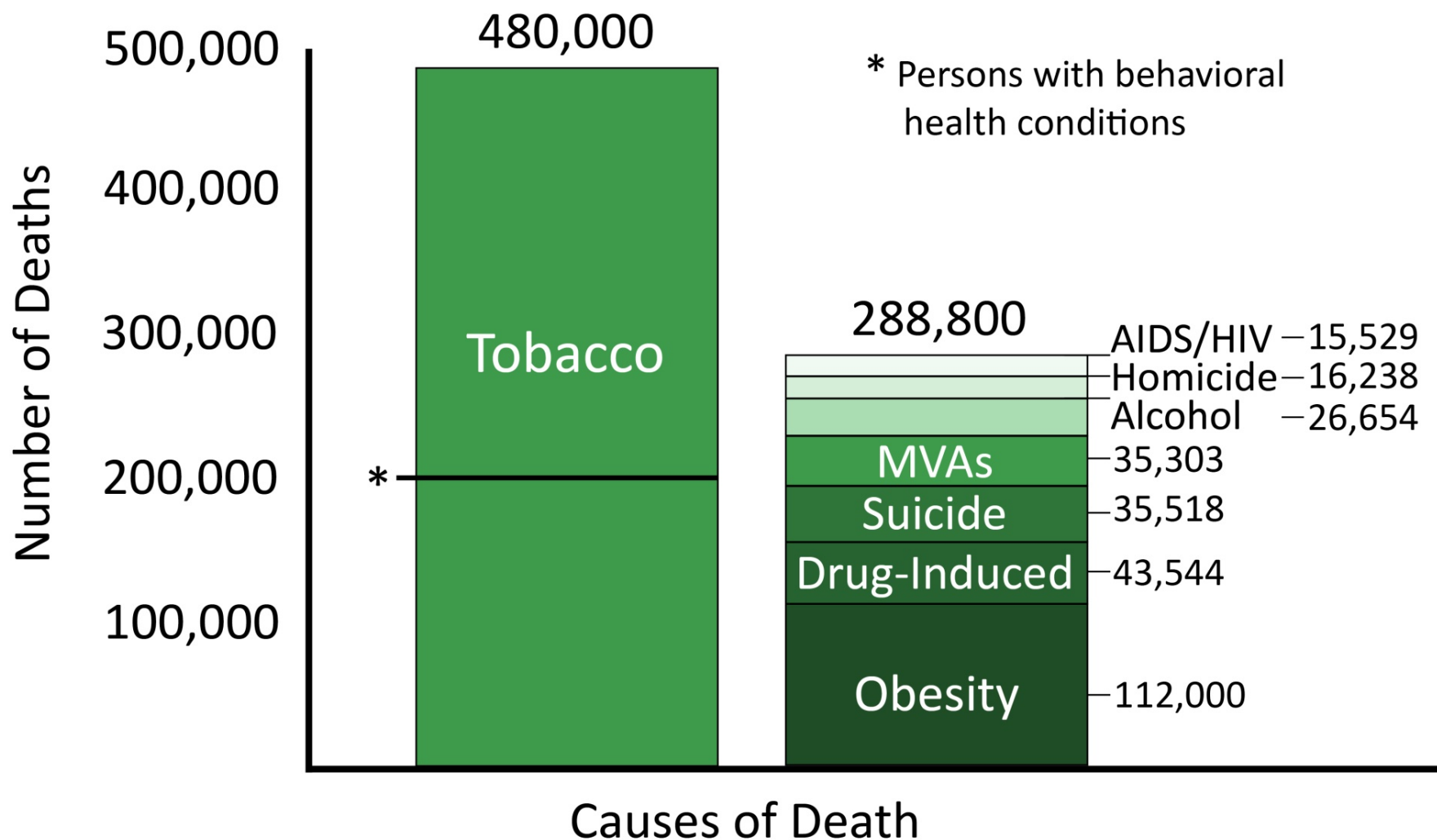
Trends in U.S. Adult Smoking



Annual Causes of Death in the United States



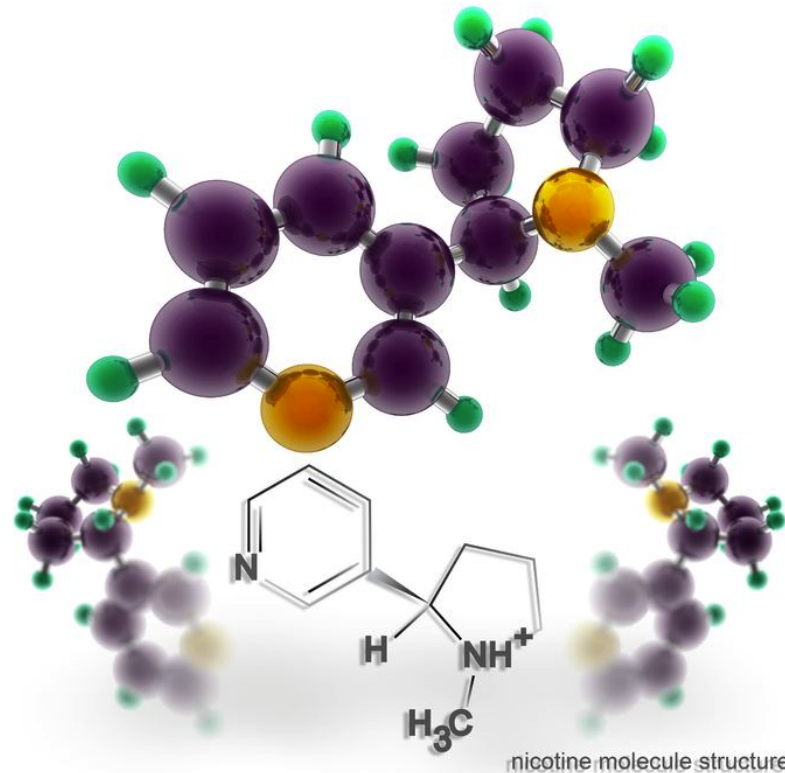
Behavioral Causes of Death in U.S.



On average, persons diagnosed with mental illnesses and addictions have higher rates of disease and disability, and die up to **25 years** earlier than the general population



The Biology of Tobacco Addiction



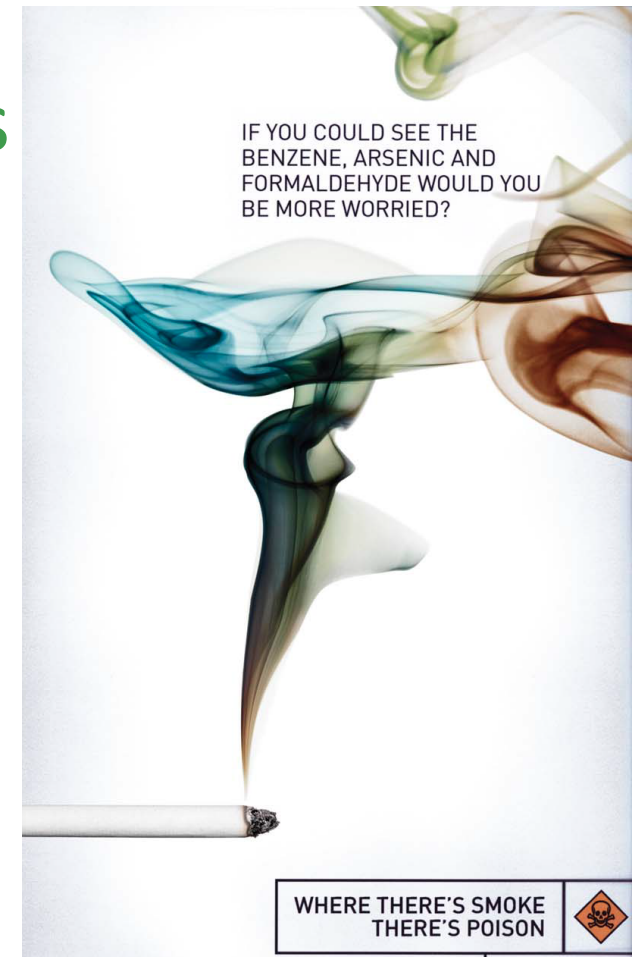
Smokers with Mental Illnesses and Addictions

- Have more psychiatric symptoms
- Have increased hospitalizations
- Require higher dosages of medications
- Are twice as likely to leave against the advice of their doctors, if withdrawal symptoms are not treated



Chemicals in Tobacco Products

- Tobacco and tobacco smoke contain over 7,000 chemicals, many of which can damage cells and lead to cancer
 - arsenic, benzene, butane, cyanide, formaldehyde, methanol, ammonia, and cadmium
 - poisonous gases such as carbon monoxide



Dopamine Reward Pathway

Prefrontal
cortex

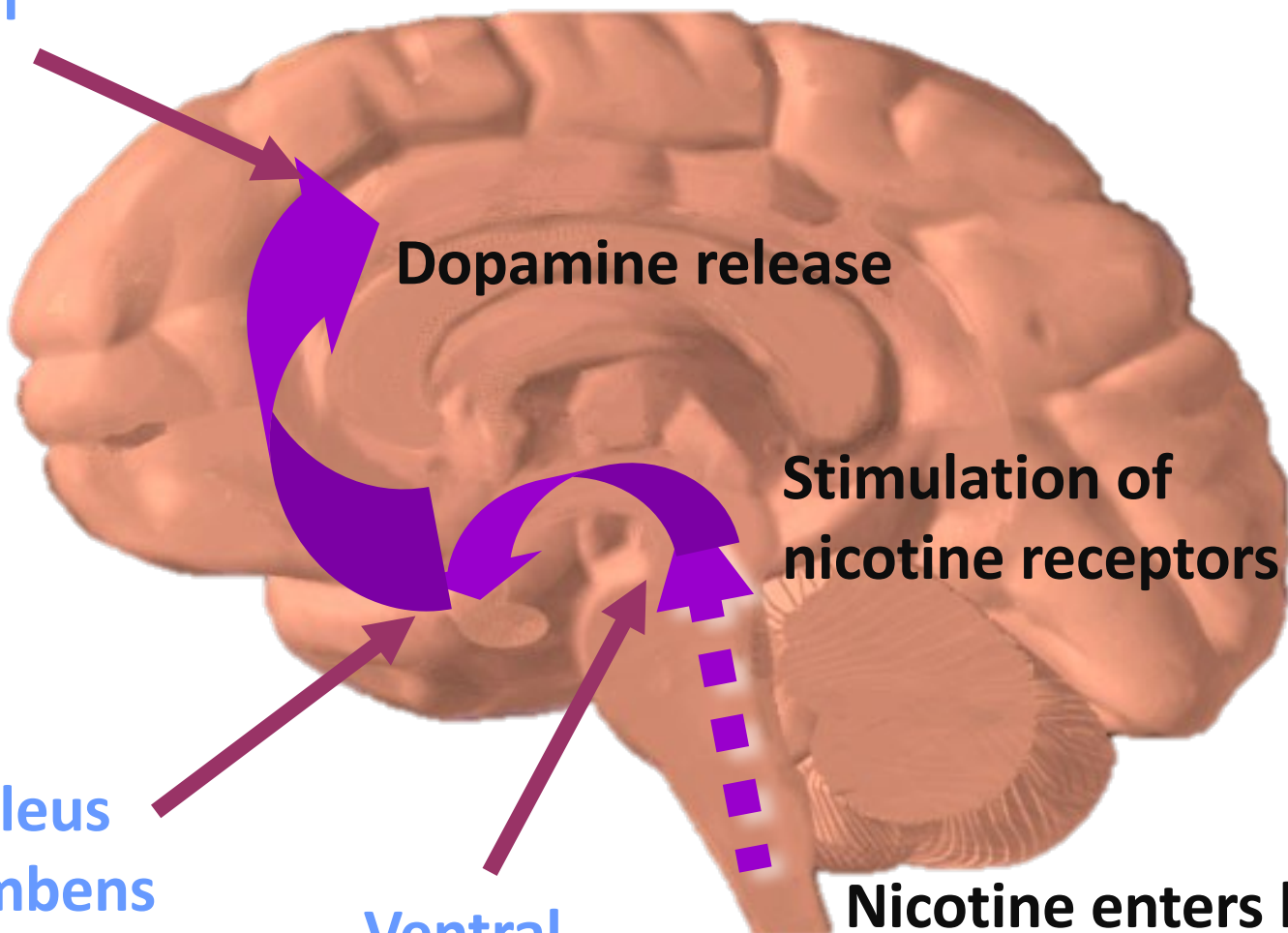
Dopamine release

Stimulation of
nicotine receptors

Nucleus
accumbens

Ventral
tegmental area

Nicotine enters brain



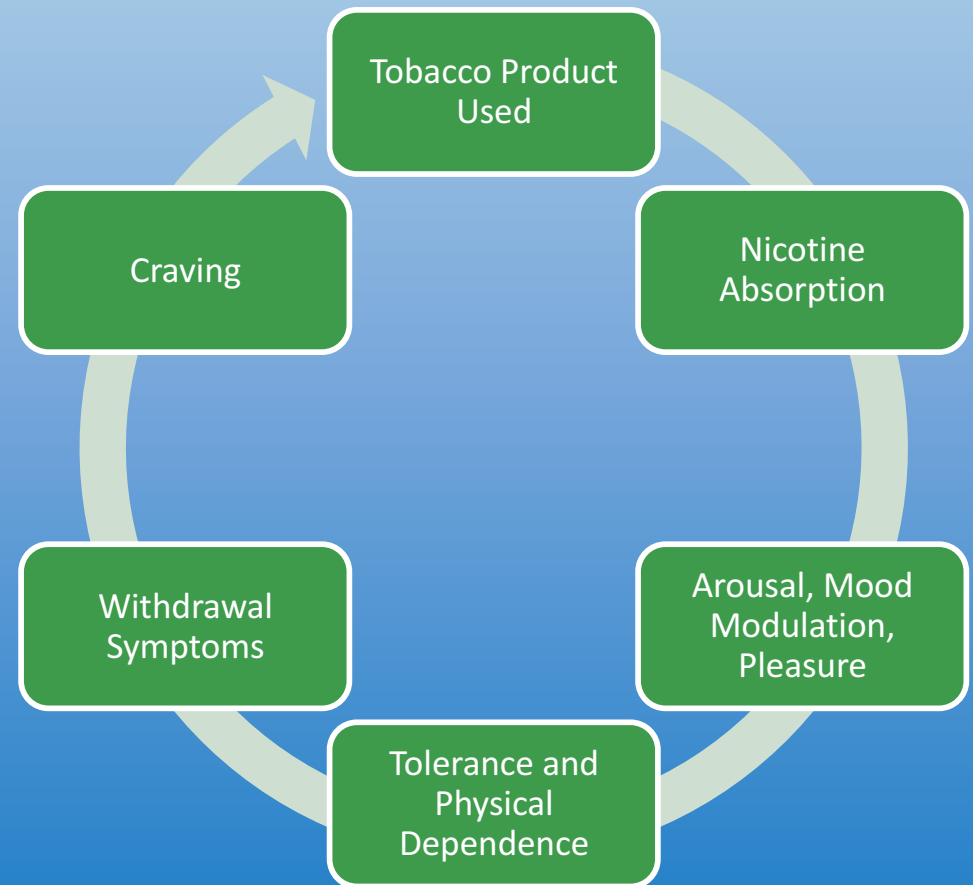
Nicotine Addiction Cycle

Nicotine addiction is often a chronic, relapsing condition

(e.g., Foulds, 2006; Steinberg et al., 2008)

A problematic pattern of tobacco use leading to clinically significant impairment

(DSM-5, 2013)



An addiction...
is an addiction...
is an addiction.



Coping Through Nicotine Addiction

- The majority recognize smoking is physically unhealthy
 - But mistakenly believe it has positive psychological functions
 - In particular relief from stress, anxiety, and depression
 - Smoking is used as an indirect coping strategy
 - Reinforces coping through addiction
 - And perceived stress reduction is often relief of withdrawal symptoms



Medications Known or Suspected To Have Their Levels Affected by Smoking and Smoking Cessation

ANTIPSYCHOTICS	Chlorpromazine (Thorazine)	Olanzapine (Zyprexa)
	Clozapine (Clozaril)	Thiothixene (Navane)
	Fluphenazine (Permitil)	Trifluoperazine (Stelazine)
	Haloperidol (Haldol)	Ziprasidone (Geodon)
	Mesoridazine (Serentil)	
ANTIDEPRESSANTS	Amitriptyline (Elavil)	Fluvoxamine (Luvox)
	Clomipramine (Anafranil)	Imipramine (Tofranil)
	Desipramine (Norpramin)	Mirtazapine (Remeron)
	Doxepin (Sinequan)	Nortriptyline (Pamelor)
	Duloxetine (Cymbalta)	Trazodone (Desyrel)
MOOD STABLIZERS	Carbamazepine (Tegretol)	
ANXIOLYTICS	Alprazolam (Xanax)	Lorazepam (Ativan)
	Diazepam (Valium)	Oxazepam (Serax)
OTHERS	Acetaminophen	Riluzole (Rilutek)
	Caffeine	Ropinirole (Requip)
	Heparin	Tacrine
	Insulin	Warfarin
	Rasagiline (Azilect)	



Cessation Concurrent with Psychiatric Treatment

Smoking cessation has no negative impact
on psychiatric symptoms and smoking
cessation generally leads to better mental
health and overall functioning

Baker et al., 2006; Lawn & Pols, 2005; Morris et al., 2011; Prochaska et al., 2008



Psychiatric Symptoms Are Not Exacerbated by Smoking Cessation

Smoking cessation is associated with:

- ↓ depression, anxiety, and stress
- ↑ positive mood and quality of life compared with continuing to smoke
- The effect size seems as large for those with psychiatric disorders as those without
- The effect sizes are equal or larger than those of antidepressant treatment for mood and anxiety disorders

Taylor et al, 2014



Tobacco Use Affects Treatment & Recovery from Addiction

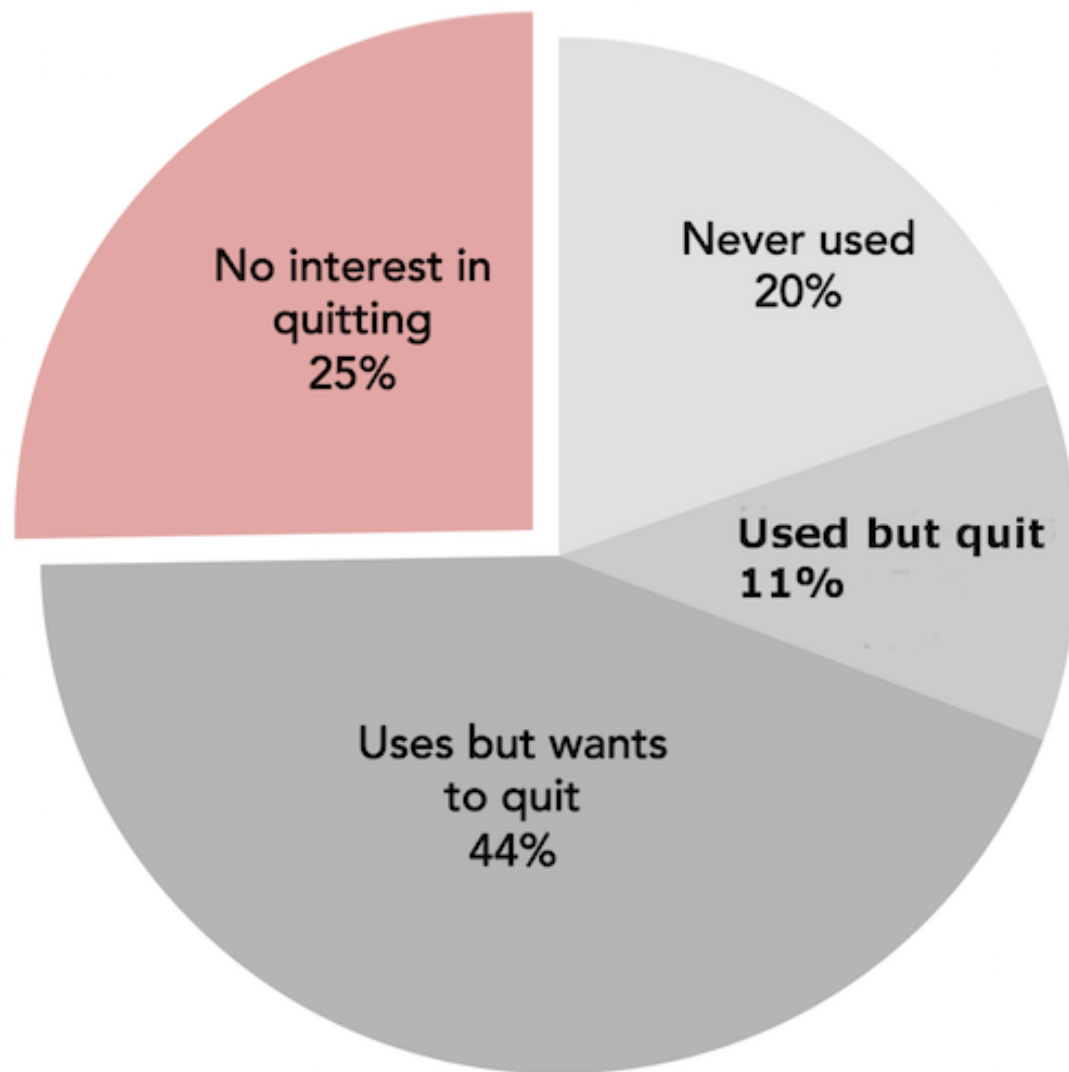
Addressing tobacco dependence during treatment for other substances is associated with a 25% increase in long-term abstinence rates from alcohol and other substances

Prochaska et al., 2004



Most Clients Want to Quit

Recent Community of Practice Findings



Tobacco Cessation: What Works

- Price Increases
 - Media Campaigns
 - Insurance Coverage
- Quitlines
 - Web-Based & Mobile Phone Based Interventions
 - Tobacco-Free Policy
 - Psychosocial Treatment
 - NRT / Cessation Medications



Cessation Rates Across Interventions

Treatment Format	Abstinence Rate
Unaided	4-7%
Self-Help	11-14%
Individual Counseling	15-19%
Group Counseling	12-16%
Medication Alone	22%
Medication + Counseling	25-30%



Evidence-Based Guidance



Supplements

- Behavioral Health
- Youth (Ages 11-18)
- Young Adults (18-25)
- Low-Income
- Pregnant and Post Partum

MI Video Modules

<http://www.bhwellness.org/resources/toolkits/>



Why Integrated Treatment Settings



- Expertise in behavioral change
- Therapeutic alliances
- Co-occurring treatment
- Access to high risk populations
- Patient-directed
- Prevention, wellness, whole person perspective
- Continuity of care
- Performance measurement



Wellness Integration is the New Norm



Section 1115: Research and Demonstration Transformation Waiver

- Physical and virtual integration in primary care and behavioral health settings
- Collaboration among physical and behavioral health providers
- Integrated care delivery strategies that incorporate community-based social support providers



Regulatory & Performance Metrics

- Joint Commission (Hospitals)
- Affordable Care Act (Insurance)
- Meaningful Use (Hospitals and Clinics)
- Health Resources and Services Administration (Community Health Clinics)
- National Commission for Quality Assurance (Patient-Centered Medical Home)

IDN Performance Metrics

- Improvement in rate of screening for substance use
- Improvement in rate of smoking and tobacco cessation counseling visits for tobacco users



Tobacco Dependence Is Best Not Treated in a Silo



The 5A's

Clinician/ Medical Assistant

ASK

About Healthy Living

ADVISE

Regarding Needed
Behavior Change

ASSESS

Readiness to Change

ASSIST

With Planning, Resources
and Skills

ARRANGE

Follow-Up

The 2A's & R

Physician

ASK

ADVISE

REFER



Tobacco Cessation Interventions: 5 A's

ASK all individuals about tobacco use

- “Do you, or does anyone in your household, use any type of tobacco?”
- “How many times have you tried to quit?”
- Explore tobacco use history



Integration into Standard Practice

Assess tobacco as part of normal assessment & screening

The screenshot shows a medical software interface titled 'Vitals'. The main window displays patient data taken on 12/19/2007 at 1436. The data includes BP (118/76), SpO2 (empty), Pulse (88), Weight (180 lbs (81.65 kg)), Resp (empty), Height (6' (1.829 m)), Temp (empty), Source (empty), PF (best) (empty), and LMP (empty). A 'Tobacco Use' pop-up window is open, showing 'Not Asked' status, types (Cigarettes, Cigars, Chewing), packs/day, years, and pack years (0). The last verified date is '<Never verified>'. The pop-up has 'Verify' and 'Edit' buttons. The main window has 'Restore', 'Close F9', 'Previous F7', and 'Next F8' buttons.

Vitals	
Taken on 12/19/2007 at 1436	
BP:	118/76
SpO2:	
Pulse:	88
Weight:	180 lbs (81.65 kg)
Resp:	
Height:	6' (1.829 m)
Temp:	
Source:	
PF (best):	
LMP:	

Tobacco Use — Verify Edit

Not Asked

Types: Cigarettes, Cigars, Chewing

Packs/Day: Years: Pack Years: 0

Last verified: <Never verified>

Restore Close F9 Previous F7 Next F8



Registries Work

Screening:
ID smoking status



Treatment:
Offer counseling



Treatment:
Offer medications



Tobacco Treatment - Tobacco Use

Time Taken:
Date: 11/29/2010
Time: 1232

☒ Show Last Filed Value
☐ Show Row Info

****To flag data as significant, right click on the row name****

[-] Unable To Assess

Unable To Assess

Last Filed Value:
No data filed

[-] Tobacco Treatment

Select "Yes" If Patient Has Used Tobacco In Last 12 Months; Otherwise, Select "No"

Yes No

Last Filed Value:
No taken at 09/29/10 0849 by Pat Bates

Tobacco Cessation Brochure Given?

Last Filed Value:
Yes taken at 02/27/09 0700 by Margaret Turner

Nurse/Patient Requests A Tobacco Treatment Specialist Consult

Last Filed Value:
Completed taken at 02/27/09 0700 by Margaret Turner

Nurse/Patient Requests Medication To Prevent Withdrawal

Last Filed Value:
Not Applicable taken at 02/11/09 1104 by Ann Powell

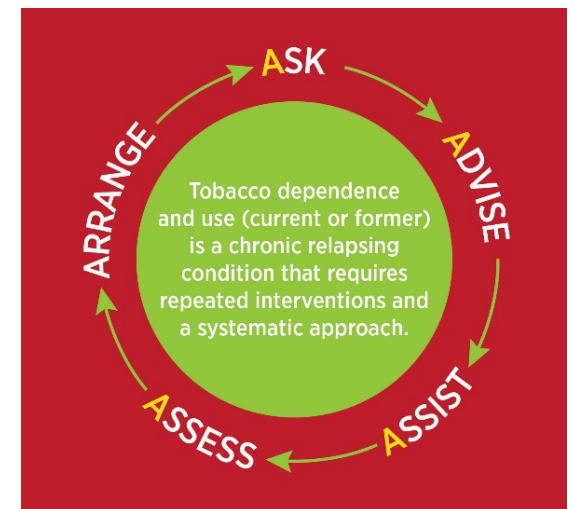
How Many Years Did You Smoke?



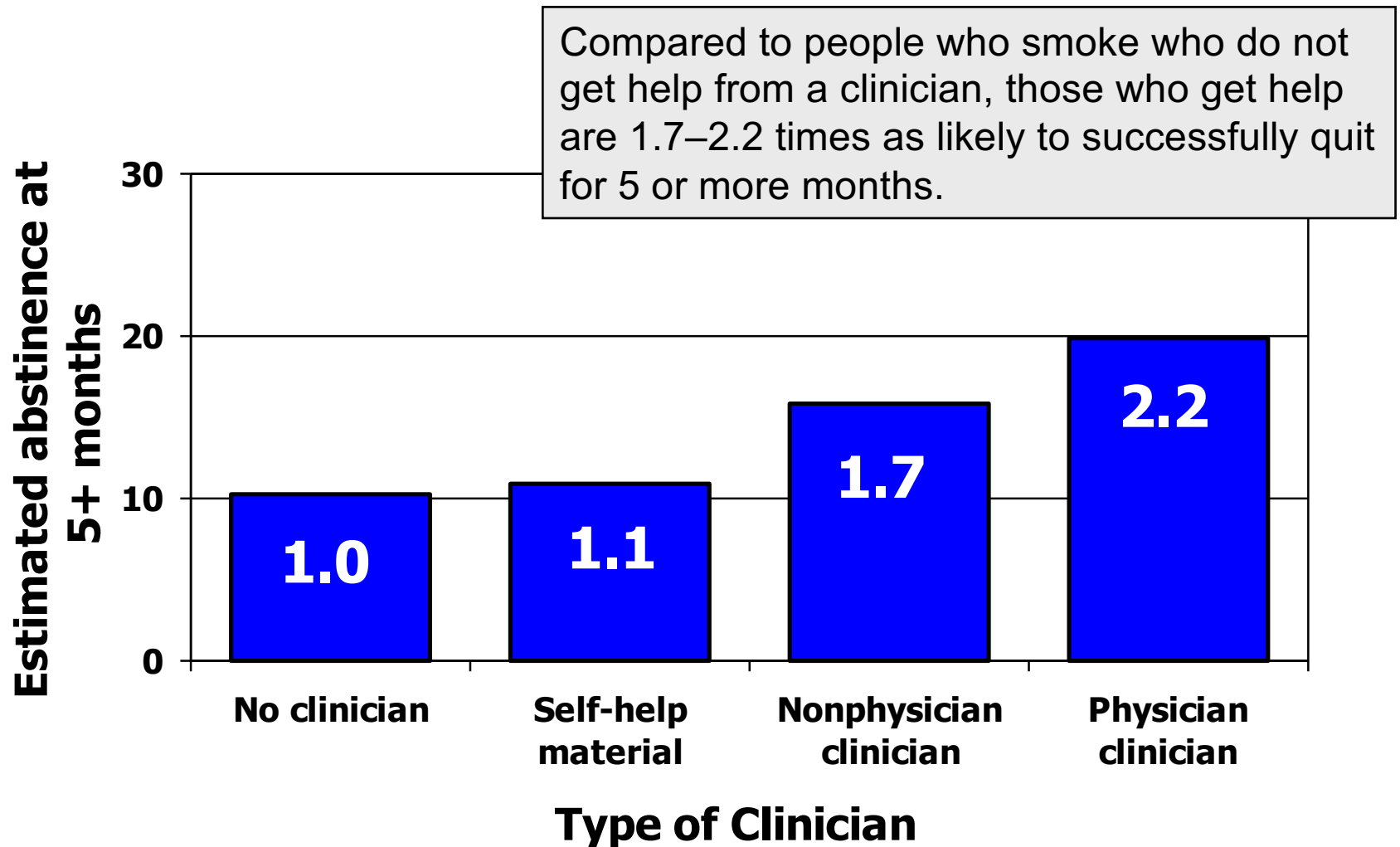
Tobacco Cessation Interventions: 5 A's

ADVISE people who use tobacco to quit

- Provide a clear, personalized and non-judgmental message about the health benefits of quitting tobacco
 - What would motivate the person to quit?



Advice Can Improve Chances of Quitting



Ask - Advise – Refer NH Tobacco Quitline



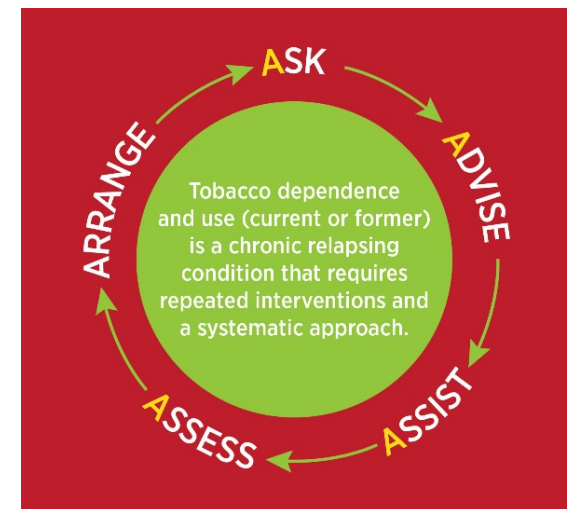
<http://quitworksnh.org>



Tobacco Cessation Interventions: 5 A's

ASSESS readiness to quit

- “How do you feel about your smoking?”
- “Have you considered quitting?”
- Explore barriers to quitting
- Assess nicotine dependence
 - “How many cigarettes do you smoke a day?”
 - “How soon after you wake do you have your first cigarette?”



Fagerström and Heavy Smoking Index

1. How soon after you awake do you smoke your first cigarette?
2. Do you find it difficult to refrain from smoking in places where it is forbidden (e.g. church, library, work, airplane)
3. Which cigarette would you hate to give up? (Morning/Other)?
4. How many cigarettes a day do you smoke?
5. Do you smoke more during the morning than during the rest of the day?
6. Do you smoke when you are so ill that you are in bed most of the day?



Tobacco Cessation Interventions: 5 A's

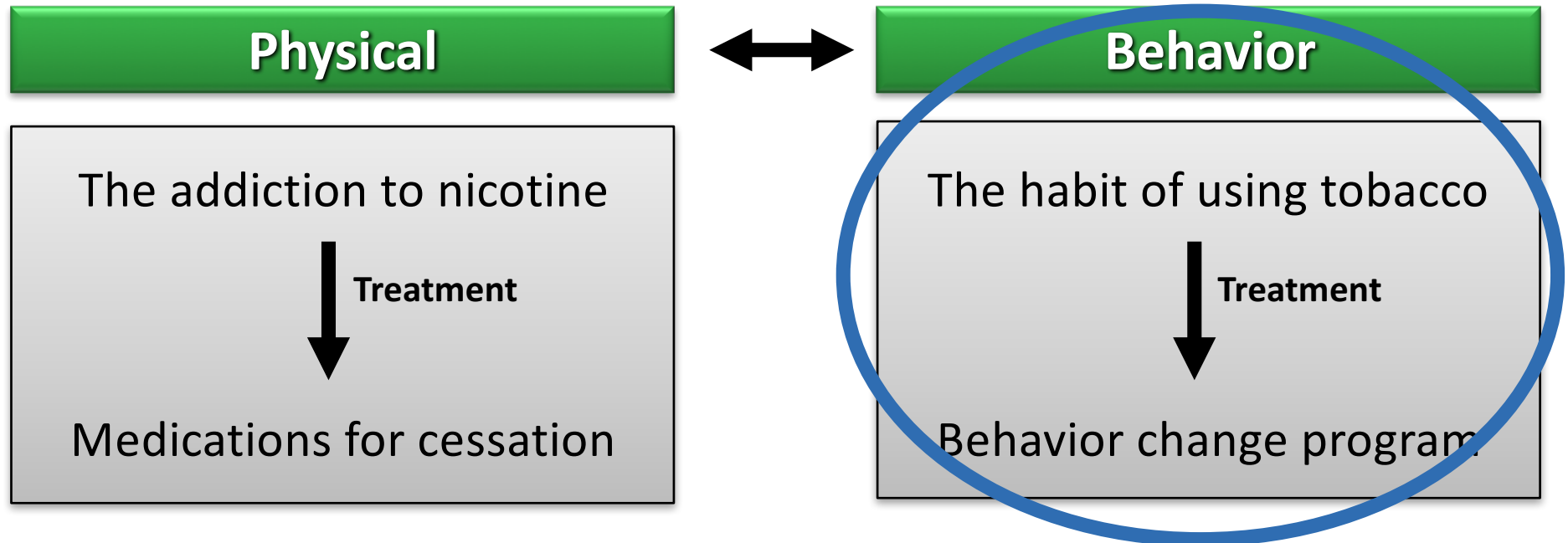
ASSIST individuals interested in quitting

- Set a quit date or gradually cut down
- Discuss their concerns
- Encourage social support



Tobacco Dependence Has Two Parts

Tobacco dependence is a 2-part problem



Treatment should address both the addiction and the habit.

Courtesy of the University of California, San Francisco



Motivational Intervention

- Conduct 30-minute semi-structured interview
- Work with individuals to increase their readiness for tobacco cessation
- Provide brief, personalized feedback about their carbon monoxide levels and the cost of smoking
- Encourage individuals to set concrete and manageable goals
- Discuss and list the supports they need to set a quit date and sustain their quit attempt



The Stethoscope of Smoking Cessation

- Non-invasive
- Visual motivational tool
- Severity of dependence
- Likelihood of cravings



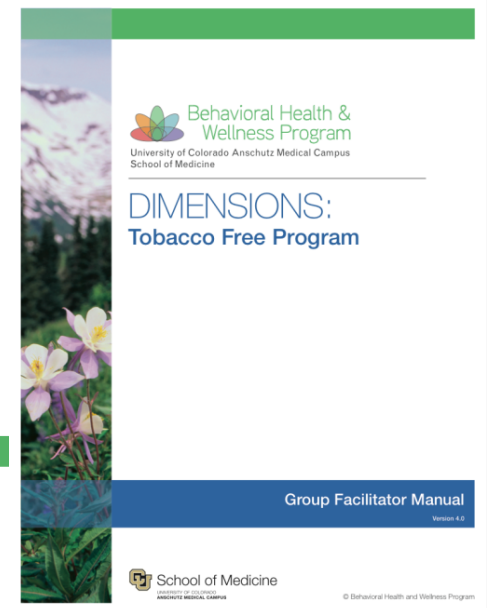
Behavior Change Interventions

- Cognitive-Behavioral Therapy
- Clinician advice
- Individual counseling
 - > 4 sessions
 - > 10 minutes
- Psycho-educational groups
- Peer support
- Age-tailored self-help materials



DIMENSIONS: Tobacco Free & Well Body Program Training Materials

- Advanced Techniques Manual
- Group Facilitator Manual
- Electronic copies of materials



Tobacco Free Group (or Individual Counseling)

- Session A: Creating a Plan
- Session B: Healthy Behaviors
- Session C: The Truth about Tobacco
- Session D: Changing Behaviors
- Session E: Coping with Cravings
- Session F: Maintaining Change

*Groups are typically 90 minutes



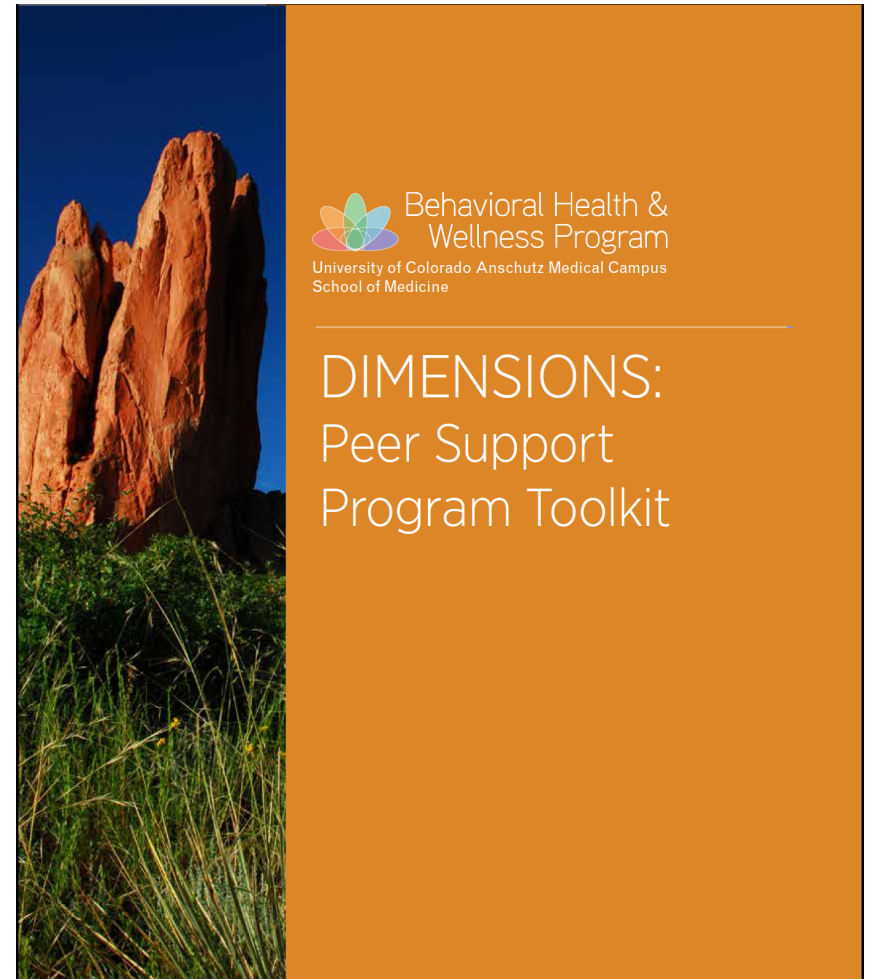
A Peer-to-Peer Model

“A peer provider is a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency.”



Peer Support

- Evidence-based information about the effectiveness of peer support programs
- Step-by-step instructions to create a successful and sustainable peer support program



<http://www.bhwellness.org/resources/toolkits/>



Tobacco Dependence Has Two Parts

Tobacco dependence is a 2-part problem

Physical

The addiction to nicotine



Treatment

Medications for cessation



Behavior

The habit of using tobacco



Treatment

Behavior change program

**Treatment should address both the addiction
and the habit.**

Courtesy of the University of California, San Francisco



Tobacco Cessation Medications

The only medications approved by the Food and Drug Administration (FDA) for tobacco cessation are:

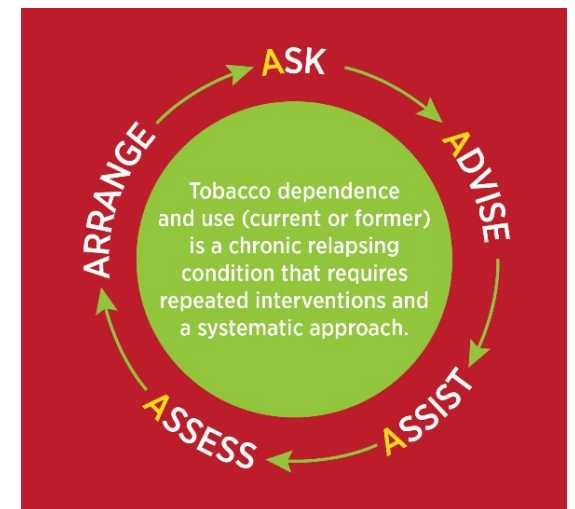
- Nicotine gum
- Nicotine lozenge
- Nicotine patch
- Nicotine nasal spray
- Nicotine inhaler
- Bupropion SR tablets
- Varenicline tablets



Tobacco Cessation Interventions: 5 A's

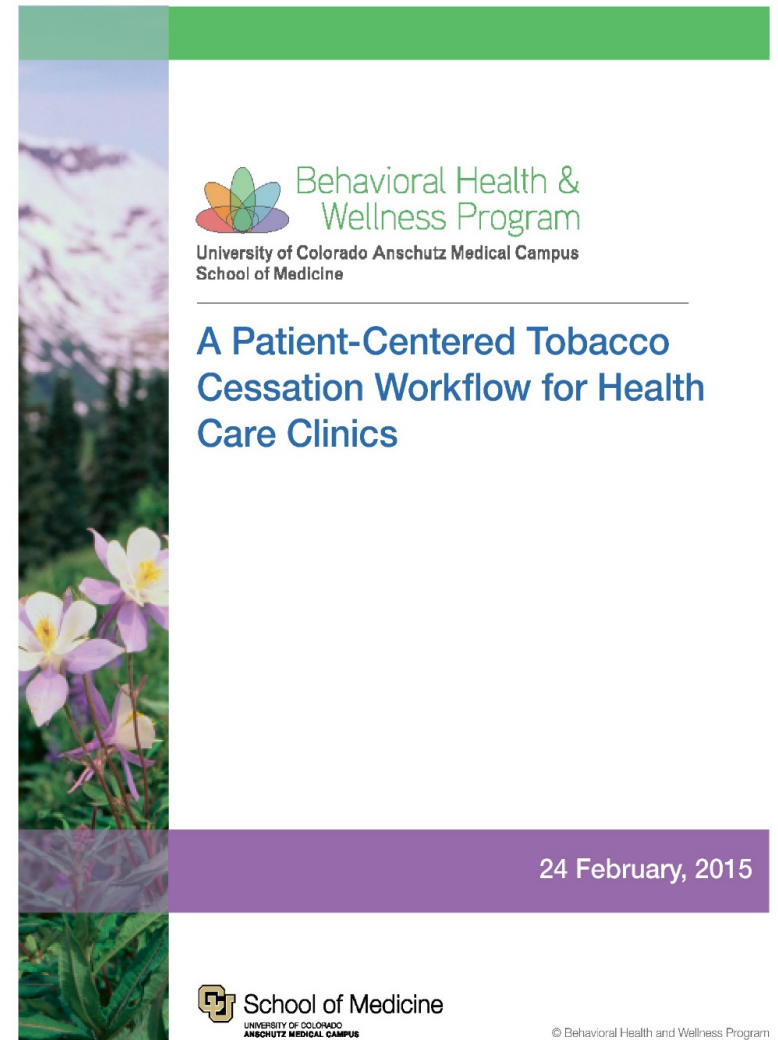
ARRANGE follow-up visits to track progress

- Encourage individuals to join the Tobacco Free group
- Discuss ways to remove barriers
- Congratulate successes
- Encourage individuals to talk with their providers



Delivery System Design

- Clear, dedicated team member roles
- Clinical workflow (when, where, who, what)
- Follow-up
- Performance feedback for clinicians



<http://www.bhwellness.org/resources/fact-sheets-reports/>



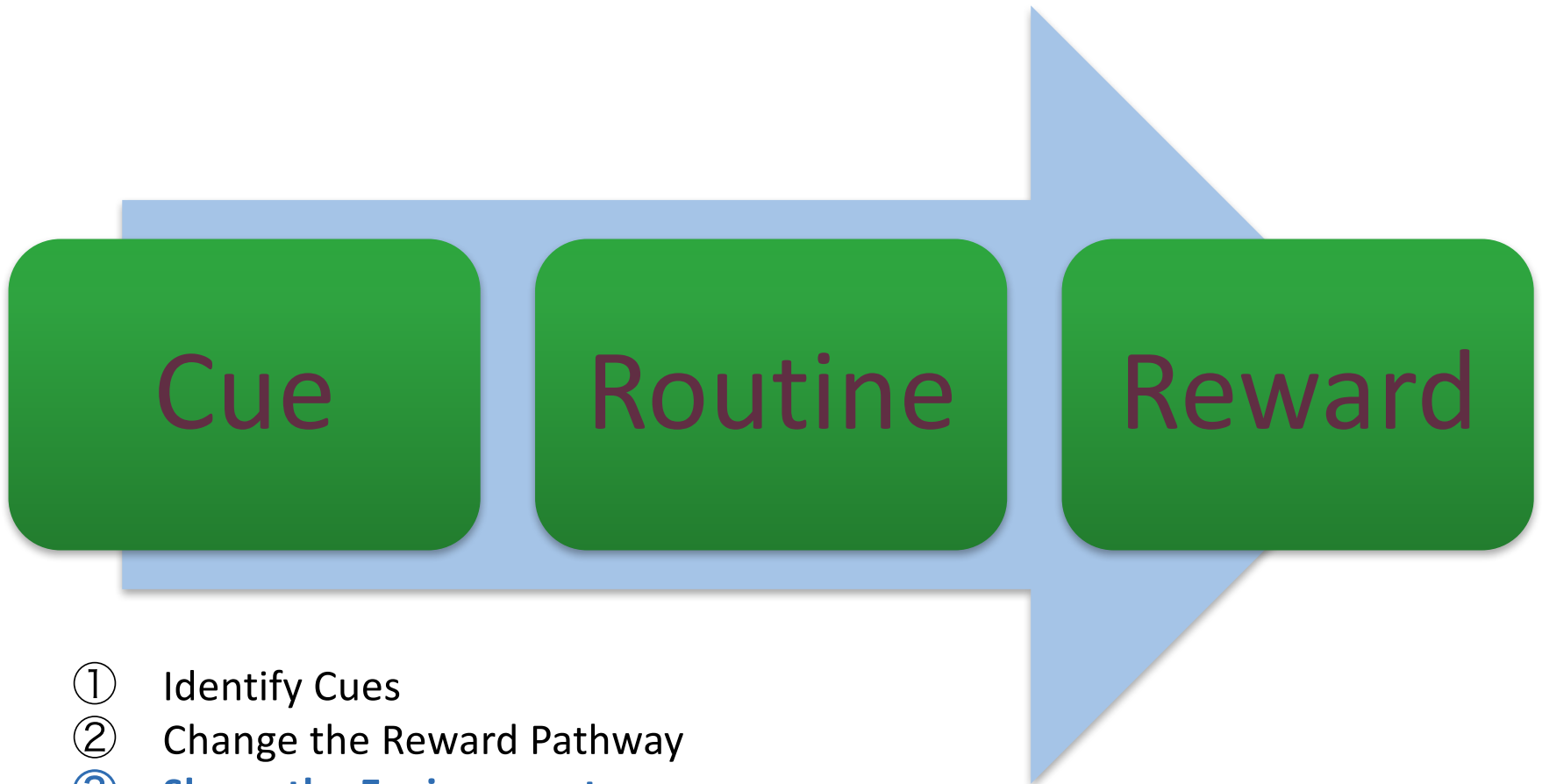
Tobacco Cessation Workflow Responsibilities

5A's	Tasks	Who's Responsible?
A sk	Document Smoking Status of Every Patient: <ul style="list-style-type: none"> • Ask, or • Give patient screening form → Verify smoking status at every visit	<hr/> <hr/>
A dvice	Advise patient to quit (brief, tailored counselling)	<hr/>
A ssess	Assess/Assist: <ul style="list-style-type: none"> • Utilize motivational interventions to address tobacco use • CO monitor reading or other biometric screening • Collaborative treatment planning • Onsite cessation group and/or individual counseling • Peer services/patient navigator 	<hr/>
A ssist		<hr/>
A rrange	Arrange/Refer/Connect: <p>Treatment</p> <ul style="list-style-type: none"> • Counseling • Prescribe medications <p>Referral</p> <ul style="list-style-type: none"> • Fax QuitLine referral and/or preauthorizations as needed <p>Documentation</p> <ul style="list-style-type: none"> • Enter interventions into EHR and/or chart • Billing <p>Follow up appt. set within 1 month (in person or by phone), or within 1 week after quit date</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
O ther	<ul style="list-style-type: none"> • Post/place tobacco cessation materials in waiting area • Order cessation materials (brochures, posters) 	<hr/> <hr/>

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Creating Healthy Habits

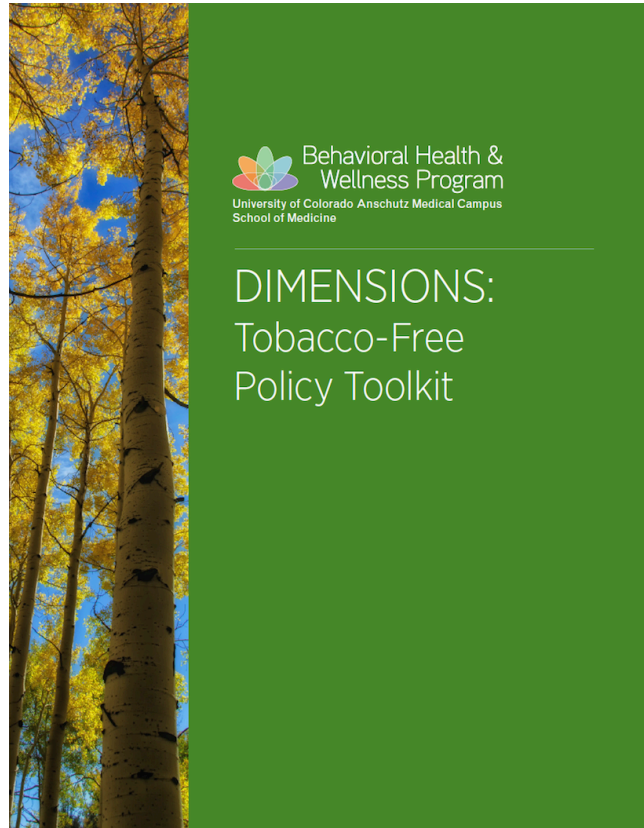


- ① Identify Cues
- ② Change the Reward Pathway
- ③ **Shape the Environment**





Tobacco Free Policy



Convene Your Wellness Committee



Provide Education



Create Your Change Plan



Offer Tobacco Cessation Services



Draft Your Policy



Launch Your Policy



Communicate Your Plan



Enforce Your Policy



Build Community Support

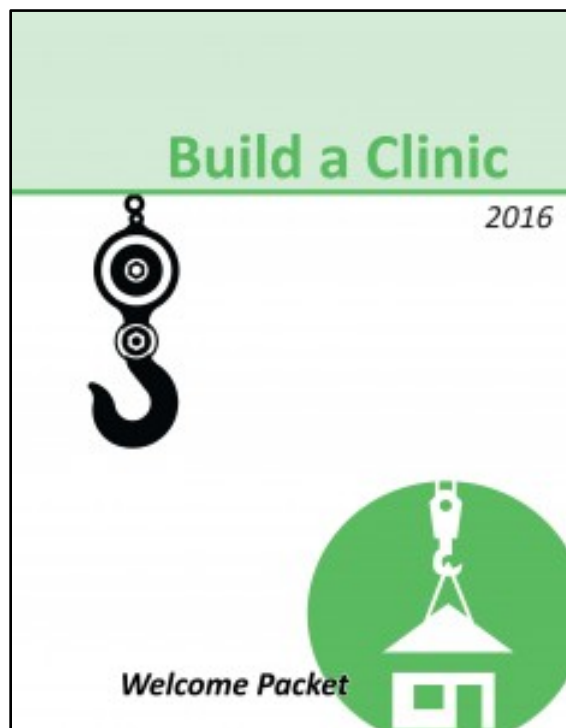


Evaluate Your Program

www.bhwellness.org/resources/toolkits



Increased Reach to the Underserved



- Case-based learning
 - ECHO Colorado
- Hub and spoke model
- Scalability

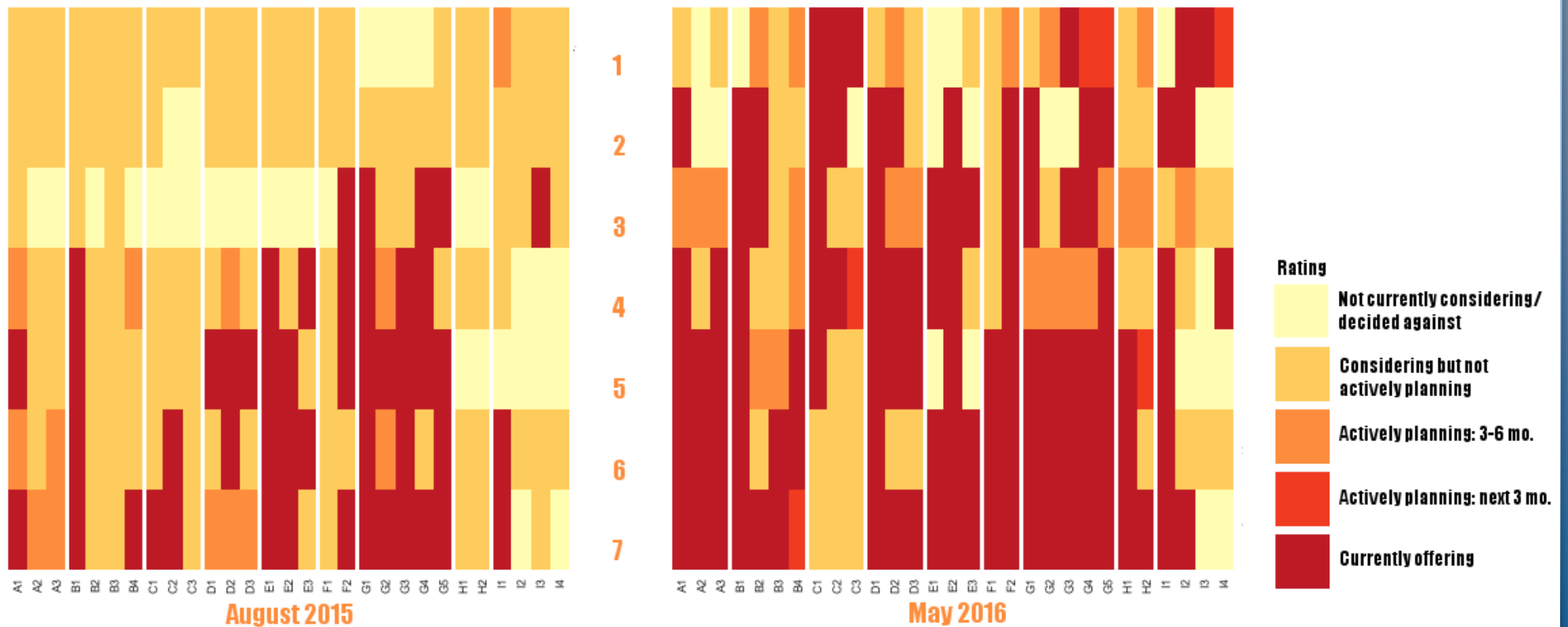
Currently accepting applications!

<https://www.bhwellness.org/programs/about-the-build-a-clinic-program>



System Redesign

Turning Up the Heat



Rocky Mountain Tobacco Treatment Specialist Certification (RMTTS-C) Program






- Interactive, 4-day course
- Graduates will leave with the confidence and skills to effectively treat tobacco dependence in any healthcare setting

SAVE THE DATE:
May 2017





-  Jointly funded by CDC's *Office on Smoking & Health* & *Division of Cancer Prevention & Control*
-  Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
-  1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations



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SMOKING CESSATION
LEADERSHIP CENTER

<http://smokingcessationleadership.ucsf.edu/>



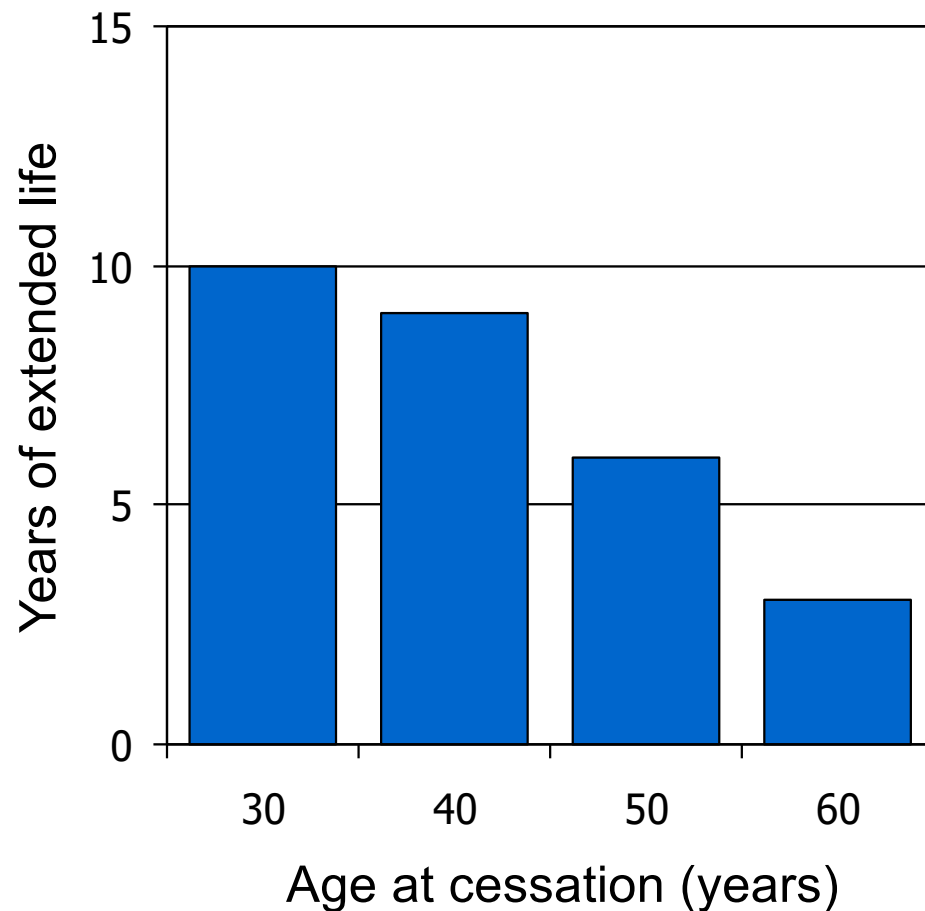


- An organization of providers dedicated to the promotion of and increased access to evidence-based tobacco treatment for the tobacco user
- Listserv provides up-to-date discussion and expert information

<http://www.attud.org>



It is Never Too Late to Quit



Quitting smoking at ANY age leads to a longer and healthier life



Quitting: It Can Be Done

Persons with behavioral health conditions:

- Are able to quit using
- 75% want to quit using
- 65% tried to quit in the last 12-months



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