



TOBACCO CESSATION IN WA
COMMUNITY HEALTH CENTERS
July 28, 2021

Today's Presenters

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**Commercial Tobacco Prevention,
Washington State Department of Health**

Disclosures

The planner and speakers have no relevant financial relationships with any commercial interests pertaining to this activity.

Nursing Continuing Professional Development

This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

CE is available for attending this webinar or watching a recording of the webinar. Contact hours for the live webinar and webinar recording are available through July 28, 2022.

Successful completion of this continuing education activity includes the following:

- Attending the entire live webinar or watching the webinar recording
- **Completing the evaluation** available after the webinar or webinar recording

On the evaluation, please check 'Yes' if you're interested in CEs and please specify which type of CE you wish to obtain. Our office will send CE certificates via email about 2 weeks after evaluation completion.

→ If you have any questions about CEs, email Nick Fradkin at nick.fradkin@doh.wa.gov.

Medical Assistant Continuing Education

This program has been granted prior approval by the American Association of Medical Assistants (AAMA) for 1 clinical/general (CG) continuing education unit. Granting approval in no way constitutes endorsement by the AAMA of the program content or the program provider.

- Approval Number: 139221
- Title: The Role of Healthcare Workers in Effecting Tobacco Cessation Policy and Practice
- CEUs: 1 CG
- Date: 7/28/2021

→ If you have any questions about CEs, email Nick Fradkin at nick.fradkin@doh.wa.gov.

Presentation outline

- **Commercial tobacco use in Washington state (WA)**
- **Million Hearts® Tobacco Cessation Change Package**
- **Clinical practice considerations**
 - Tobacco-free policy
 - Screening
 - Treatment
 - Referral
- **Opportunities for community health centers**
- **Evaluation, Q&A**





COMMERCIAL TOBACCO USE IN WA

Pop Quiz!

Go to [menti.com](https://www.menti.com) and enter code 6738 0431

Approximately what % of adults currently smoke cigarettes in Washington state?

- 7% (about 1 in 14)
- 9% (about 1 in 11)
- 11% (about 1 in 9)
- 13% (about 1 in 8)
- 15% (about 1 in 7)

Commercial tobacco use in WA

- **Tobacco is still the leading preventable cause of death**
 - Kills 8,000+ WA adults every year
 - Reduces life expectancy by 10 years
- **13% of WA adults smoke cigarettes** (WA BRFSS 2017-19)
- **Smoking rates are 1.5-2x higher among adults who:**
 - Report less than \$25K in annual household income
 - Identify as lesbian, gay, or bisexual
 - Identify as American Indian/Alaska Native
 - Report having poor mental health
- **The youth vaping epidemic is reversing progress**
 - One in five 10th graders vape (WA HYS 2018)
 - One in 25 adults vape (WA BRFSS 2017-19)

Open-ended question

Go to [menti.com](https://www.menti.com) and enter code 6738 0431

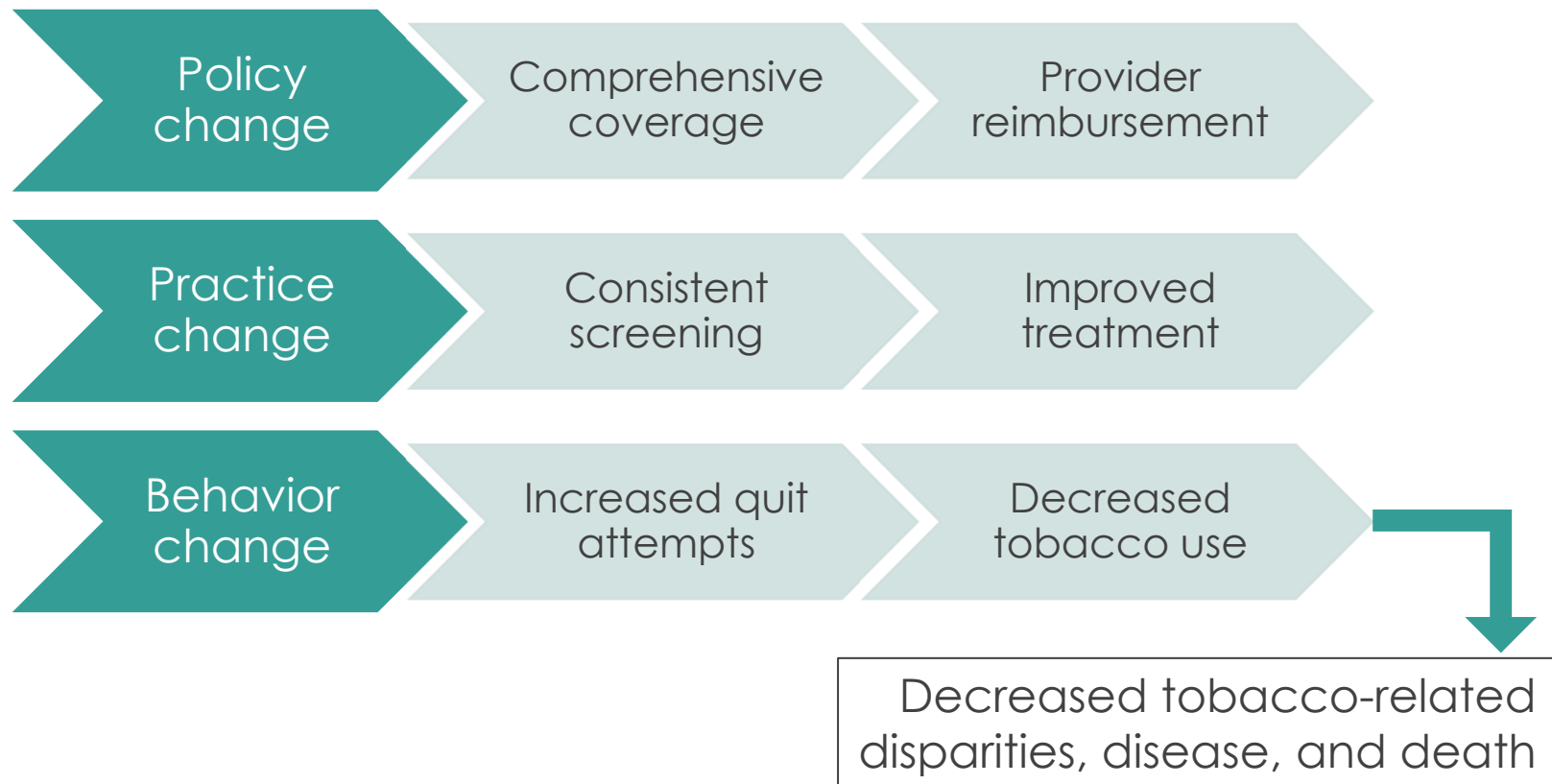
Who is responsible for reducing tobacco use?

Enter up to 3 words/phrases.



WA Commercial Tobacco Prevention & Control

- **2021-25 Strategic Plan, Goal 3:** Leverage resources for promoting and supporting tobacco dependence treatment



Where does tobacco cessation currently “live”?

Individual level

- Is tobacco use a physical or mental health issue?
 - Tobacco is causally linked to 12 cancers, COPD, etc.
 - Primary care emphasis on *disease* treatment
 - Cessation = Affordable Care Act essential service

- Recent movement toward behavioral health
 - Cessation included in SAMHSA strategic plan
 - DSM-5 inclusion of tobacco use disorder
 - Focus on nicotine (vs. tobacco)
 - Mental health/substance use disorder disparities

Population level

- Public health; “call the Quitline/1-800-QUIT-NOW”

Words matter: Reframing tobacco cessation

- Is the word “cessation” enough?
 - Do we merely advise people to quit heroin?
- Isn't “smoker” stigmatizing?
 - Consider using people-first language

→ Reframe as tobacco dependence treatment for people who smoke.

smoker

All Shopping Images Videos Maps More Tools

About 155,000,000 results (0.65 seconds)

Ads · Browse Food Smokers

Traeger Pro Series 34 B...	The Beefer Williams...	Traeger Tailgater 20 ...	Cuisinart 30" Electric...	Traeger Tailgater 20...
\$699.99	\$699.95	\$469.95	\$199.00	\$469.99
Traeger Grills	Williams-So...	Williams-So...	Crate and B...	Traeger Grills
★★★★★ (863)	Free shipping	★★★★★ (178)	★★★★★ (288)	★★★★★ (178)

https://www.homedepot.com › ... › Grills

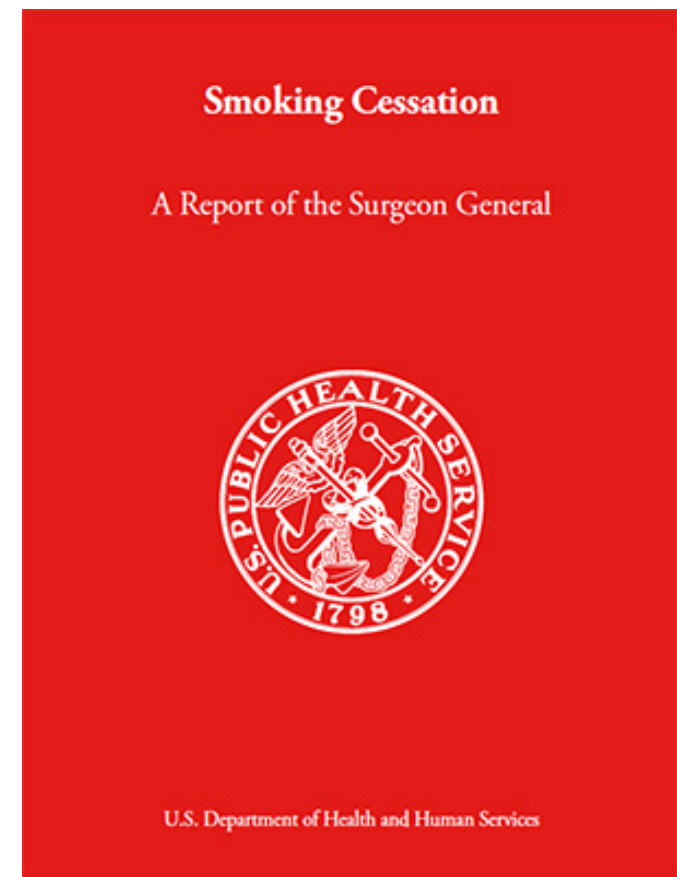
Smokers - Grills - The Home Depot

Results 1 - 24 of 86 — Get free shipping on qualified Smokers or Buy Online Pick Up in Store today in the Outdoors Department.

Electric Smokers · Charcoal Smokers · Smokers · Vertical Smoker

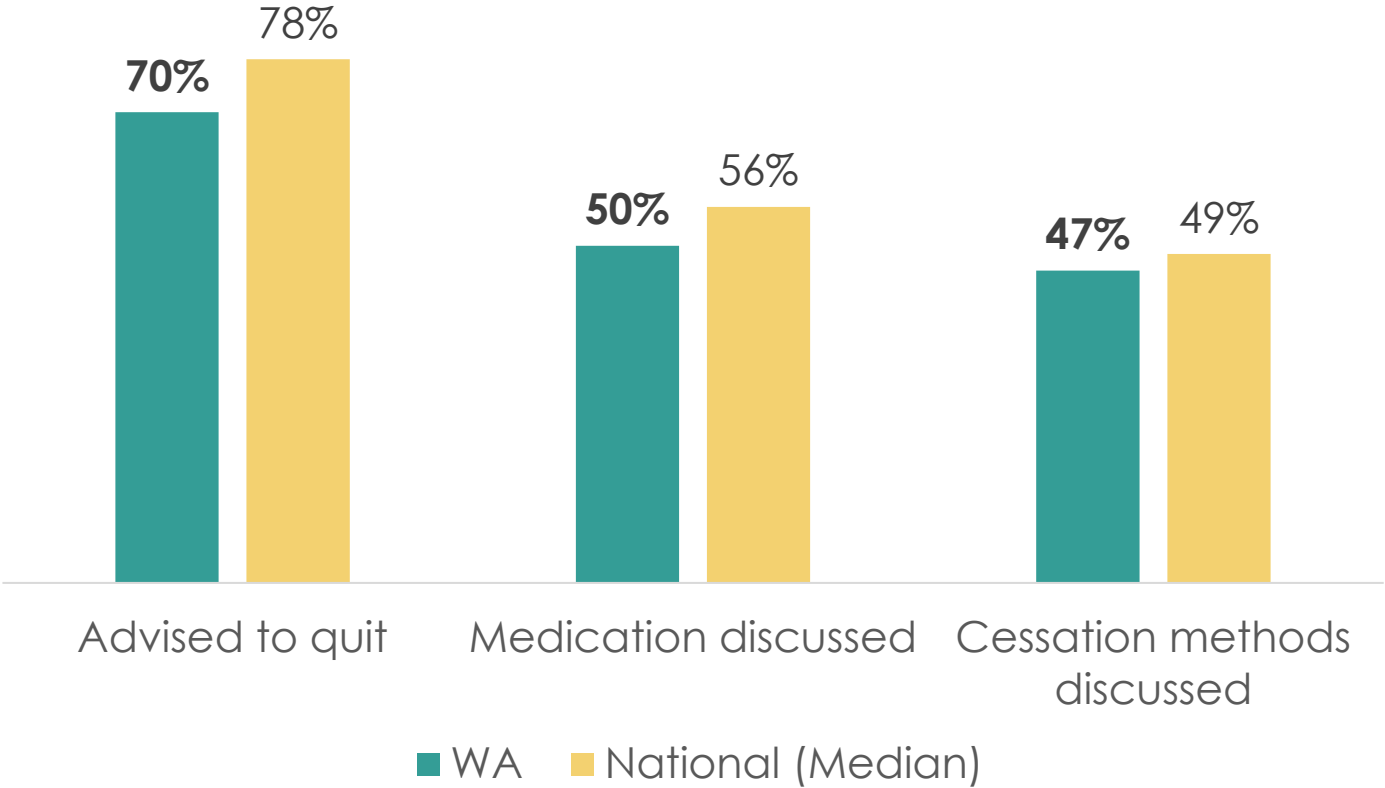
Role of health care professionals, systems

- Nearly 70% of adults who smoke want to quit
- Evidence-based cessation treatments work
- Health care professionals can help patients quit by:
 - Advising them to quit
 - Offering brief counseling
 - Prescribing cessation medications
 - Connecting them to additional resources (e.g., quitline)
 - Following up with continued support to prevent relapse

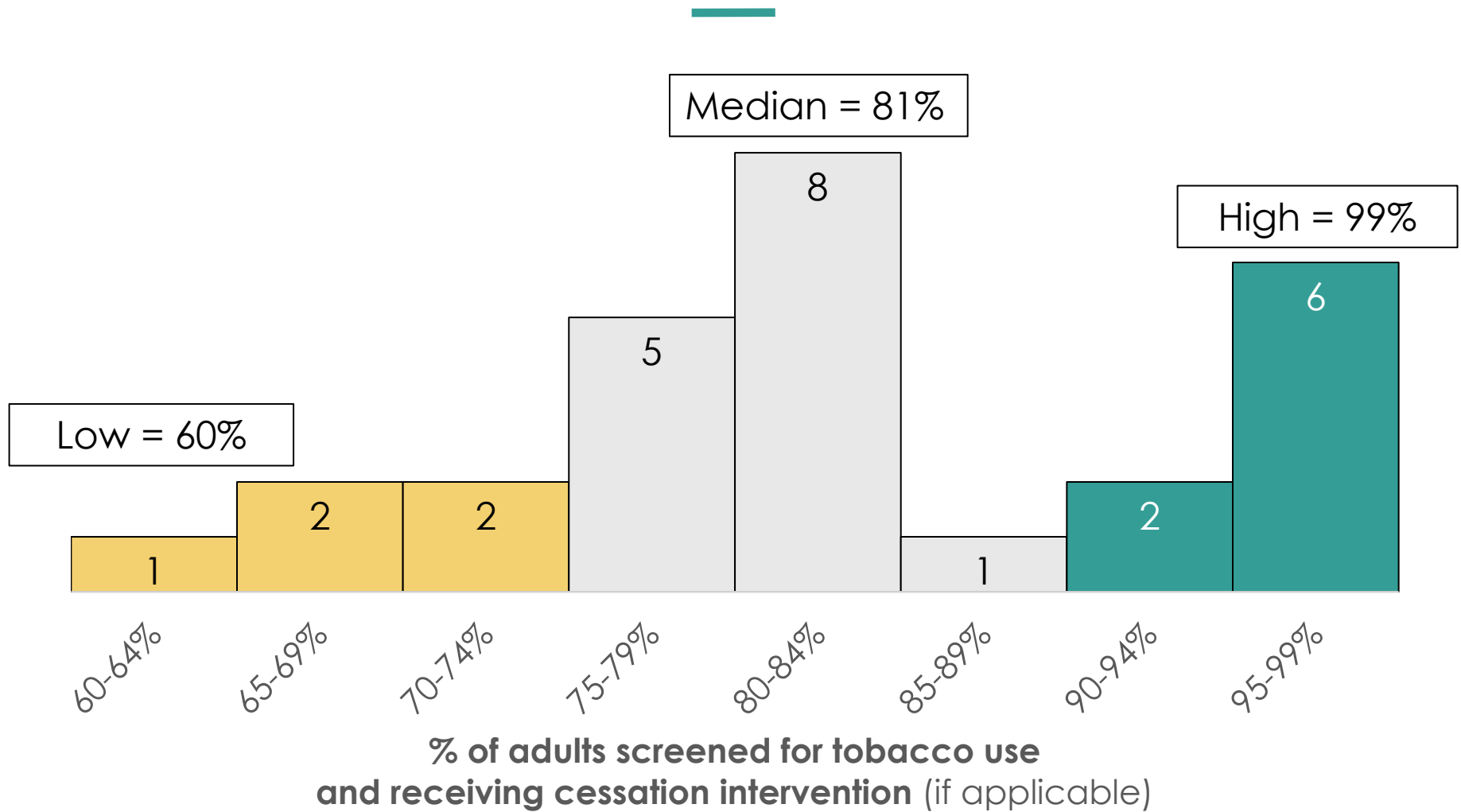


2020 Medicaid CAHPS results: WA vs. National

Among clients who report smoking or using tobacco...



Distribution of WA FQHCs on HRSA Metric

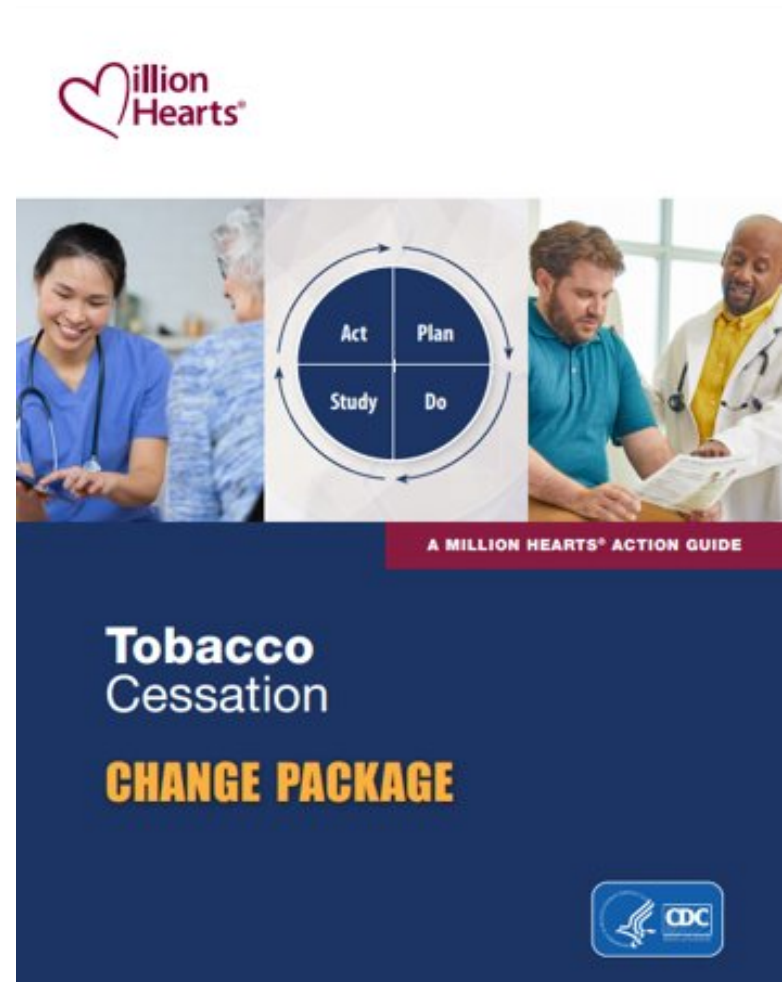




MILLION HEARTS® TOBACCO CESSATION
CHANGE PACKAGE

Million Hearts Tobacco Cessation Change Package

- Quality improvement tool from CDC
 - For health care professionals in various settings
 - Practical resource for increasing reach, effectiveness of tobacco cessation policies
 - Goal: Incorporate interventions in clinical workflow

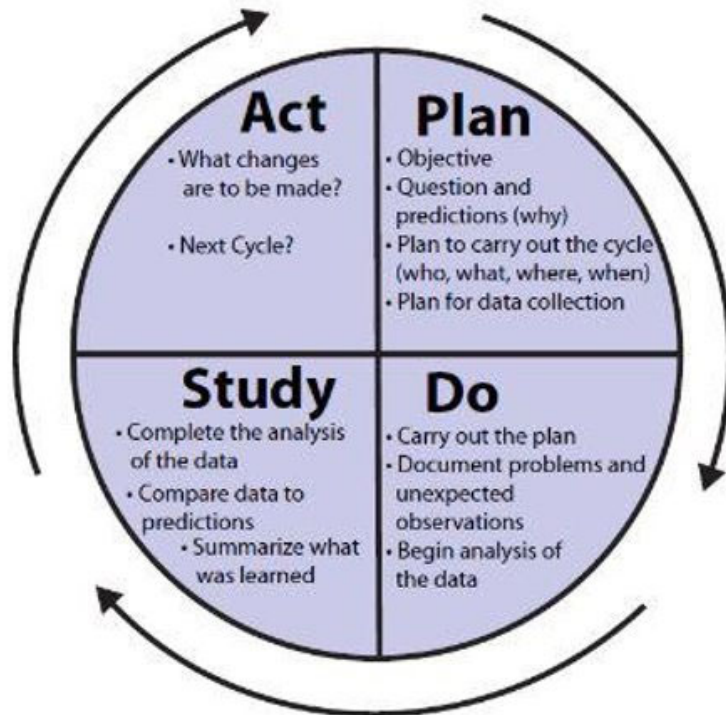


Start by building a team

- Multidisciplinary – Think beyond providers and caregivers
 - Informatics, pharmacy, administration, external stakeholders
- Initial team may benefit from being small
 - Increased sharing
 - Building relationships
 - Establish roles
- "Everyone important" does not need to be involved at once

Start and keep planning

The PDSA Cycle for Learning and Improving



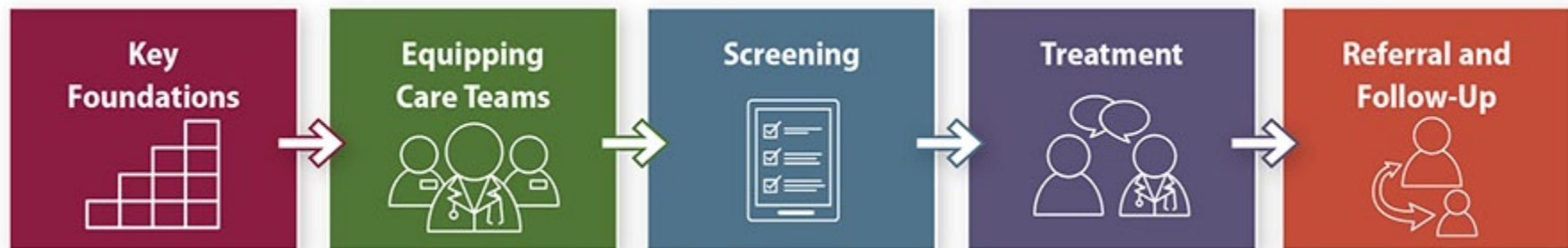
- What are we trying to accomplish?
- How will we know that a change is an improvement?
 - What will be measured?
- What changes can we make that will result in improvement?
 - Where will we start?



CLINICAL PRACTICE CONSIDERATIONS

Change concepts (roles you can play)

- Make tobacco use a vital sign
- Provide clinician and system-level feedback on progress and impact
- **Establish a tobacco treatment protocol**
- **Establish protocols to identify and connect patients to referral resources**
- **Create a supportive environment for cessation**



Create a supportive environment for cessation

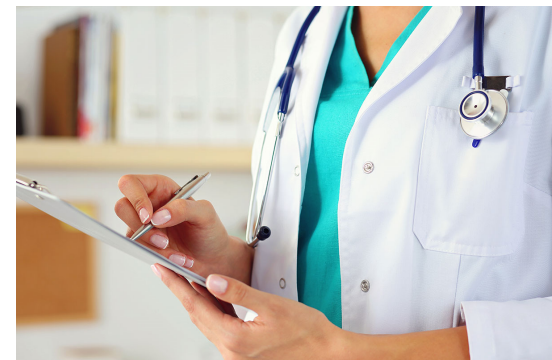
- Establish a tobacco-free workplace
- Support employees who are trying to quit
 - Provide NRT free-of-charge
 - Ensure employee health plan covers tobacco cessation therapies
- Health insurance incentives given to nonsmokers can be extended to those employees who are in treatment for tobacco dependence
- Use system- or clinic- wide media supporting tobacco cessation
 - Posters in breakrooms, waiting rooms, etc.

Pop Quiz #2!

Go to [menti.com](https://www.menti.com) and enter code **6738 0431**

Which of the following is NOT recommended for the treatment of tobacco use disorder?

- Over-the counter nicotine replacement therapy
- Electronic cigarettes
- Prescription medication (e.g., bupropion)
- Behavioral interventions



Tobacco dependence treatment options

- Pharmacotherapy
 - Nicotine replacement therapy (OTC and by prescription)
 - Varenicline or Bupropion
- Non-pharmacological
 - 5 A's (Ask-Advise-Assess-Assist-Arrange)
 - Motivational interviewing
 - Brief interventions: **Ask, Advise, Refer** (AAR)

Nicotine replacement therapy

- Over-the-counter (gum, lozenge, patch)
- Prescription (nasal spray, inhaler)
- E-cigarettes are not FDA-approved for tobacco cessation
 - "Dual use" and variability in dose administered
- Replaces the variable dose of nicotine received from cigarettes with a standardized dose
- Different scales for dosing (time to first cigarette, #PPD, etc.)
- RNs can provide education on dosing of OTC NRT independently under WA law
 - Clear treatment algorithms

Stages of change (for motivational interviewing)

Pre-contemplation

- Knows tobacco is unhealthy, and they should probably quit
- Not thinking about quitting anytime soon

Preparation

- Feels ready to make a quit attempt within next 30 days and can set a quit date

Maintenance

- 6+ months post-quit
- Focus is nicotine withdrawal & relapse prevention

Contemplation

- Realizes health effects on a personal level, knows they need to eventually quit
- Six-month horizon for quit attempt

Action

- Planned quit date
- Often receiving cessation support



Establish a tobacco treatment protocol

- Build EMR prompts for screening and treatment protocols (if "yes", then x)
 - Minimize the use of "pop-up" messages
 - Allow prompts to be put on "hold" for patients who are not ready to quit
- Standardize treatment protocols
 - Clear roles for each member of the team
 - Be aware of scope of practice/knowledge
- Create a treatment script for interventions (standardize care delivery)
- Systems-level and provider feedback

Connect patients to referral resources

- Referrals can be completed through the electronic medical record
 - Standardize referral orders, prompt providers to refer
- Two-way referral services
- Patients can self-refer, but may be more likely to follow through if referred by trusted medical provider
- Follow-up
- Relapse prevention

Make tobacco cessation “work”!

- MA/RN can begin the conversation about tobacco cessation treatment: "would you like to talk about tobacco cessation treatments with Dr. Sue today?"
 - Education can be delegated to RN/PharmD/etc.
- Follow-up outreach can be completed by any trained healthcare worker
 - Opportunity for CHWs, health educators, MAs, etc.
 - Clear protocols for escalation to provider/PharmD/etc.
- Be creative, share successes and challenges!



OPPORTUNITIES FOR COMMUNITY HEALTH CENTERS

WA State Quitline (WAQL) service overview

● **WAQL = Hub for tobacco cessation support**

- Connects patients with certified Tobacco Treatment Specialists
 - Standard program = 5 calls; tailored programs
- Provide free medications to eligible patients
- Enables providers to refer patients
 - Fax (referral form on DOH website)
 - Online (quitline.com)
 - EMR (coming soon!)
- Report referral outcomes to providers
- Prevent relapse among patients
 - Anyone call 1-800-QUIT-NOW for support

Provider resources:
doh.wa.gov/quitlinetraining

CELEBRATING 20 YEARS



WASHINGTON STATE QUITLINE

Since 2000, the Washington State Quitline has helped tens of thousands of Washingtonians quit smoking. Easily refer your patients at Quitline.com for free one-on-one counseling from a Certified Tobacco Treatment Specialist. Your patients may also be eligible for free medication and a tailored plan to help them quit smoking, vaping, or other tobacco. No insurance required.



Scan the QR code or visit doh.wa.gov/quitlinetraining to get the new **free Quitline resources** to help you help your clients live longer, healthier lives.

REFER YOUR PATIENTS AT QUITLINE.COM

Learn more at doh.wa.gov/quitlinetraining.

English: 1-800-QUIT-NOW (1-800-784-8669) • Español: 1-855-DÉJELO-YA (1-855-335-3569)

Both numbers are toll-free and offer translation in 240+ languages

DOH Tobacco-Free Behavioral Health Initiative

- Tobacco Treatment Specialist (TTS) training
 - Intensive (e.g., 4 days)
 - NAADAC certification
 - Completion of 200 service hours
- Webinars
 - Recordings linked to doh.wa.gov/tfbhi
- Bulk NRT order fulfillment
 - Only available to opioid treatment agencies funded through State Opioid Response grant



Other DOH resources

- 2Morrow Health app

- Free; sign up at doh.wa.gov/quit

- Print materials

- Free Quitline cards at 1-800-QUIT-NOW
- Other cessation materials *coming soon* to adaiclearinghouse.net

- CDC DP20-2001 grant

- FQHC quality improvement projects

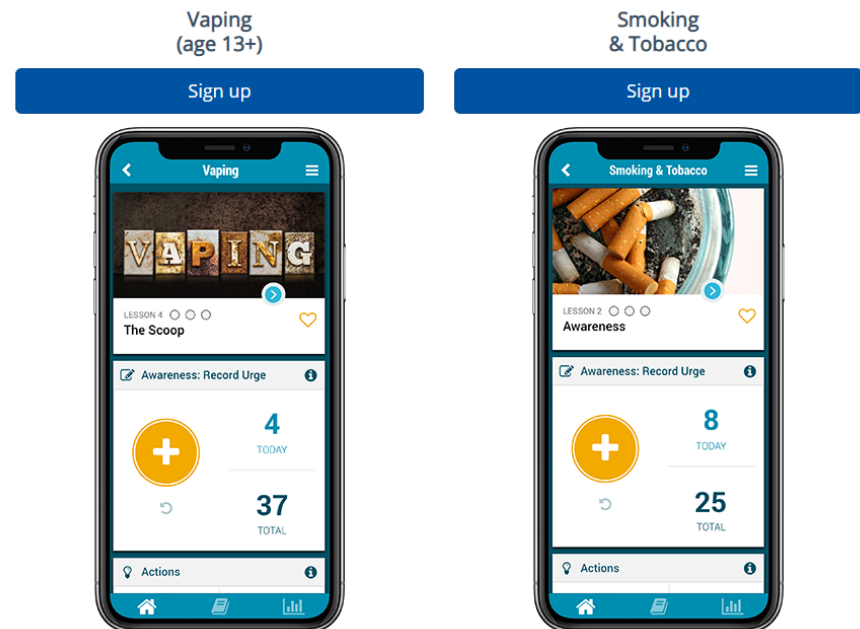
2Morrow Health

Español

2Morrow Health is a smartphone app that helps participants learn new ways to deal with unhelpful thoughts, urges, and cravings caused by nicotine. Participants receive notifications and can track their progress along the way in order to move toward their goal of quitting. The program is based on Acceptance and Commitment Therapy (ACT) and provides a personalized, non-judgmental and private experience.

Choose your app

Depending on your age and the tobacco product you are trying to quit, you can register for either of the smartphone apps below:



Go to <https://bit.ly/3i6SRgy>

EVALUATION +
Q&A

Contact



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@WADeptHealth



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