Connecting to Care – How to Leverage Quitlines to Better Support Your Clients

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National Behavioral Health Network
For Tobacco & Cancer Control

UCSF Smoking Cessation Leadership Center | National Center of Excellence for Tobacco-Free Recovery

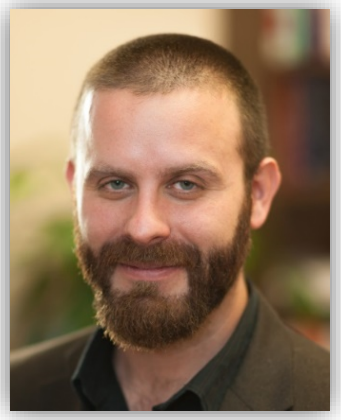
Monday, June 08, 2020, 2:00 PM EDT

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
STATE ASSOCIATIONS OF ADDICTION SERVICES
Stronger Together.

Welcome!

Dana Lange
Project Manager of Practice Improvement,
National Council for Behavioral Health

Chad Morris, Ph.D.
Professor of Psychiatry and Director of the Behavioral Health and Wellness Program, University of Colorado



Jim Pavlik, M.A., CTTS
Sr. Program and Policy Analyst,
Behavioral Health and Wellness Program, University of Colorado

Housekeeping

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- For audio access, participants can either dial into the conference line or listen through your computer speakers.
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- Presentation slides, handouts and recording will be posted here:
  - https://www.bhthechange.org/resources/resource-type/archived-webinars/

National Behavioral Health Network
For Tobacco & Cancer Control

- 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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Behavioral Health & Wellness Program

Smoking Cessation Leadership Center

MPHI

National Council for Behavioral Health
State Associations of Addiction Services
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UCSF Smoking Cessation Leadership Center | National Center of Excellence for Tobacco-Free Recovery

In 2018, Smoking Cessation Leadership Center (SCLC) was designated as the first Substance Abuse and Mental Health Services Administration's (SAMHSA) National Center of Excellence for Tobacco-Free Recovery (CTFR).

CTFR Goals:

- Promote the adoption of tobacco-free facilities, grounds, and policies
- Integrate evidence-based tobacco cessation treatment practices into behavioral health & primary care settings and programs
- Educate behavioral health and primary care providers on effective evidence-based tobacco cessation interventions

CTFR offers:

- Specialized subject matter expertise to provide training & technical assistance to states, local governments, tribal communities, behavioral health organizations, primary care providers, clinicians, peers, families, and other stakeholders to help reduce tobacco use among persons with behavioral health disorders.
- Builds on and expands SAMHSA's efforts to increase awareness, disseminate current research, educate behavioral health providers, & create results-oriented collaborations.

Disclosures

This UCSF CME activity was planned and developed to uphold academic standards to ensure balance, independence, objectivity, and scientific rigor; adhere to requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and include a mechanism to inform learners when unapproved or unlabeled uses of therapeutic products or agents are discussed or referenced.

The following faculty speakers, moderators, and planning committee members have disclosed they have no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation(s) or commercial support for this continuing medical education activity:

Chad Morris, Ph.D., Jim Pavlik, M.A., Taslim van Hattum, LCSW, MPH, Dana Lange, Samara Tahmid, Christine Cheng, Jennifer Matekuare, Catherine Saucedo, and Steve Schroeder, MD.

Learning Objectives

- Describe quitline services and how the pharmacotherapy and counseling offered telephonically, online, and through text can help persons with behavioral health conditions quit smoking.

- Outline how quitline services are being tailored to the behavioral health populations and what the outcomes thus far are for this innovative programming.

- Identify best practices for designing successful agency rapid improvement goals for better utilizing evidence-based state quitline services.

CME/CEU Statements

Accreditations:

The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of *1.0 AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the webinar activity.

Advance Practice Registered Nurses and Registered Nurses: For the purpose of recertification, the American Nurses Credentialing Center accepts *AMA PRA Category 1 Credit™* issued by organizations accredited by the ACCME.

Physician Assistants: The National Commission on Certification of Physician Assistants (NCCPA) states that the *AMA PRA Category 1 Credit™* are acceptable for continuing medical education requirements for recertification.

California Pharmacists: The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for *AMA PRA category 1 Credit™*. If you are a pharmacist in another state, you should check with your state board for approval of this credit.

California Behavioral Science Professionals: University of California, San Francisco School of Medicine (UCSF) is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for behavioral health providers. UCSF maintains responsibility for this program/course and its content.

Course meets the qualifications for 1.0 hour of continuing education credit for **LMFTs, LCSWs, LPCCs, and/or LEPs** as required by the California Board of Behavioral Sciences. Provider # 64239.

Respiratory Therapists: This program has been approved for a maximum of 1.0 contact hour Continuing Respiratory Care Education (CRCE) credit by the American Association for Respiratory Care, 9425 N. MacArthur Blvd. Suite 100 Irving TX 75063, Course # 183426000.

Behavioral Health & Wellness Program

Connecting to Care – How to Leverage Quitlines to Better Support Your Clients

Chad Morris, PhD
Jim Pavlik, MA CTTS
8 June 2020

School of Medicine
UNIVERSITY OF COLORADO
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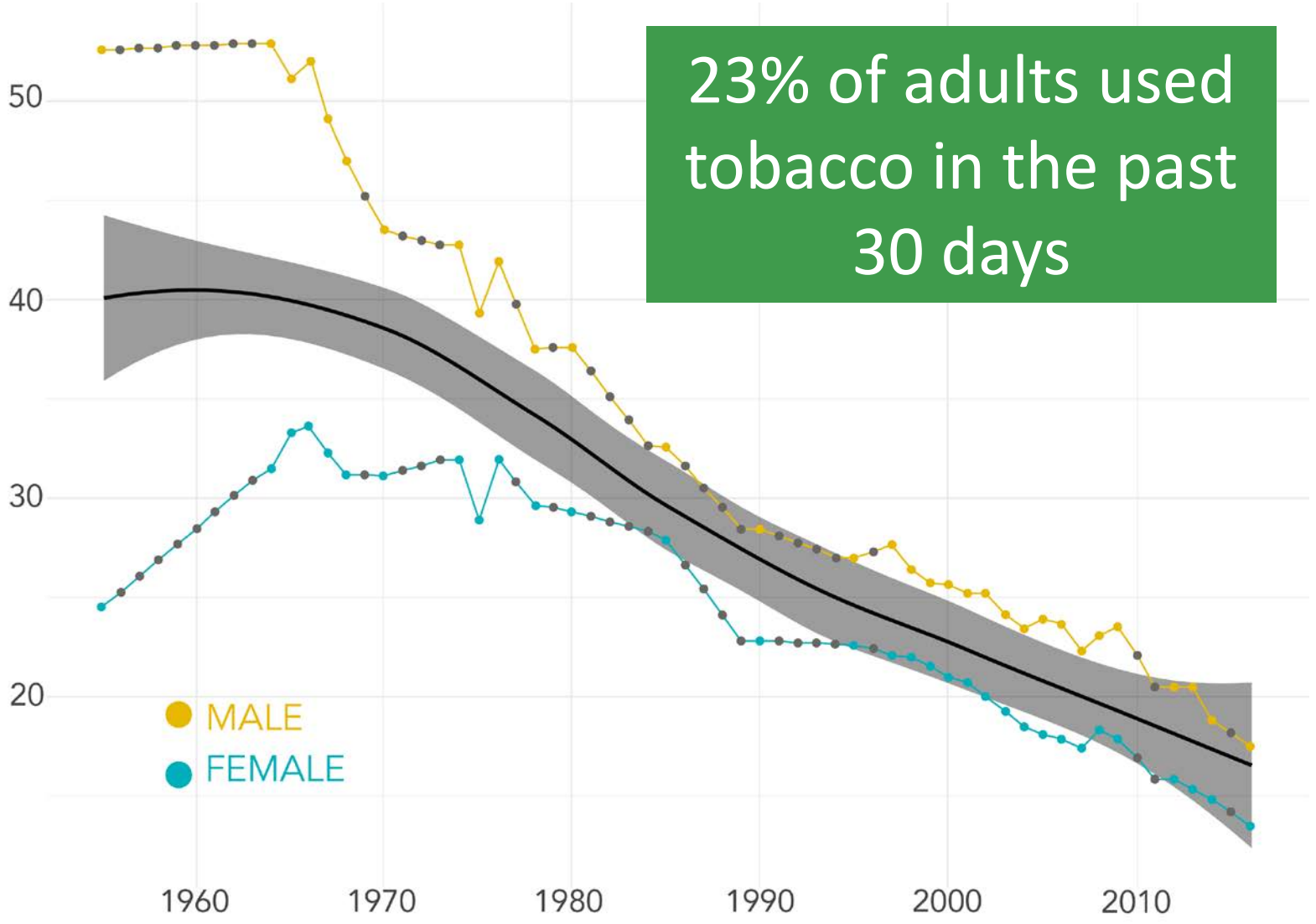
Tobacco and Behavioral Health

Trends in U.S. Adult Smoking



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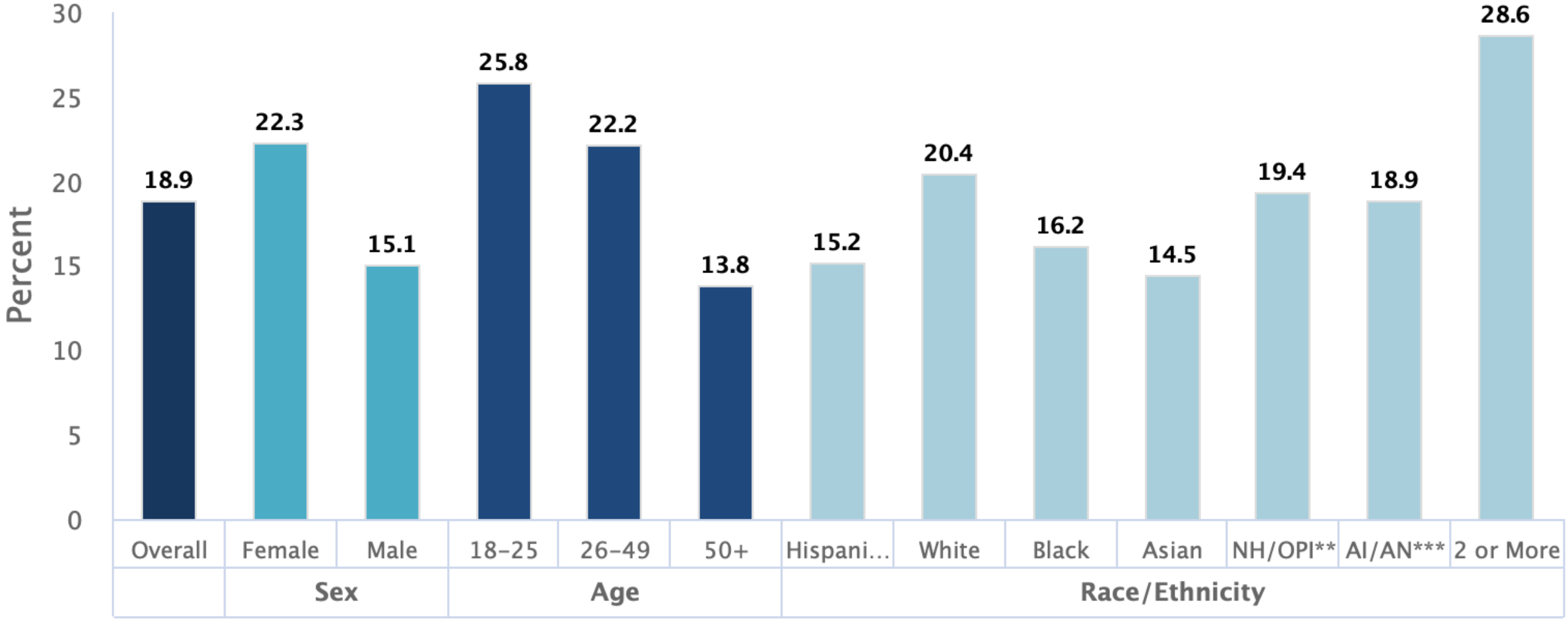
Past Year Prevalence of Any Mental Illness Among U.S. Adults (2017)

Data Courtesy of SAMHSA



https://www.nimh.nih.gov/health/statistics/mental-illness.shtml

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A mental health diagnosis carries independent risk for higher smoking prevalence even after accounting for traditional demographic risk factors

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Early Adversity & Smoking

People who report more than 4 categories of adversity exposure are:

- Over 5x more likely to start smoking early
- Over 3x more likely to have ever smoked
- Over 2x as likely to be currently smoking
- Almost 3x as likely to be a heavy smoker

Childhood adversity affects risk for nicotine use and addiction as well as the course of the addiction

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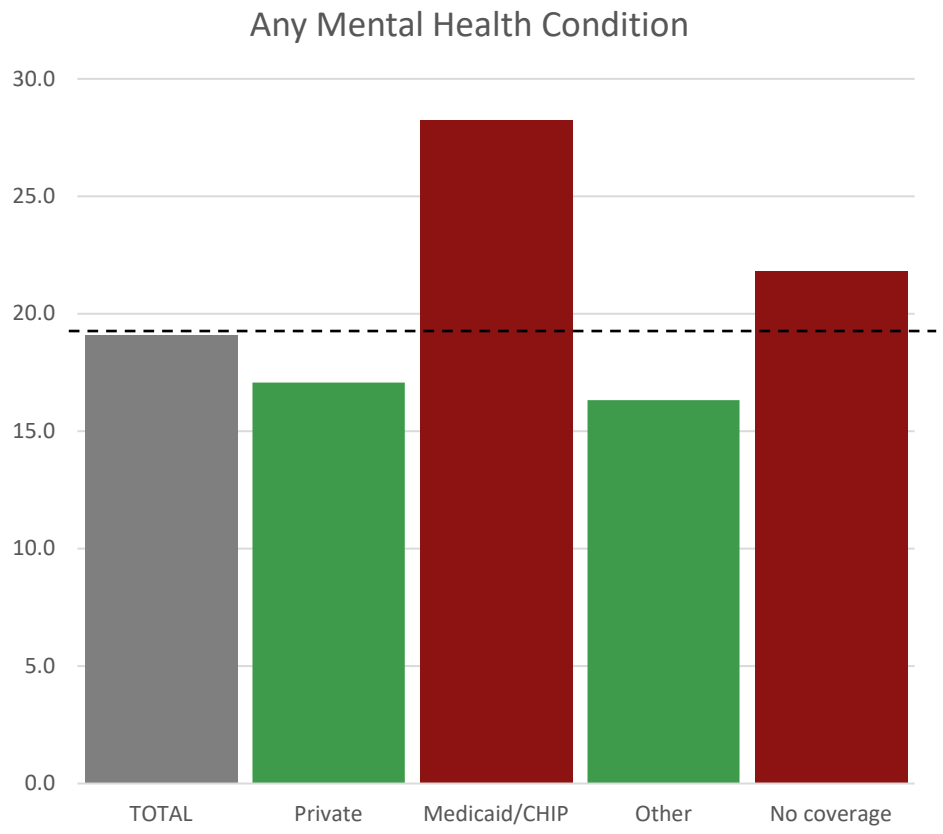
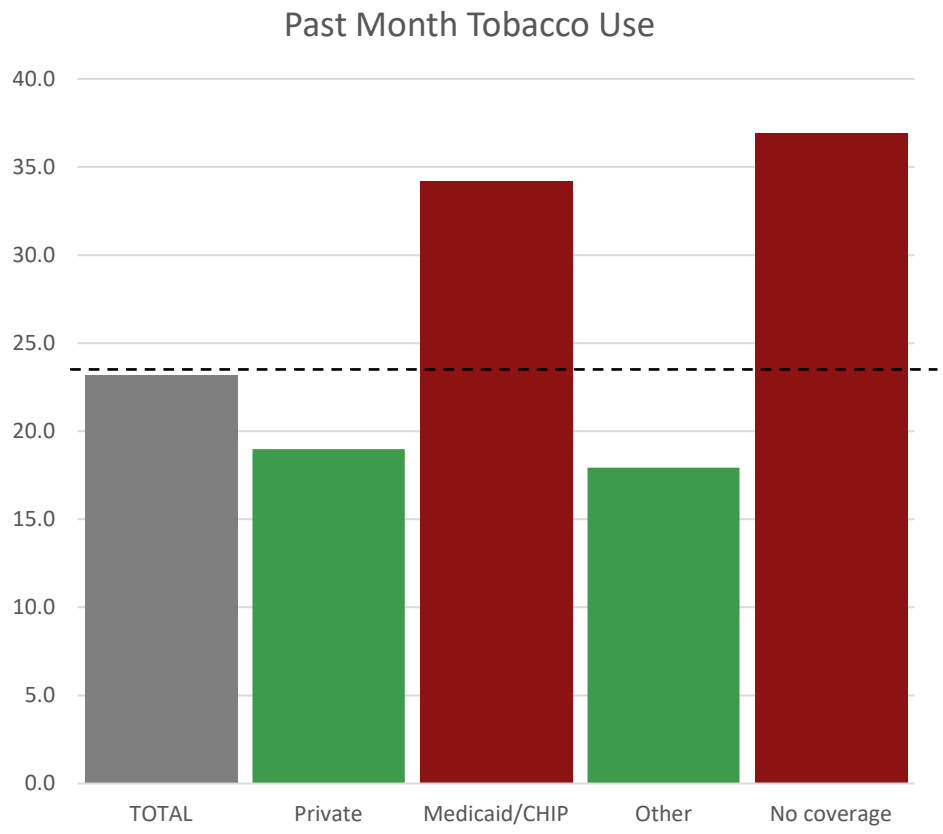
Tobacco Use and Mental Health Rates by Insurance Coverage





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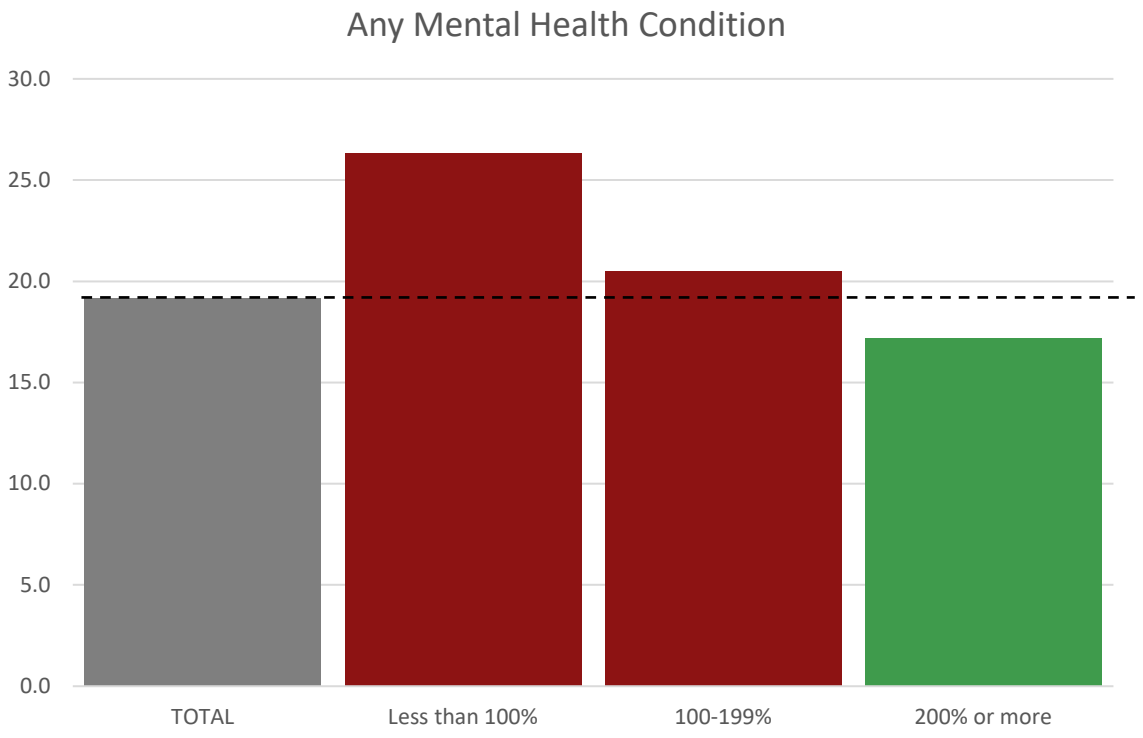
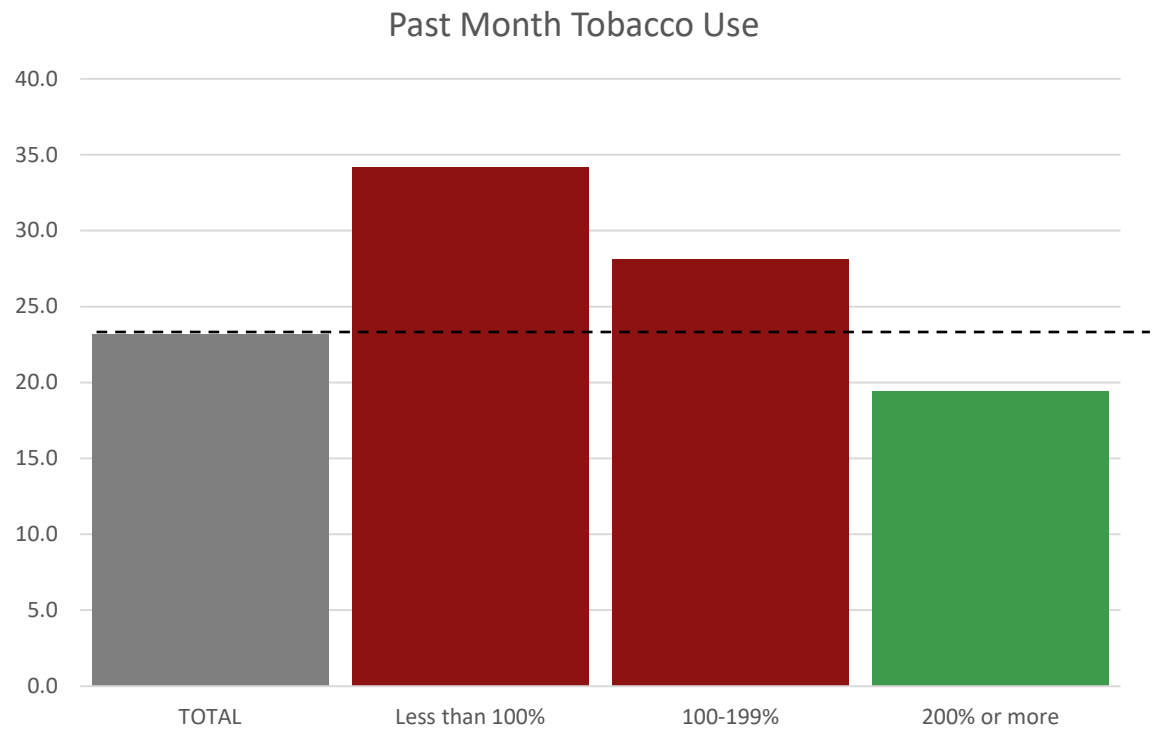
Tobacco Use and Mental Health Rates by Poverty Level





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Quitline Basics

Treatment Effectiveness for the Behavioral Health Population

Quitting tobacco is difficult but absolutely feasible for persons with health disparities…

if the right dose of evidence-based assistance is provided

Medication Assisted Treatment

- Combination of behavioral interventions and medications
- Highly effective treatment option for alcohol, opioid, or tobacco dependence
- Reduces illicit drug use and overdose deaths

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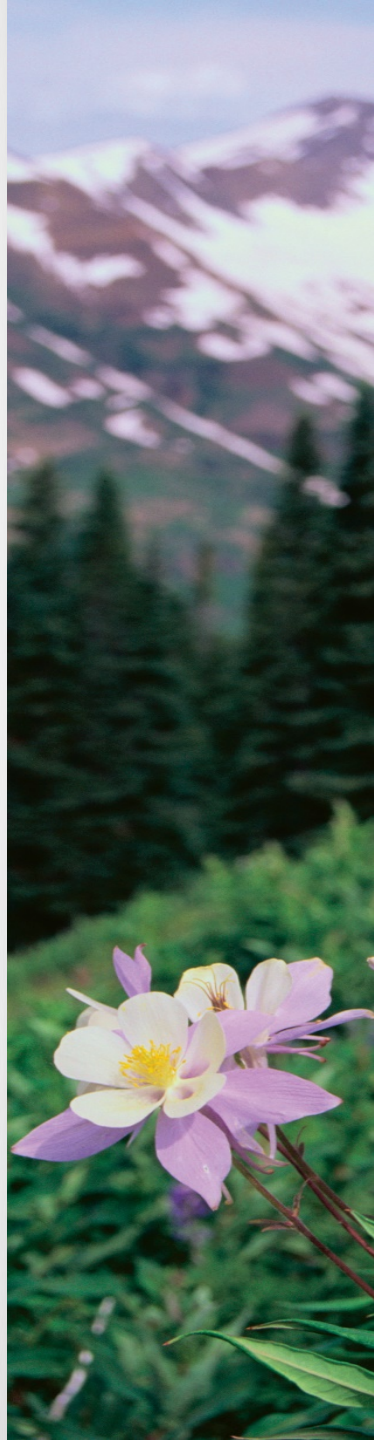
Tobacco Cessation Medications

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

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



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Cessation Medications for Persons with Behavioral Health Conditions

- Higher levels of nicotine dependence
- There is no medical reason not to use cessation medications
  - First line treatments are recommended for all
- Comfortable detox for temporary abstinence
- Recent trials of varenicline for schizophrenia and depression
  - Effective
  - No greater side effects

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1-800-QUIT-NOW

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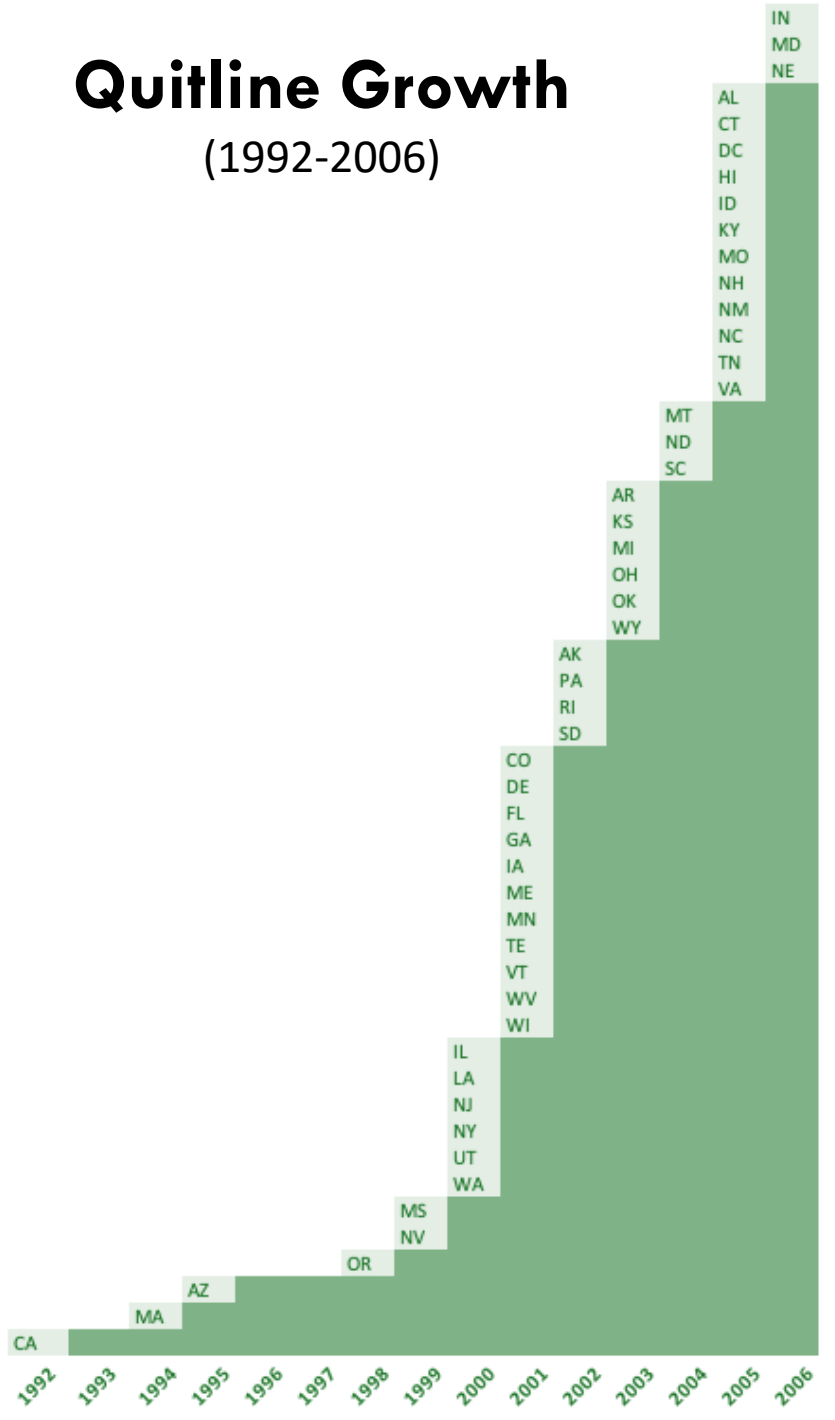
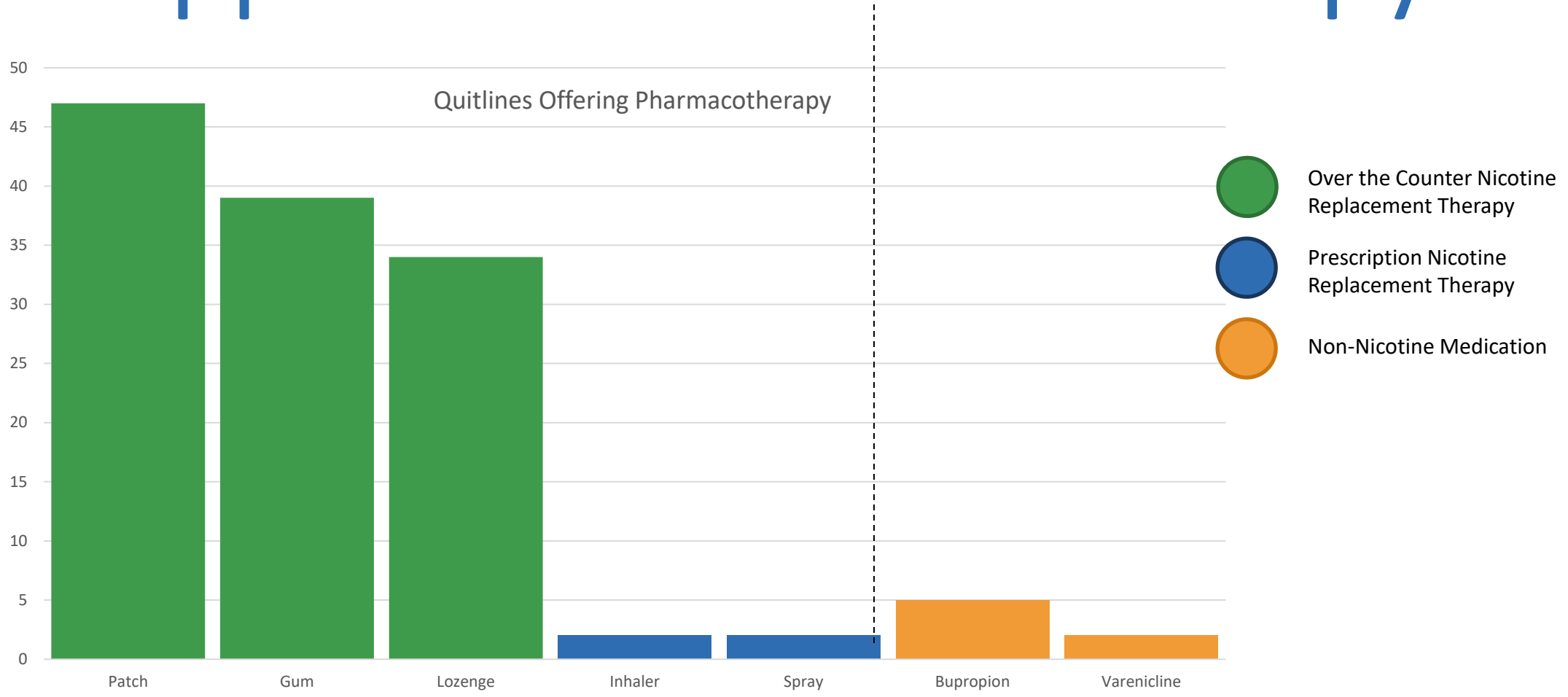
Quitline Introduction

- Free or subsidized cessation coaching and medications
- Coaching delivered primarily by telephone
- Expanding into web, chat, texting etc.
- Quitlines are funded by various methods:
  - State or local funds
  - CDC grants
  - Tobacco taxes
  - Master Settlement Agreement (MSA)
  - Public-private agreements



Quitline Provision of FDA-Approved Pharmacotherapy



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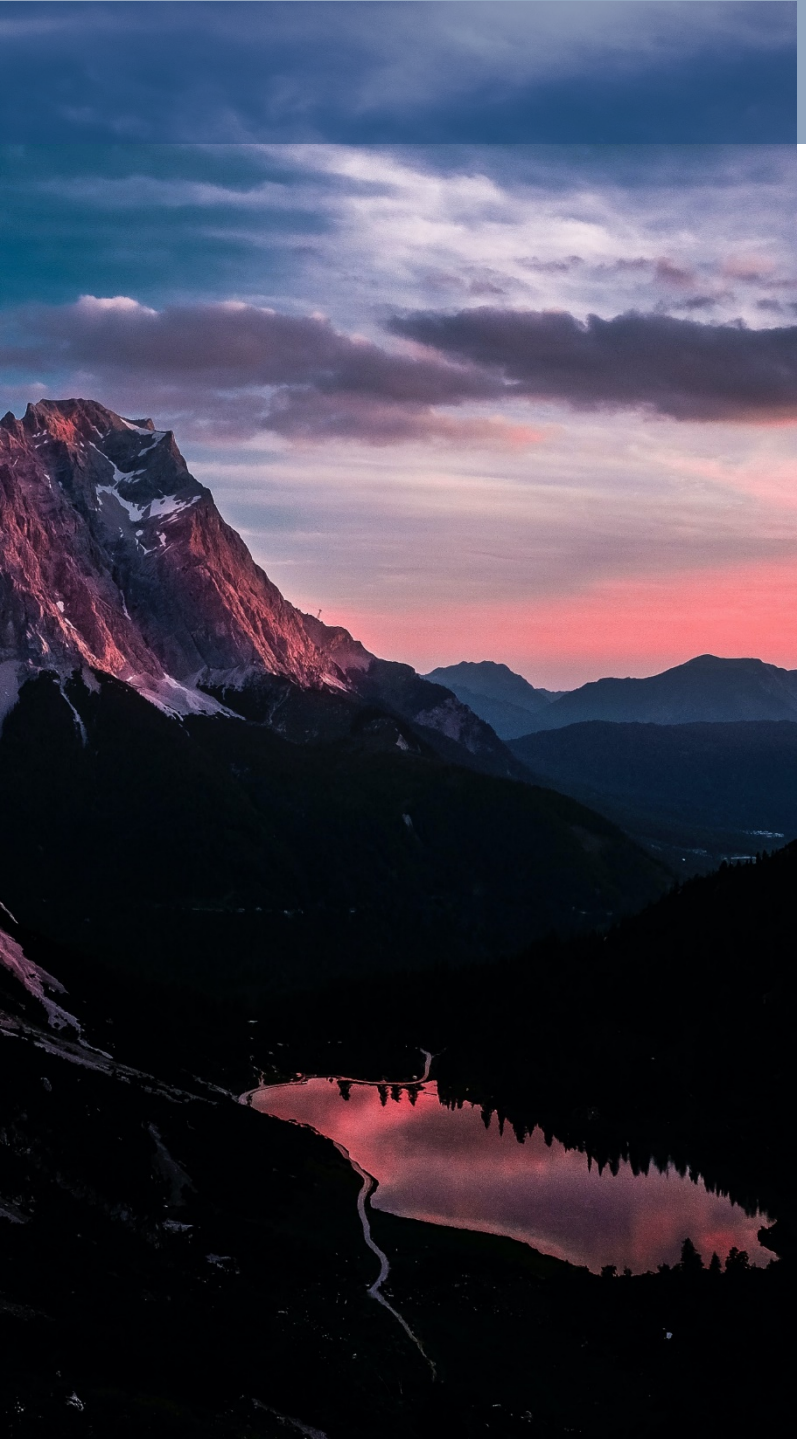
Quitline Callers with Behavioral Health Conditions



Context & Challenges

- Epidemic within a Pandemic and Other Competing Issues
- Reach
- State and Federal Budgets
- Telehealth v. Telephonic
- Preauthorizations
- Fragmented Care

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Six-State Quitline Study

- History of a mental health condition ranged from 62% in Montana to 89% in Idaho
- Quit rates ↑ for callers without MH issues, but a substantial number of callers reporting MH also sustained quits (43% vs. 33% at 6 months)
- Outcomes appear to be driven by how smokers feel their conditions may influence quit attempts

Lukowski et al., 2015

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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)

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Tailored Treatment

- Staff Training, Supervision and Fidelity
- Screening for Behavioral Health Conditions
- Greater Intensity of Services
- Patient-Centered, Strength-Based, Care Coordination
- Greater Duration of Treatment
- CBT, Mood Management, and Motivational Enhancement

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Pilot Outcomes

- Successful tailoring
- Mixed abstinence findings
- Increased engagement
- Utilized longer durations NRT
- Feasibility considerations

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Design Considerations for a Quitline Referral Process

Identified Practice Gap

	ASK	ADVISE	ASSESS	ASSIST	ARRANGE
AAFP 2014	91.1%	NA	NA	50.3%	NA
Park 2015	77.2%	75.6%	63.4%	56.4%	10.4%
Gottlieb 2001	59.3%	80.9%	NA	21.9%	1.8%
DePue 2002	44.0%	26.0%	NA	10.0%	5.0%
HRSA 2011	79.5%	52.7%	NA	NA	NA
Lebrun-Harris 2015	98.9%	68.0%	NA	NA	NA
Land 2012	56.5%	83.8%	NA	NA	NA
Quinn 2009	100.0%*	77.0%	NA	41.0%	NA

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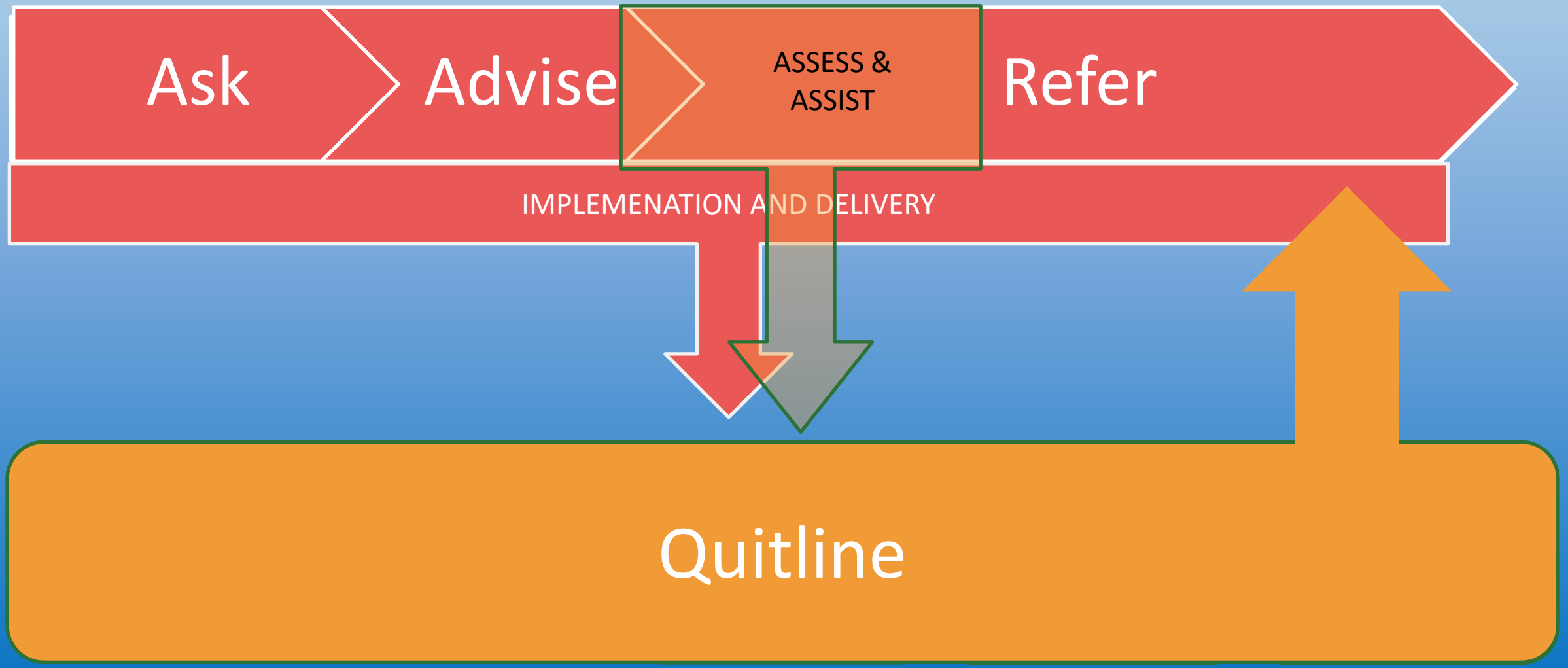
Rapid Improvement Goal



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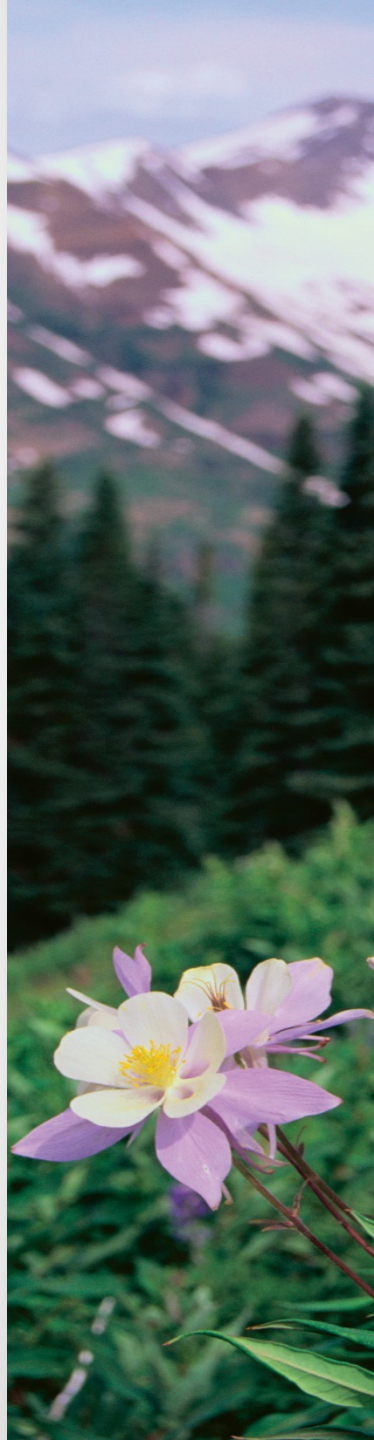
Setting the Stage for Success

- Organizational criteria for referral
- Estimate your work burden
- Determine who is referring to the quitline
- Set Benchmarks
- Train relevant staff
- Act
- Adjust and Relaunch



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Possible Criteria for Referral

- Level of interest in quitting
- Level of dependence
- Medical or psychiatric complications
- Imminent of harm
- Staff constraints (e.g., time)
- Clinical priorities

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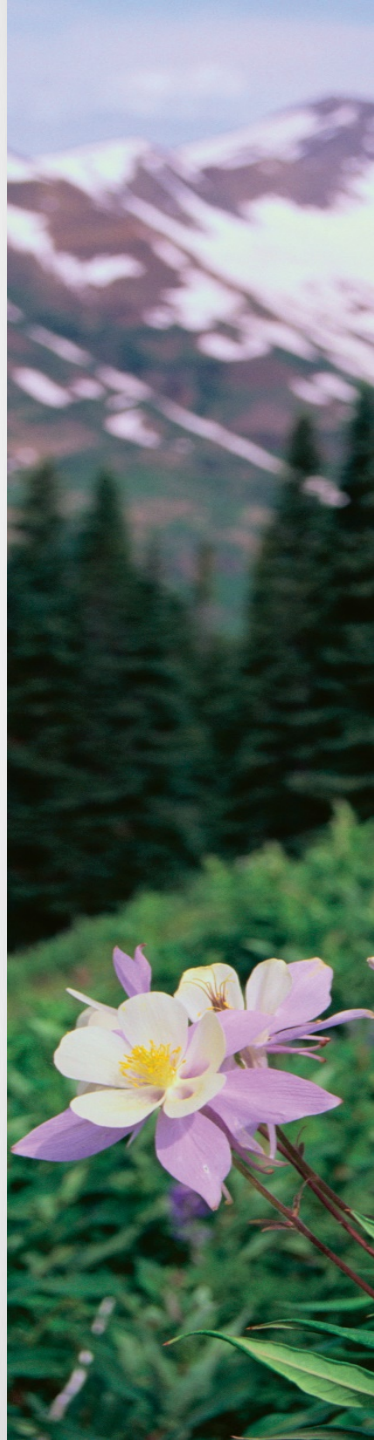

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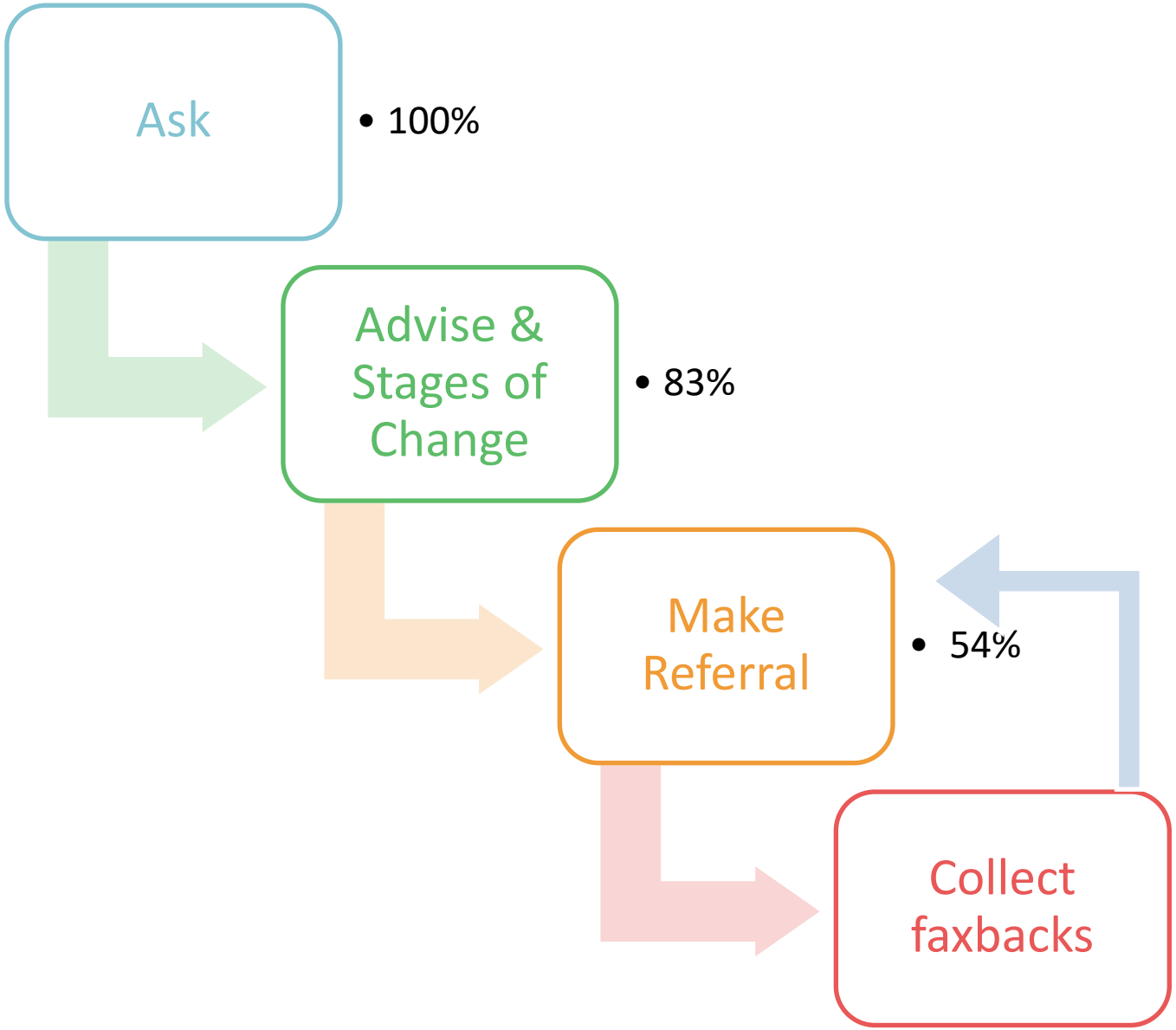
Workflow Burden



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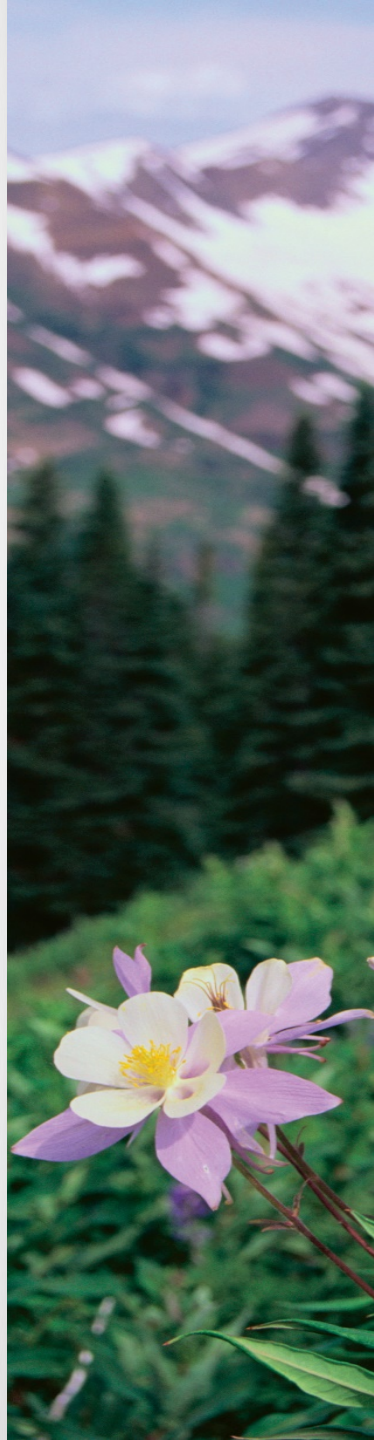

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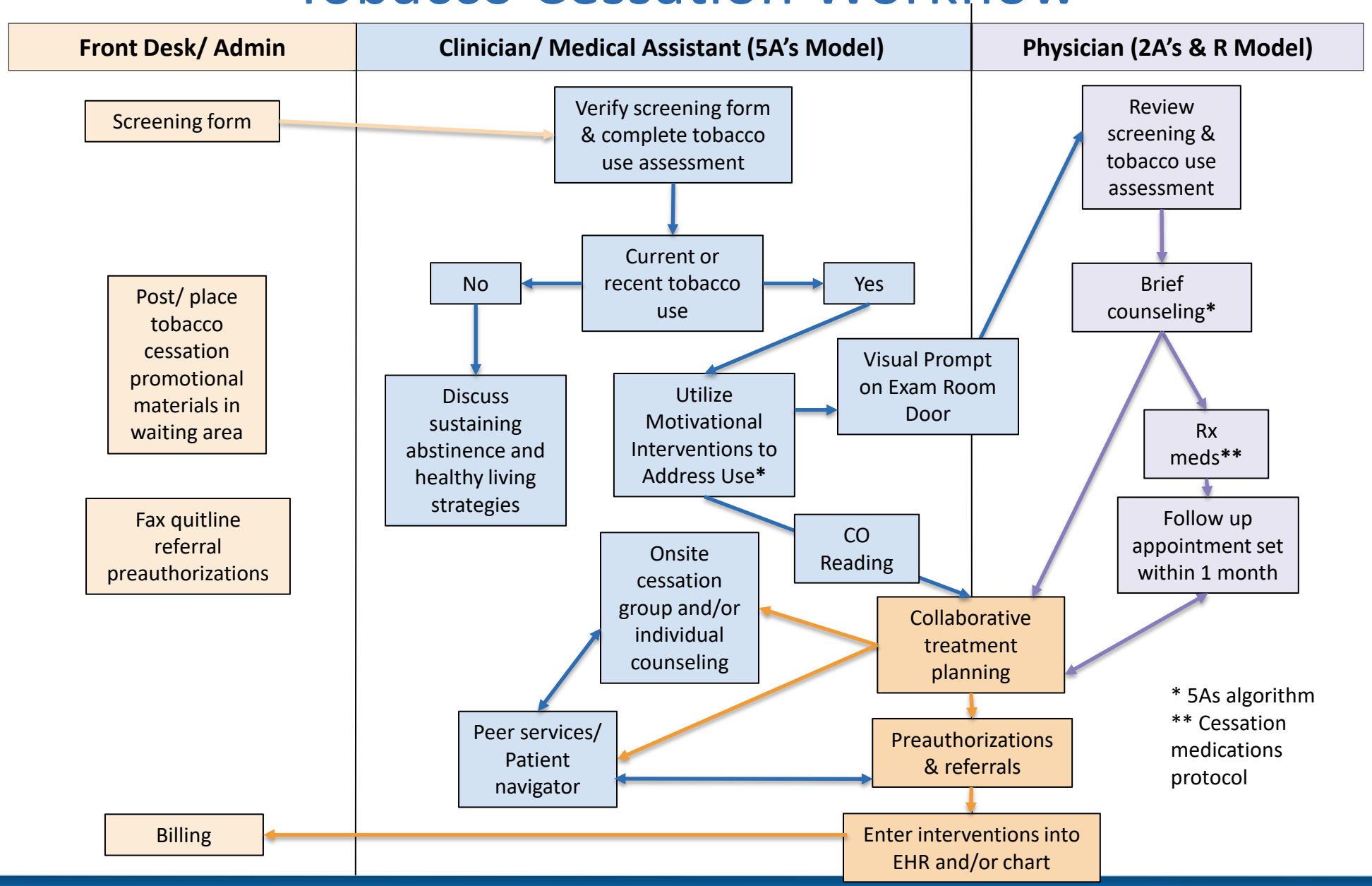
Tobacco Cessation Workflow



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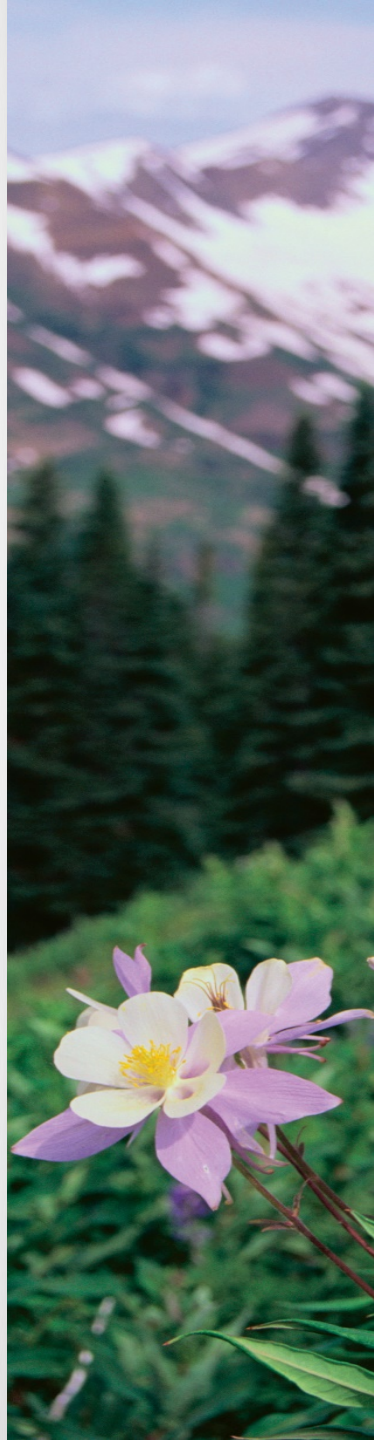

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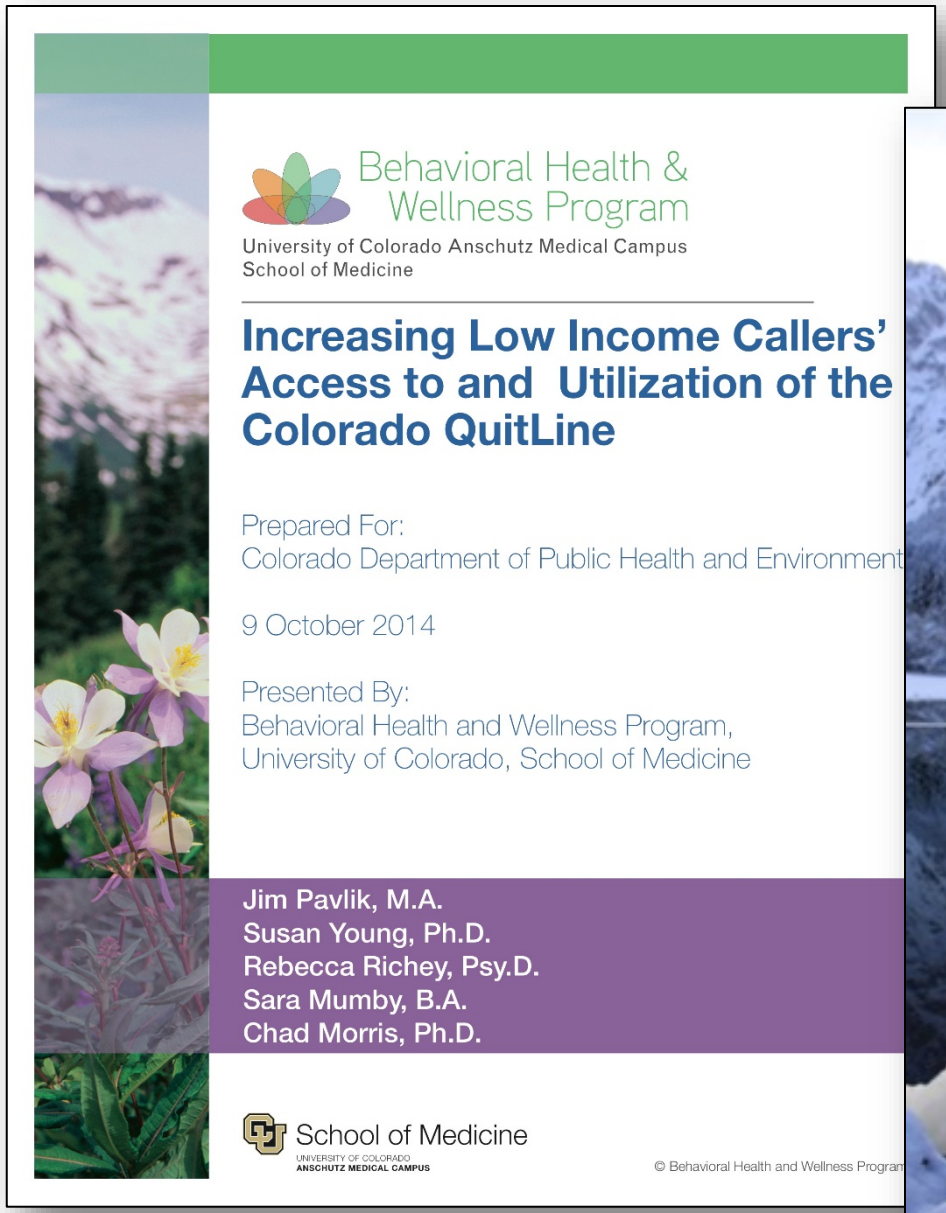

Behavioral Health & Wellness Program

University of Colorado Anschutz Medical Campus
School of Medicine

Increasing Low Income Callers' Access to and Utilization of the Colorado QuitLine

Prepared For:
Colorado Department of Public Health and Environment

9 October 2014

Presented By:
Behavioral Health and Wellness Program,
University of Colorado, School of Medicine

Jim Pavlik, M.A.
Susan Young, Ph.D.
Rebecca Richey, Psy.D.
Sara Mumby, B.A.
Chad Morris, Ph.D.

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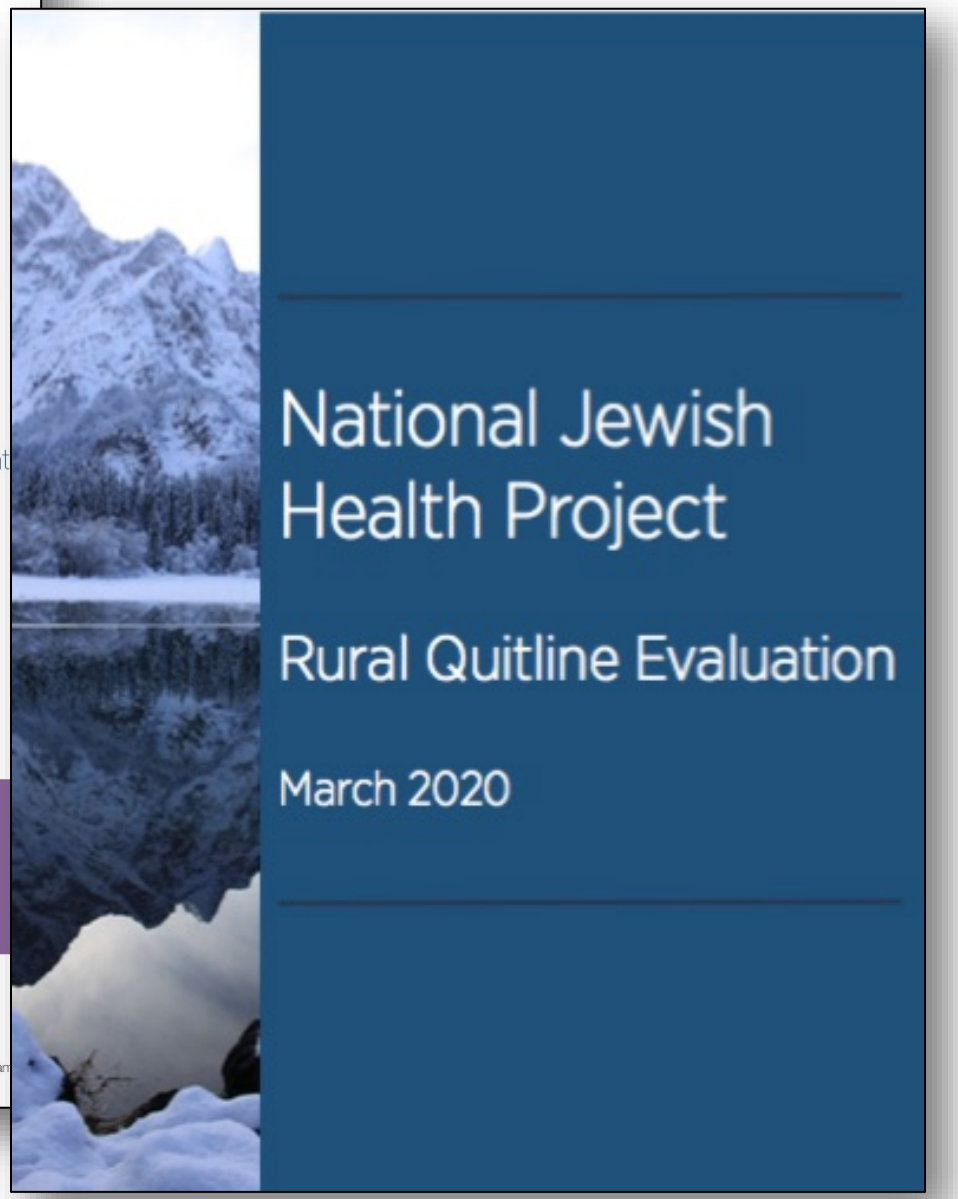

National Jewish Health Project

Rural Quitline Evaluation

March 2020

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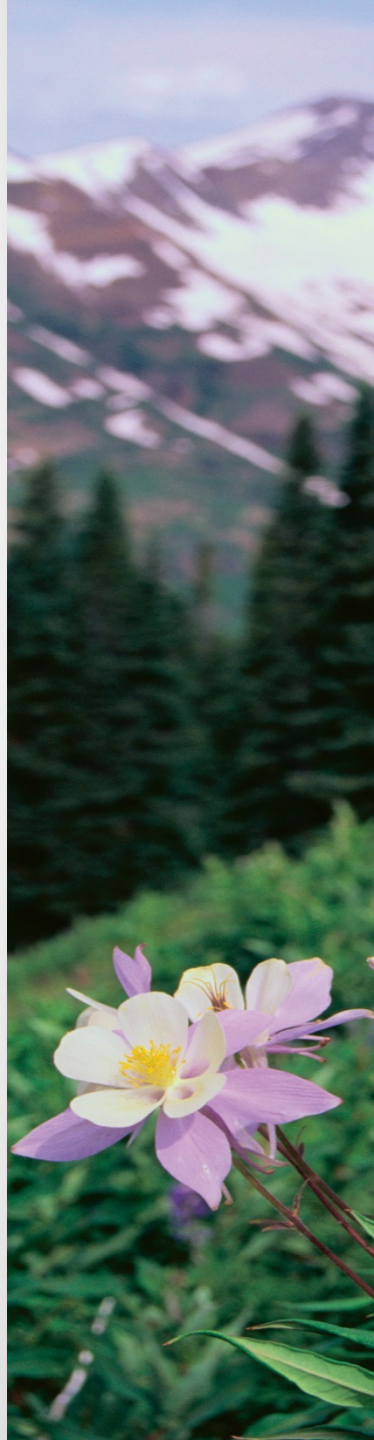

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Resources Curation and Provision

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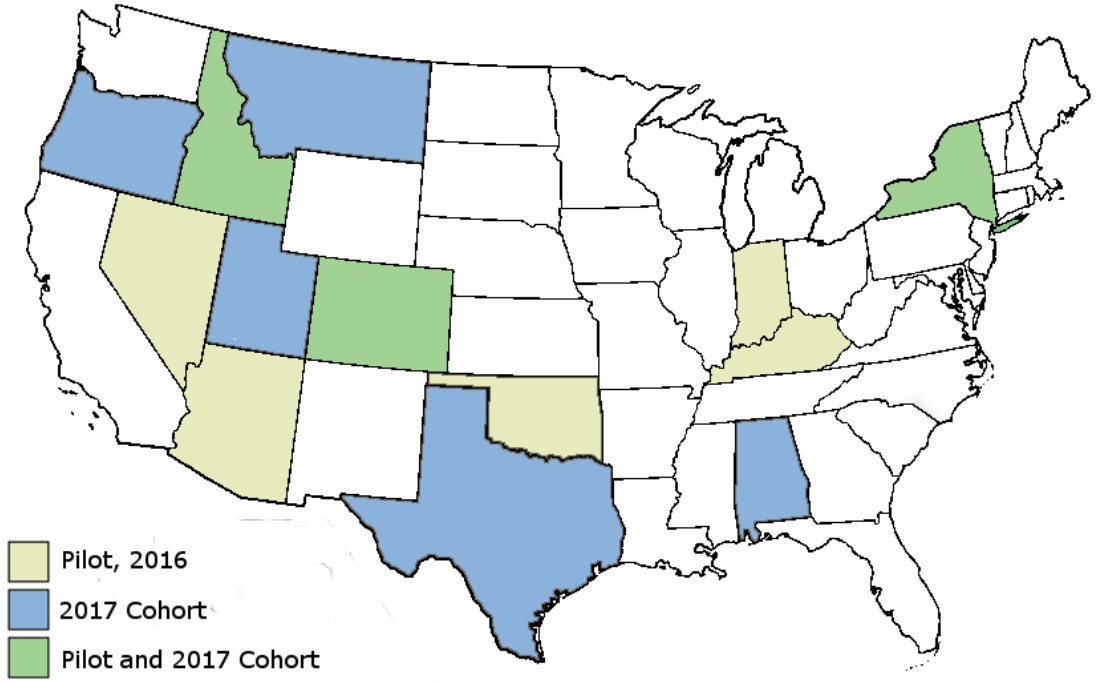
The Build a Clinic Program

- Six webinars
- Six Learning Community Calls (via Zoom)
- One-on-one, tailored TA
- Resources
- Evaluation



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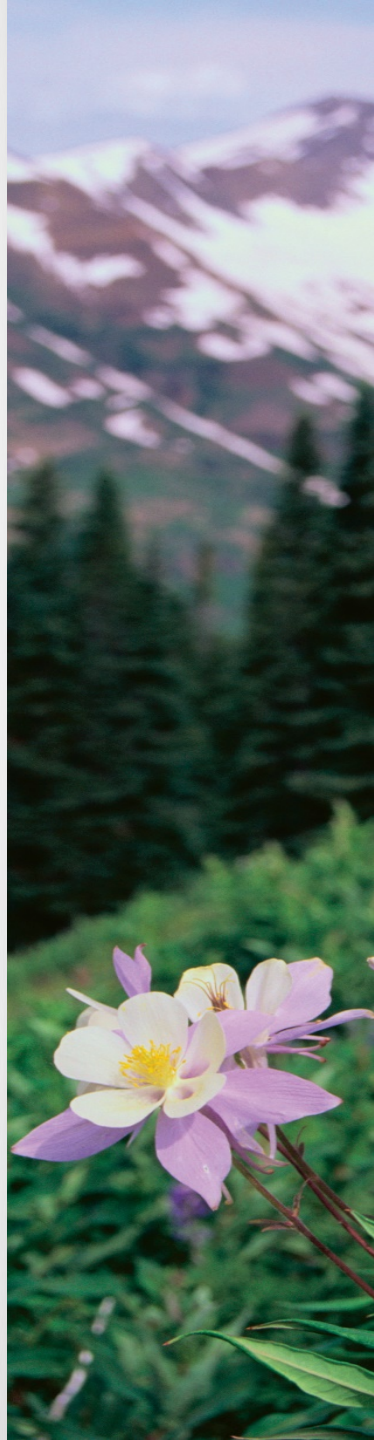

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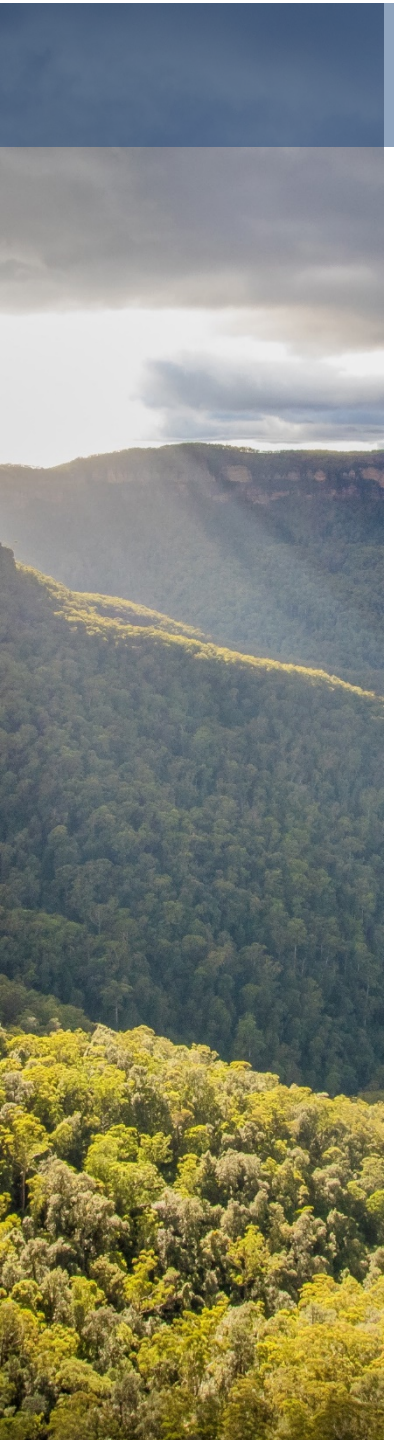

Program Evaluation

- What gets measured gets done
- If you don't measure results, you can't tell success from failure
- If you can't see success, you can't reward it
- If you can't reward success, you might be rewarding failure
- If you can't see success, you can't learn from it
- If you can't recognize failure, you can't correct it

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Rapid Improvement Analysis

DIMENSIONS Action Plan

Reset Form

Name: _____ **Date:** 03-15-17

Training Location: Build a Clinic

Organization Name: N/A

Best Way to Contact You:

☑ Email: _____

☑ Phone: _____

Position (check all that apply):

☐ Administrator ☐ Other (specify): _____

☐ Peer Advocate

☐ Provider

DIMENSIONS training attended:

☐ Tobacco Free Policy – Fundamentals
☐ Tobacco Free Program – Advanced Techniques
☐ Tobacco Free Program – Fundamentals
☐ Well Body Program – Advanced Techniques
☐ Well Body Program – Fundamentals
☑ Other (specify): Build a Clinic

Readiness for change (check one):

☐ Pre-contemplation: *Not considering change*
☐ Contemplation: *Considering change*
☐ Preparation: *Making concrete plans for change*
☑ Action: *Actively taking steps toward change*
☐ Maintenance: *Sustaining changes already made*

Based on readiness for change, I will work to achieve the following goal(s) over the next 3-6 months.
Consider SMART goal criteria (Specific, Measurable, Achievable, Realistic, Timely).

Goal #1:
Will immediately put in place a process by which new patients who use tobacco and are "willing to talk to a professional about it" will be called a week after their clinic appointment. Success of this process will be reviewed during the next TA call. CARD should track how many clients (1) set a quit date with them on the phone (2) are referred to the quit line (3) ask for a pharmacotherapy or a pharmacotherapy consult.

Completion of Goal #1 will be evidenced by:
Record of the enumerated list above.

Potential barriers to achieving Goal #1:
None?

Goal #2:
Tracy and Mary Karen will review the BHWP Tobacco Free Policy Toolkit and begin the process of filling out worksheets to design their long range plans in better detail. Long range plan will be reviewed with BHWP during next TA call and supportive short term goals will be picked at that time.

Completion of Goal #2 will be evidenced by:
Filled out worksheets from Toolkit. Brief written description (or itemized list of services and supports to be put in place as a result of the long term goal).

Potential barriers to achieving Goal #2:
Time.

Signature: _____

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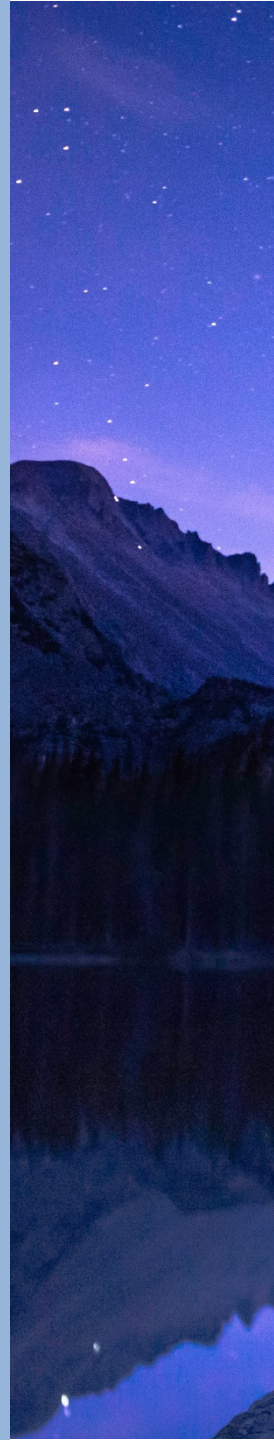
Quitline Recommendations

- Promote among health care providers
- Increase trust, understanding, and transparency
- Embed in the ‘health neighborhood’
- Integrate into tobacco policy initiatives
- Leverage existing and emerging technologies
- Tailor services to the person
- Refine marketing approaches



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Comments and Questions?

Thank you for joining us!

Please be sure to complete the brief post-webinar evaluation.

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