
Smoking Cessation
Leadership Center



University of California
San Francisco

Engaging Health Professionals and Strengthening Smoking Cessation Interventions: *Success Stories from Family Physicians, Respiratory Therapists and Psychiatric Nurses*

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Tuesday, January 31, 2017 | 1pm ET (90 minutes)

Disclosures

Saria Saccocio, MD, MHA, FAAFP, Shawna Strickland, PhD, RRT-NPS RRT-ACCS AE-C FAARC, Carol Essenmacher DNP, C-TTS, Daryl Sharp, PhD, RN, FAAN, Christine Cheng, Brian Clark, Gil Lorenzo, Jennifer Matekuare, Roxana Said, MPH, Catherine Saucedo, and Steven A. Schroeder, MD have disclosed no financial interest/arrangement or affiliation with any commercial companies who have provided products or services relating to their presentation or commercial support for this continuing medical education activity.

Moderator

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Thank you to our funders



Robert Wood Johnson Foundation



Housekeeping

- All participants will be in **listen only mode**.
- Please **make sure your speakers are on** and adjust the volume accordingly.
- If you do not have speakers, please request the dial-in via the chat box.
- **This webinar is being recorded** and will be available on SCLC's website, along with the slides.
- **Use the chat box to send questions** at any time for the presenters.

Presenter

Saria Saccocio, MD, MHA, FAAFP

Chief Medical Officer,
Bon Secours St. Francis Health System



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA



Presenter

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RRT-ACCS AE-C FAARC**

Associate Executive Director-Education,
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Presenter

Carol Essenmacher, DNP, C-TTS

Certified Tobacco Treatment Specialist,
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Presenter

Daryl Sharp, PhD, RN, FAAN

Director of Care Management,
Accountable Health Partners



From Tar Wars to a Comprehensive Tobacco and Nicotine Approach:

Addressing social determinants of health and
tobacco-related disparities

Saria Saccocio, MD, MHA, FAAFP

CMO, Bon Secours St. Francis Health System



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

AAFP

- The AAFP represents 124,900 physicians and medical students nationwide
- 55 constituent chapters
- Family physicians conduct approximately one in five office visits annually (192 million)
- Family doctors provide more care for America's underserved and rural populations than any other medical specialty.

Objectives

- Discuss the current environment surrounding tobacco and nicotine addiction.
- Give an overview of AAFP's comprehensive approach to address these challenges.
- Share AAFP tools, resources and advocacy efforts to support tobacco and nicotine prevention and control.

Current Environment: A Changing Landscape

- Smoking has declined from 42.4% in 1965 to 16.8% in 2014; however, more than 42 million Americans still smoke, and smoking is the leading cause of death in the U.S.
- E-cigarettes have become more popular than cigarettes with middle school and high school students. (Surgeon General's Report Dec 2016).
- Adults who have a behavioral health disorder smoke 40% of all cigarettes smoked by adults in the United States.
- Groups who experience tobacco-related disparities are defined by lower educational level and socioeconomic status, geographic location, sexual orientation and gender identity, and the presence of mental illness and substance abuse disorders.

AAFP Reimagines Tobacco Prevention & Control Program

- In the **Office**



- In the **Community**



- **Advocacy**



Supported in part by a grant from the AAFP Foundation

Family Physicians: In the Office

- **At least 70% of people** who use tobacco products in the U.S. see a physician each year.
- **Approximately 42,000 lives could be saved**, if physicians would advise 90% of people who smoke to quit, and offer them medication or other assistance.
- **Tobacco cessation more than doubles** when evidence-based intervention programs are utilized.
- **All patients should be screened** for tobacco and nicotine use, with special emphasis on certain high-risk populations.

In the Office



Tobacco cessation tools for the family physician & their practice team

- [AAFP's Ask and Act](#)
- [AAFP's Office Champions](#)
- [Tobacco and Nicotine Toolkit](#)
aafp.org/tobacco-toolkit



ASK AND ACT

A TOBACCO CESSATION PROGRAM



AMERICAN ACADEMY OF FAMILY PHYSICIANS **PRESCRIPCIÓN: dejar de fumar**

Nombre del paciente: _____ Fecha: _____
 Dirección para enviar el folio: _____

Justo antes de su fecha para dejar de fumar:

- Decida sus mejores planes para dejar de fumar: sea su hijo o nieto.
- Use un diario de cuándo y por qué fuma.
- Deshágase de todos sus cigarrillos, folios, accesorios y cenizas.
- Diga a sus amigos y familia que va a dejar de fumar y cuál es su fecha para dejar de fumar.
- Obtenga el medicamento que prefiere usar. Nombre del medicamento: _____

Comience a tomar su medicamento en: _____

- Suscríbase a **SmokefreeTXT** (<http://smokefree.gov/textsms>).
- Practique salir sin cigarrillos a lugares en donde pueda fumar, como en su casa, refugio o lugar de trabajo.
- Llame a **1-800-QUIT-NOW** (1-800-784-8669) para obtener más ayuda y asesoramiento.

En su fecha para dejar de fumar:

- Deje de fumar!
- Tome sus medicamentos según se los indicaron.
- Pídale apoyo a sus amigos, compañeros de trabajo y a su familia.
- Cambie su rutina diaria.
- Evite las situaciones en las que por lo general fuma.
- Beba mucha agua.
- Manténgase ocupado.
- Haga algo especial para celebrar.

Justo después de dejar de fumar:

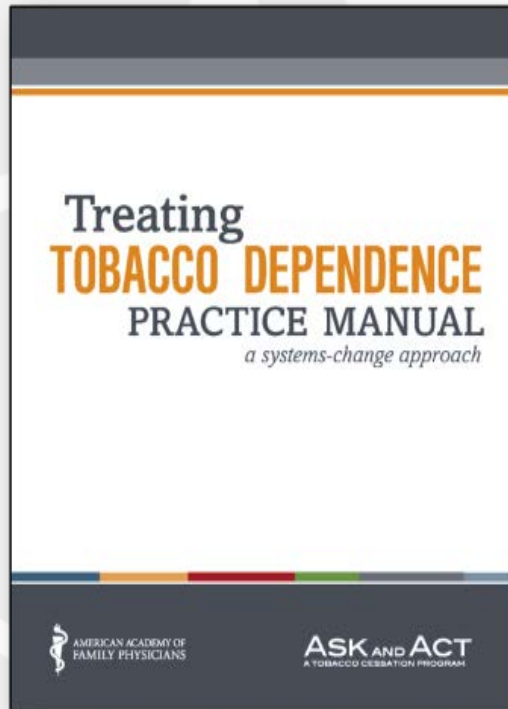
- Desahogue un ambiente limpio, fresco y libre de tabaco a su alrededor, en el trabajo y en casa.
- Trate de evitar beber alcohol, café y otras bebidas que relacione con fumar.
- Si siente la tentación de tomar un cigarrillo en la boca, pruébese pulgita de mentolana o agua, pulgita de diente con sabor o una pastilla.
- Mantenga (chicle sin azúcar o caramelos de menta para ayudar con los antojos).
- Aleje de las personas que usan tabaco.
- Prométase por un día, 1 hora, 1 día o una semana no usar tabaco.
- Aumente su actividad física.
- Regrese para una visita de seguimiento en: _____

Recomendaciones adicionales: _____

 Firma del médico familiar

Medicina basada en evidencia. © 2010 Academia Americana de Médicos de Familia. American Academy of Family Physicians.

AAFP Office Champions



AAFP Billing & Coding Reference for Tobacco Screening and Cessation

http://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/practice-manual.pdf

Integrating Tobacco Cessation Into Electronic Health Records

The U.S. Public Health Service Clinical Practice Guidelines, Treating Tobacco Use and Dependence, calls for systems-level tobacco intervention efforts. Electronic health records (EHRs) able to integrate the guidelines into the practice workflow, facilitating system-level changes to reduce tobacco use.

The American Academy of Family Physicians (AAFP) and the American Academy of Pediatrics (AAP) jointly advocate for EHRs that include a template that prompts clinicians and/or their practice teams to collect information about tobacco use, secondhand smoke exposure, cessation interest and past quit attempts. The electronic health record should also include automatic prompts that remind clinicians to:

- Encourage quitting.
- Advise about smoke-free environments.
- Connect patients and families to appropriate cessation resources and materials.

The tobacco treatment templates should be automated to appear when patients present with complaints such as cough, vapor respiratory problems, diabetes, ear infections, hypertension, depression, anxiety and asthma, as well as for well-child exams.

Meaningful Use
The Health Information Technology for Economic and Clinical Health Act (HITECH), which was part of American Recovery and Reinvestment Act of 2009 (ARRA), provides incentives to eligible professionals (EPs) and hospitals that adopt certified EHR technology and can demonstrate that they are meaningful users of the technology. To qualify as a meaningful user, EPs must use EHRs to capture health data, track key clinical conditions, and coordinate care of those conditions.

Smoking status objectives and measures included in the meaningful use criteria are:

- Objective: Record smoking status for patients 13 years old or older.
- Measure: More than 90 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded.
- EHR requirement: Must enable a user to electronically report, modify, and review the smoking status of a patient. Smoking status types must include current every day smoker, current some day smoker, former smoker, never smoker, smoker, current status unknown, and unknown if ever smoked.

Patient education objectives and measures included in the meaningful use criteria are:

- Objective: Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.
- Measure: More than 10% of all unique patients seen by the EP are provided patient-specific education resources.
- EHR requirement: Must enable a user to electronically identify and provide patient-specific education resources according to, at a minimum, the data elements included in the patient's problem list, medication list, and laboratory test results, as well as provide such resources to the patient.

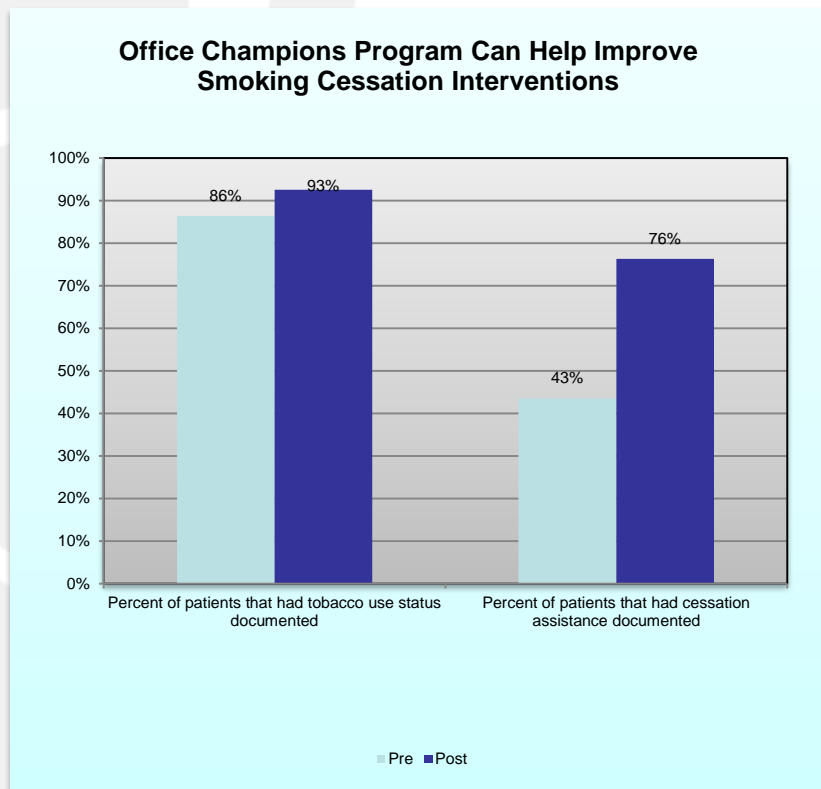
Template recommendations are on the back of this document.



AMERICAN ACADEMY OF FAMILY PHYSICIANS | ASK AND ACT
A TOBACCO CESSATION PROGRAM
www.aafp.org

AAFP Office Champions

Family medicine teams help patients quit tobacco



(Photo: Lincoln Community Health Center, Office Champions Team)

In the Community



State & Local Level

- [AAFP Chapter and Residency Program Mini-Grants](#)
- Tobacco-free Champions
- Participate in [Tar Wars](#)

Mini Grants for AAFP Chapters and Family Medicine Residency Programs


Prior to FY 2016-2017



- 10 grants of \$4,000 each
- Focus on office/practice improvement, community engagement, or advocacy


Revised for the Future


- 5 grants of \$10,000 each
- Greater focus on innovation and dissemination
- Results presented as scientific poster at state or national meeting


2016-2017 Mini-Grant Recipients

- **Aultman Family Medicine Residency (Canton, OH)** 

Aultman FMR is educating medical assistants, nurses and residents in motivational interviewing, behavior change and appropriate non-pharmacologic and pharmacologic therapy to aid and improve the health of high-risk, underserved patient populations.
- **Delaware Academy of Family Physicians**  

Operating through family medicine residency programs, DAFP will (1) provide tobacco prevention programming for school students via Tar Wars and (2) improve tobacco cessation by training practices how to use a brief, evidence-based cessation intervention and linking patients to community services. Cessation counseling will be tracked in practice EHRs.
- **Kansas Academy of Family Physicians** 

KS AFP is partnering with Tobacco-Free Wichita Coalition's Medical Advisory Council to increase provider engagement, advance local tobacco control strategies and share lessons learned with other coalitions.
- **Minnesota Academy of Family Physicians** 

Tobacco 21 Strike Force will rally family physicians, residents and students as advocates to support and introduce city ordinances and/or statewide legislation to raise the minimum age to 21 for the sale of tobacco products, preventing youth tobacco use and saving lives.
- **New Jersey Academy of Family Physicians** 

NJAFP will train practices how to (1) use a brief, evidence-based intervention to support cessation and (2) link patients to community services. Cessation counseling and linkages will be tracked in practice EHRs. The project is part of an asthma curriculum for a large learning collaborative in PA and NJ.

Tar Wars®

A tobacco-free education program for kids from
the American Academy of Family Physicians

Stop kids from starting.
Be a Tar Wars presenter.

Visit www.tarwars.org and download the free program guide for presenters.



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AMERICAN ACADEMY OF
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FOUNDATION

2014 Tar Wars Poster and Video Winners





AAFP's Advocacy Efforts

AAFP's Advocacy Efforts:

- Raise the minimum legal age to 21 for buying tobacco products
- Rigorous research on e-cigarettes
- Evidence-based tobacco control policy changes, including increased tobacco excise taxes
- Access to care, benefits and reimbursement
- Comprehensive smoke-free laws covering all public and workplace settings
- Comprehensive tobacco control programs using tax revenue
- Availability of smoke-free housing

Trends in Tobacco Legislation

18→21

1. Raise the legal age.



2. Prohibit tobacco products in public places.



3. Research e-cigarettes.



4. Increase tobacco taxes.

Collaborative Partnerships

- CDC - OSH
- 5As collaborative
- Smoking Cessation Leadership Center
- Campaign for Tobacco-Free Kids
- FDA - CTP
- Truth Initiative
- NACCHO

National Behavioral Health Summit for Tobacco-free Recovery

Goal: reduce smoking prevalence in US among persons with behavioral health issues from the current 34% to 30% by 2020 (“30 in 20”).

Provider Education Team Strategies:

- Growing Champions
- Advocate for access to care, benefits, and reimbursement
- Promotion to membership
- Integrating smoking cessation into routine care

For more information visit
AAFP's Tobacco and
Nicotine Prevention
Website

Thank you!

<http://www.aafp.org/patient-care/public-health/tobacco-nicotine.html>

ENGAGING RESPIRATORY THERAPISTS IN THE TOBACCO CESSATION CONVERSATION

Shawna Strickland PhD RRT-NPS RRT-ACCS AE-C FAARC
Associate Executive Director
American Association for Respiratory Care
Irving, TX



Objectives

- Define the profession of respiratory care and discuss the role of the respiratory therapist in the tobacco cessation conversation
- Discuss barriers experienced by respiratory therapists when engaging in the tobacco cessation conversation
- Identify the AARC initiatives towards tobacco cessation

Respiratory Therapists

- Health care provider trained in cardiopulmonary medicine
 - Involved in assessing, diagnosing, treating, and educating patients with cardiopulmonary disorders such as asthma, COPD, cystic fibrosis, pulmonary fibrosis, and other chronic lung diseases as well as provide critical care to patients of all ages, including managing mechanical ventilators and other life-saving equipment for patients who need assistance
- COPD patients account for nearly 40% of RT work time
 - Other chronic pulmonary disease accounts for another 10%

RTs and Tobacco Cessation

- Bedside clinicians with the opportunity to engage
 - Inpatient, outpatient, and community involvement
- Barriers to engaging in the conversation:
 - Lack of confidence in the conversation
 - Lack of time to engage in the conversation
 - Limited formal training for RTs in entry-to-practice programs
 - Approximately 14% of current RT workforce is formally trained for tobacco cessation conversations
 - Formal RT education devotes an average of 165 minutes of instruction for tobacco-related content
 - Median amount of RT experience is 15 years; much of the RT workforce was trained before tobacco dependency was included in the RT curriculum

AARC

- Not-for-profit, professional organization
- Over 47,000 members
 - Respiratory therapists, physicians, and other health professionals
- The AARC will encourage and promote professional excellence, advance the science and practice of respiratory care, and serve as an advocate for patients, their families, the public, the profession and the respiratory therapist.



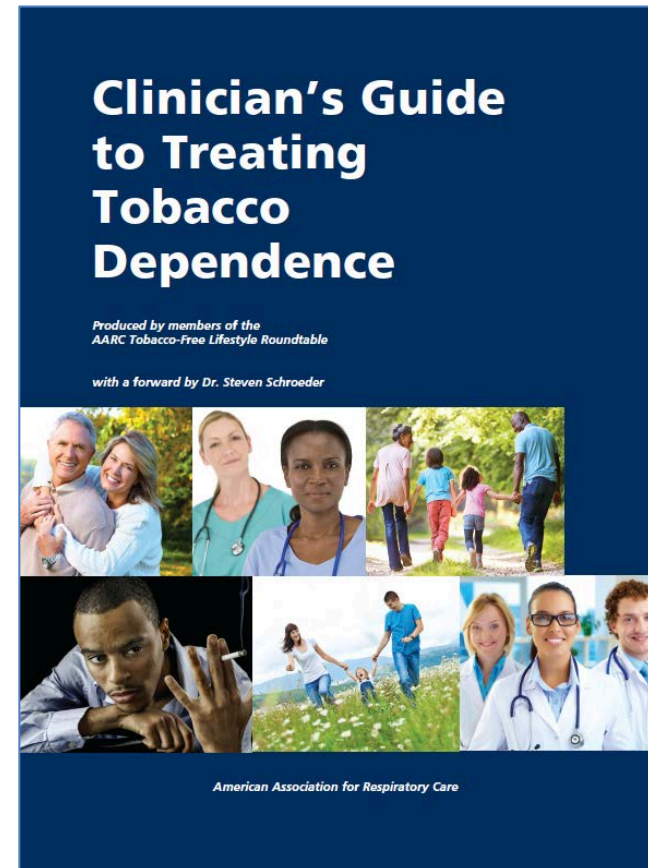
AARC Initiatives

- Patient guide to tobacco cessation (2010)
 - Grants from Pfizer and ARCF
 - Written by members of AARC Tobacco-Free Lifestyle Roundtable
 - Contents:
 - 10-step plan for becoming tobacco free
 - Reasons for quitting
 - Understanding nicotine and its effects
 - Overview of pharmacotherapy
 - Purpose: guide one-on-one cessation conversations with clinician and patient



AARC Initiatives

- Clinician's Guide to Treating Tobacco Dependency (2014)
 - Written by members of AARC Tobacco-Free Lifestyle Roundtable
 - Contents:
 - Effect of nicotine
 - Tobacco products
 - Principles of addiction
 - 5 A's, 5 R's, & AAR intervention
 - Motivational interviewing
 - Pharmacotherapy
 - System-wide implementation & development
 - Reimbursement
 - Purpose: to improve the clinician's understanding of tobacco dependence and cessation interventions
 - 3 credit (hour) course



Impact

- Total completion (8/1/14-1/10/17): 6,087
- Comments:
 - “It helped me, as a non-smoker, better understand what smokers go through and will help me to help them.”
 - “Very good and applicable course for my workplace. Much of this was foreign to myself.”
 - “I gained useful information I can apply.”
 - “I am glad that I have free resources available and will definitely order the “Why Quit Using Tobacco” booklet.”
 - “I learned a lot about the forms of tobacco that are not cigarette related.”
 - “This was the most informative info on tobacco use and cessation that I have seen.”

AARC Initiatives



- Clinician's Training on Treating Tobacco Dependence (2015)
 - Grant from Pfizer
 - Contents:
 - Epidemiology & principles of addiction
 - Pharmacology (nicotine, non-nicotine pharmacotherapy, and NRT)
 - Motivational interviewing
 - Special populations (teens, cardiac disease, COPD, and pregnancy)
 - Reimbursement and systems issues
 - Purpose: provide RT with guidance to improve knowledge, behaviors, and self-efficacy necessary for providing brief tobacco cessation interventions
 - 5 credit (hour) course

<http://tinyurl.com/cessation-training>



Impact: Pilot Study

Pre to post:

- 53.9% increase in patients asked about smoking
- 64.5% increase in patients advised to quit
- 136.6% increase in patients referred to counseling
- 267.7% increase in patients referred to quit-line

Pre to post:

- 57.1% increase in participants that discuss and provide patients with materials for calling quit-line
- Slight increases in counseling competency, overall ability to help patients quit, overall self-efficacy

Barriers to using AAR:

Rated “very important”

- Lack of available time
- Lack of training
- Lack of confidence for counseling about quitting



Impact: General Release

- Total completion (9/6/15-1/10/17): 289
- Post-course comments:
 - “I enjoyed the course and feel better prepared to help my patients on their journey to quit smoking.”
 - “I especially enjoyed the interviewing examples.”
 - “I learned a lot about the available meds and therapies to help patients stop smoking.”
 - “Learning about different strategy models, such as the AAR model, is very beneficial. Watching the RT-Patient interaction scenarios was very helpful to see how to use the different strategies at work. I also learned more about the differences between tobacco products as well as more about the different NRT products and how they are used. Very informative and helpful. I have already begun implementing information I have learned from this course with my patients.”

AARC Initiatives

- Tobacco-Free Lifestyle Roundtable
 - Social community for AARC members to engage in discussions regarding various tobacco-related topics
- Tobacco cessation resources website
 - Collection of resources for respiratory therapists
 - <http://www.aarc.org/resources/clinical-resources/tobacco-resources/>
- Official partnership with CDC Tips from Former Smokers campaign in 2016 and 2017

APNA: Tobacco Dependence Initiatives

*Valuable Connections: Results of Collaboration
between SCLC & APNA*

Daryl Sharp PhD, RN, FAAN
Carol Essenmacher DNP, CTTS



APNA *Your Resource for
Psychiatric Mental Health Nursing*

Objectives

- Describe the critical elements of an effective partnership between SCLC and APNA that produced a national strategic plan aimed at strengthening psychiatric nurses' interventions with those who use tobacco
- Identify ways to engage professional colleagues in educational, clinical and research initiatives focused on tobacco dependence among those living with psychiatric and/or substance use disorders

APNA & SCLC

Initial Collaboration

- **Fall 2007: SCLC contacted APNA regarding possible partnership**
- **APNA Board of Directors convened Tobacco Dependence Task Force; APNA members surveyed**
- **February, 2008: Smoking Cessation Performance Partnership Summit, Leesburg, VA**

Performance Partnership Model

– Where are we now?

- 2008 baseline survey

– Where do we want to be?

- Increase RNs who refer
- Increase RNs who provide higher intensity interventions

– How do we get there?

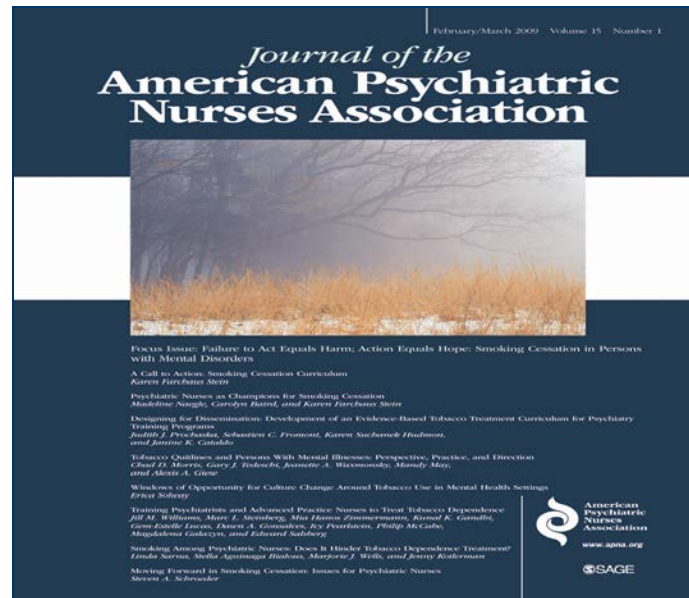
- Strategic plan targeting potential local, regional, national collaborations; position statement; education/training & media campaign; nursing curricula development; communication/advising APNA Board

– How will we know we are getting there?

- 2012 follow-up survey

APNA Position Statement

Failure to act on tobacco dependence equals harm



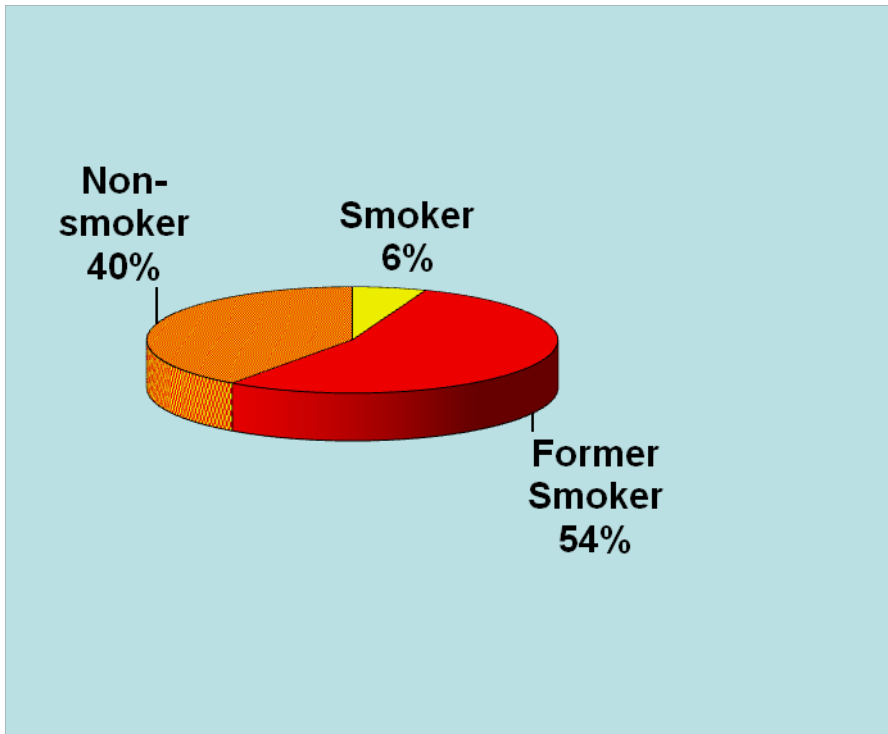
APNA Your Resource for Psychiatric Mental Health Nursing

APNA Tobacco Dependence Surveys

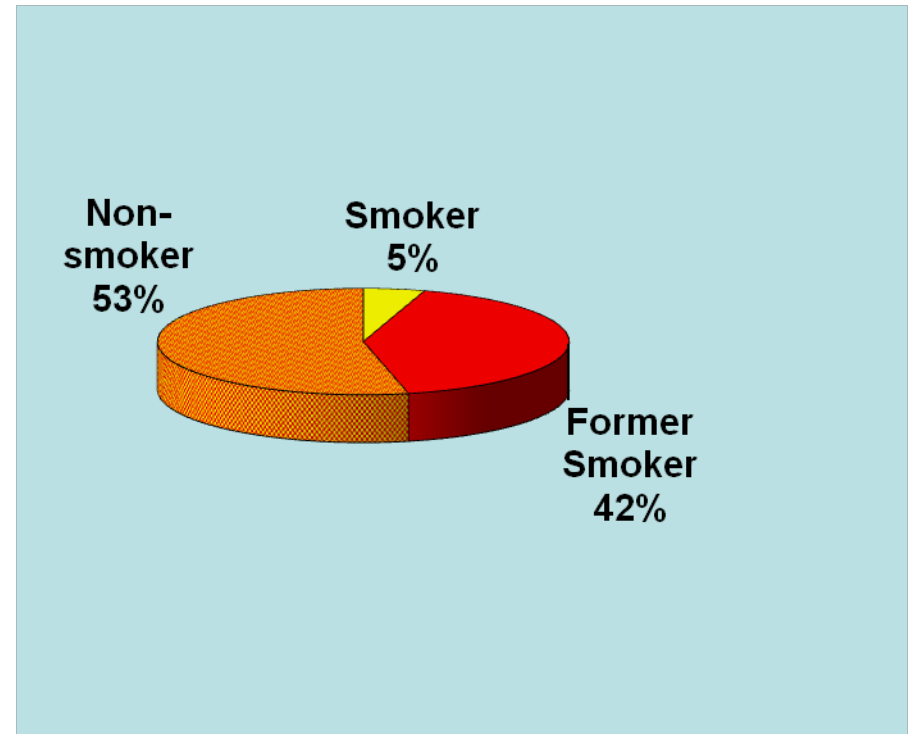
- **2008 Design:** Cross-sectional analysis of 29-item survey
- **2012 Design:** Cross sectional analysis of 40-item survey
- **Sample:** APNA members accessible by email in early 2008/late 2011-early 2012
 - 31.6% response rate (2008)
 - 14% response rate (2012)
- **Measures (2008 & 2012):** Anonymous, Survey Monkey
 - 10-15 minute completion time
 - email reminders

(Sharp, Blaakman et al., 2009)

Nurses' Smoking Status

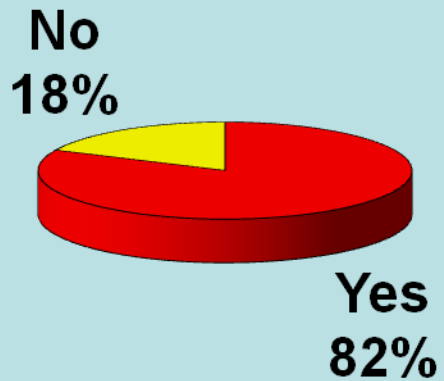


2008

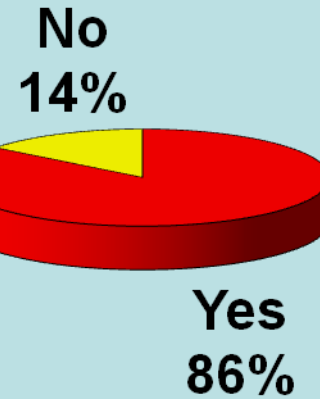


2012

Smoke-Free Workplace

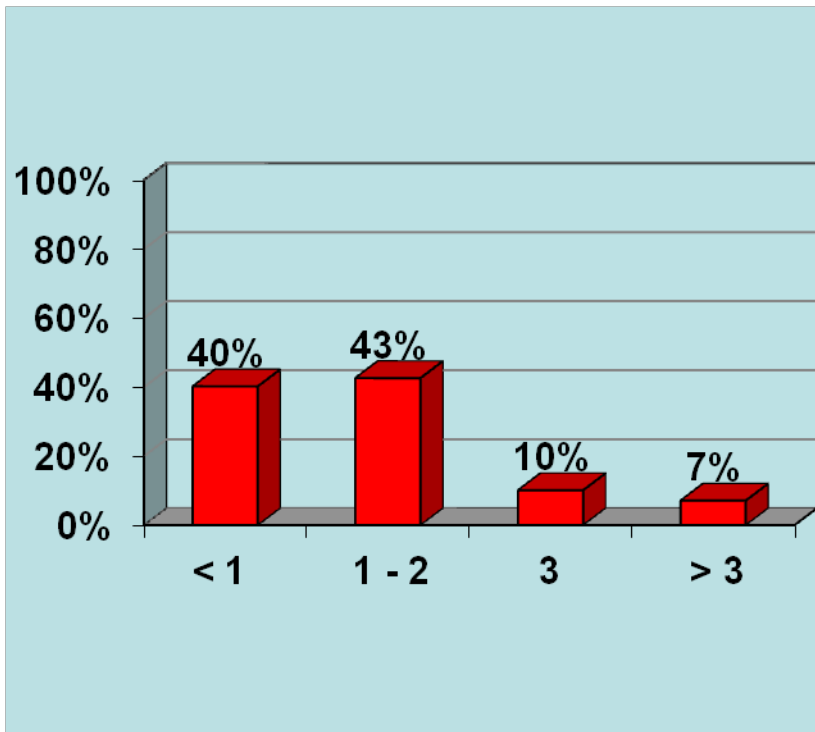


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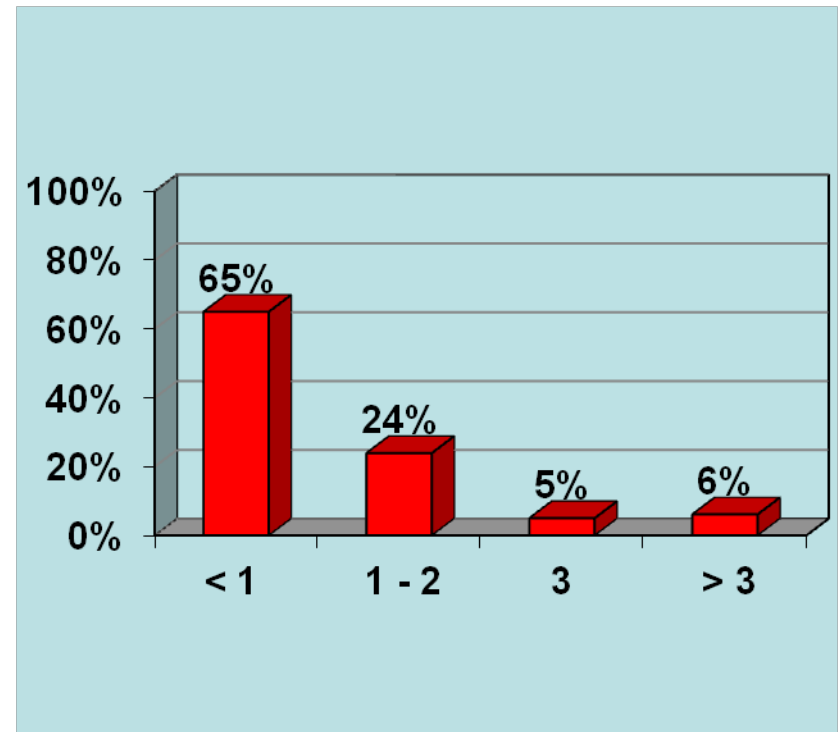


2012

Hours Spent on Tobacco Dependence: Undergraduate Curricula

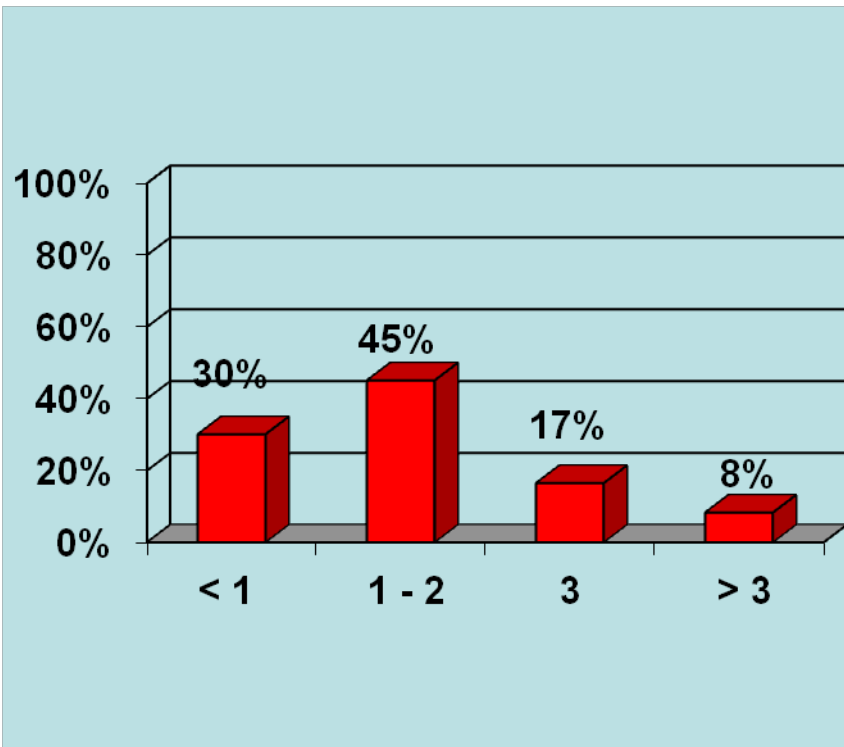


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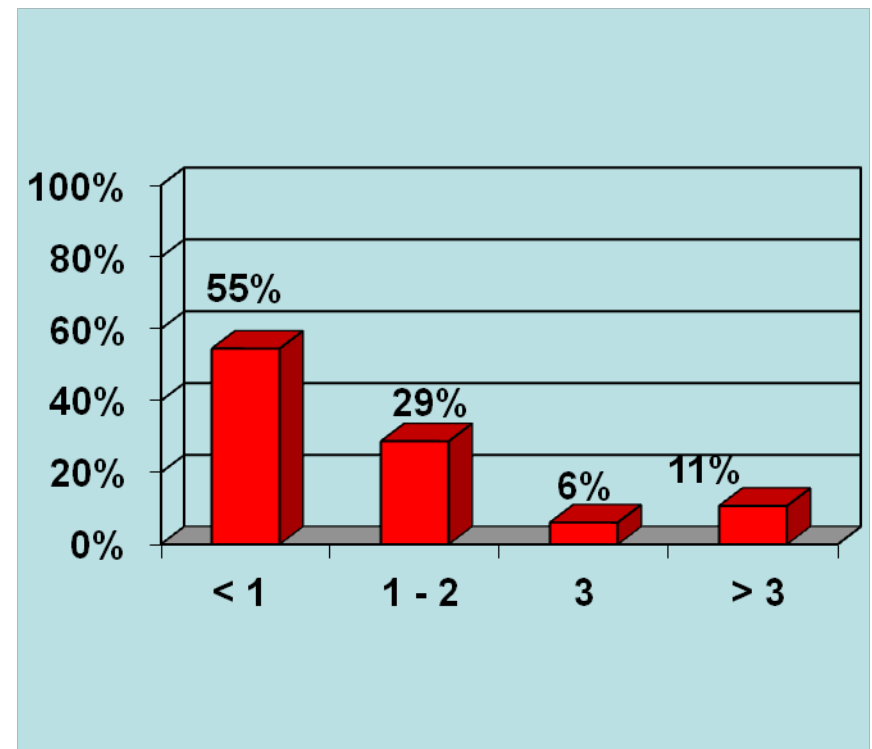


2012

Hours Spent on Tobacco Dependence: Graduate Curricula

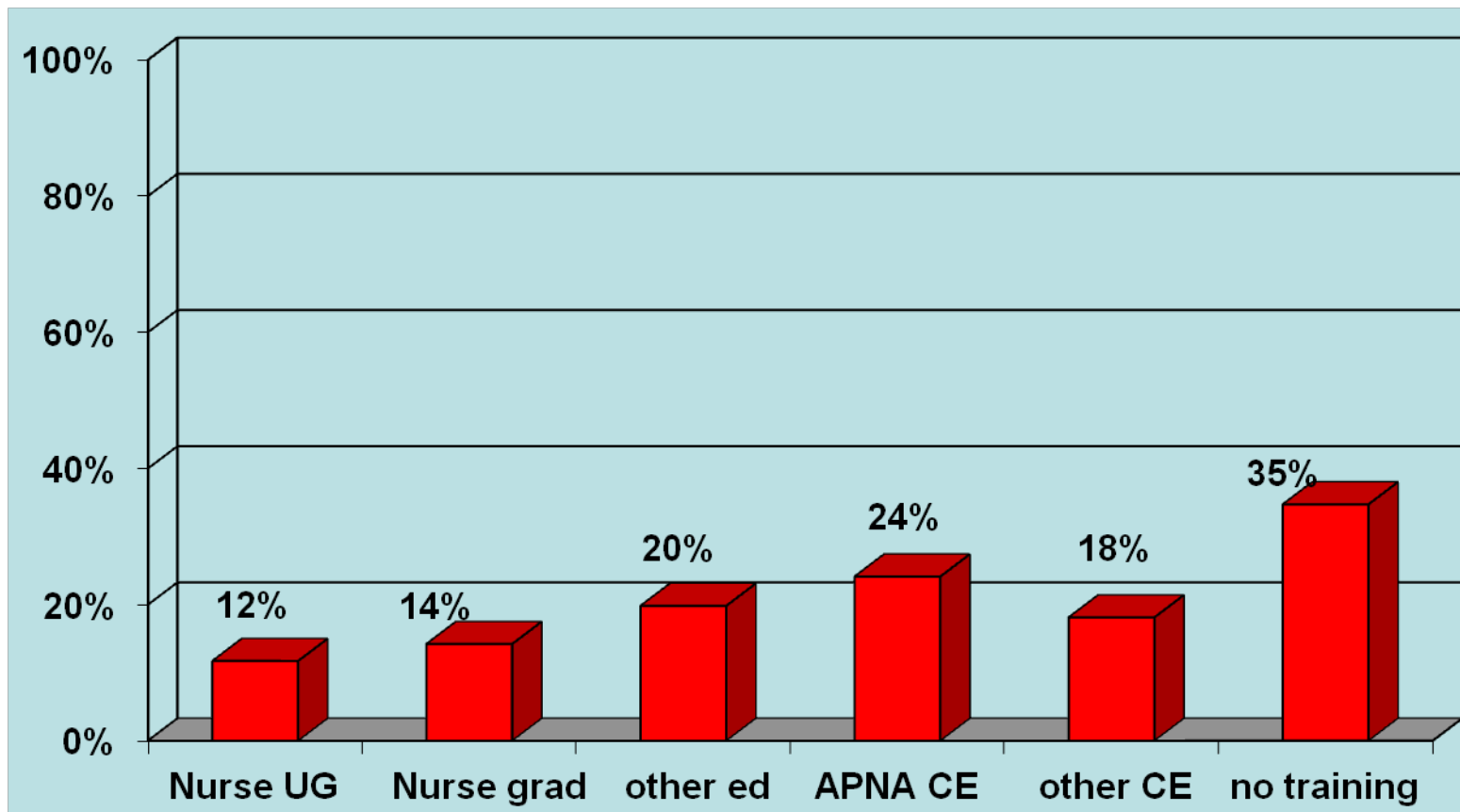


2008



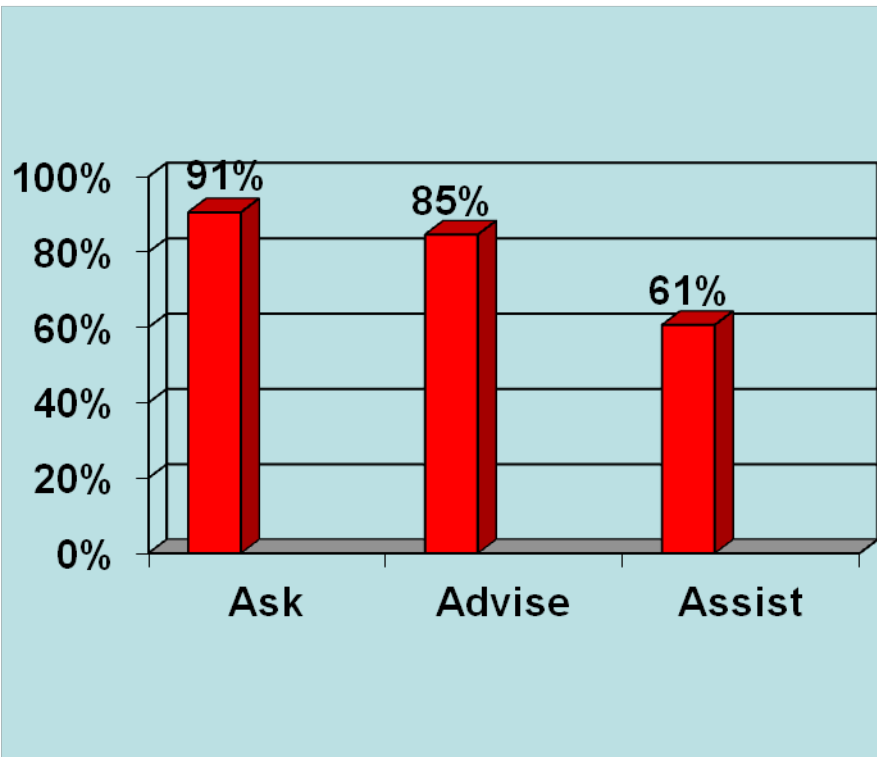
2012

Tobacco Dependence Training

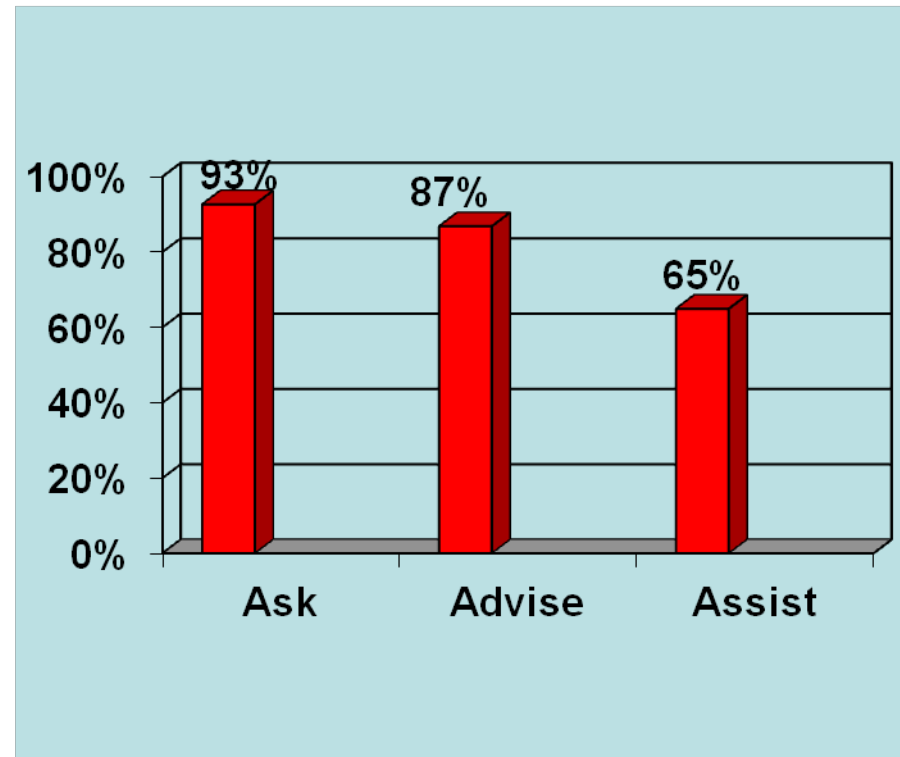


2012

Brief Interventions by Nurses

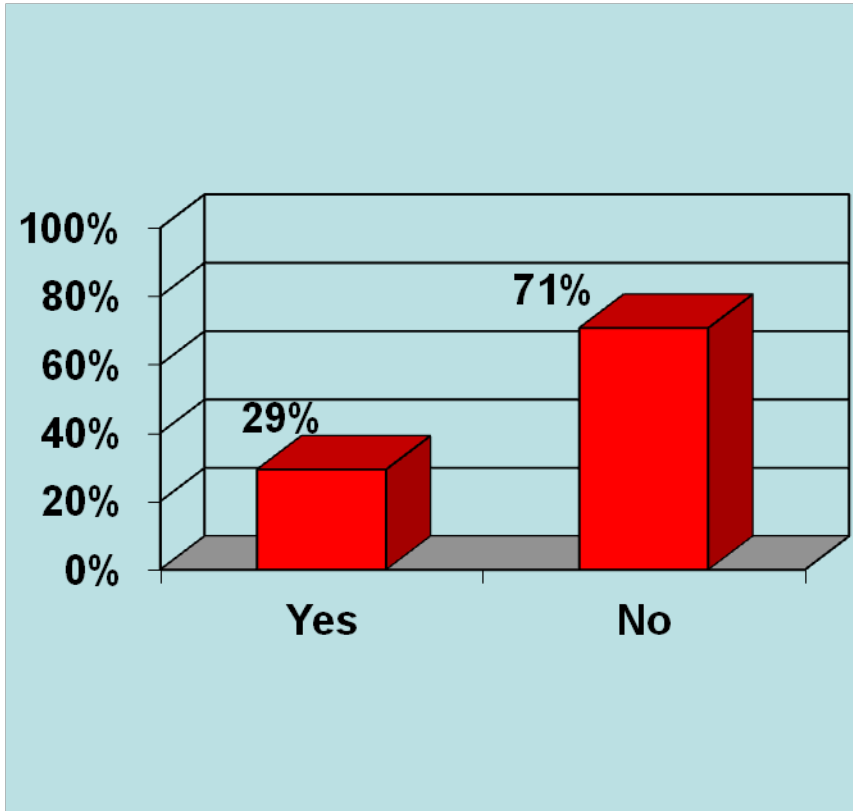


2008

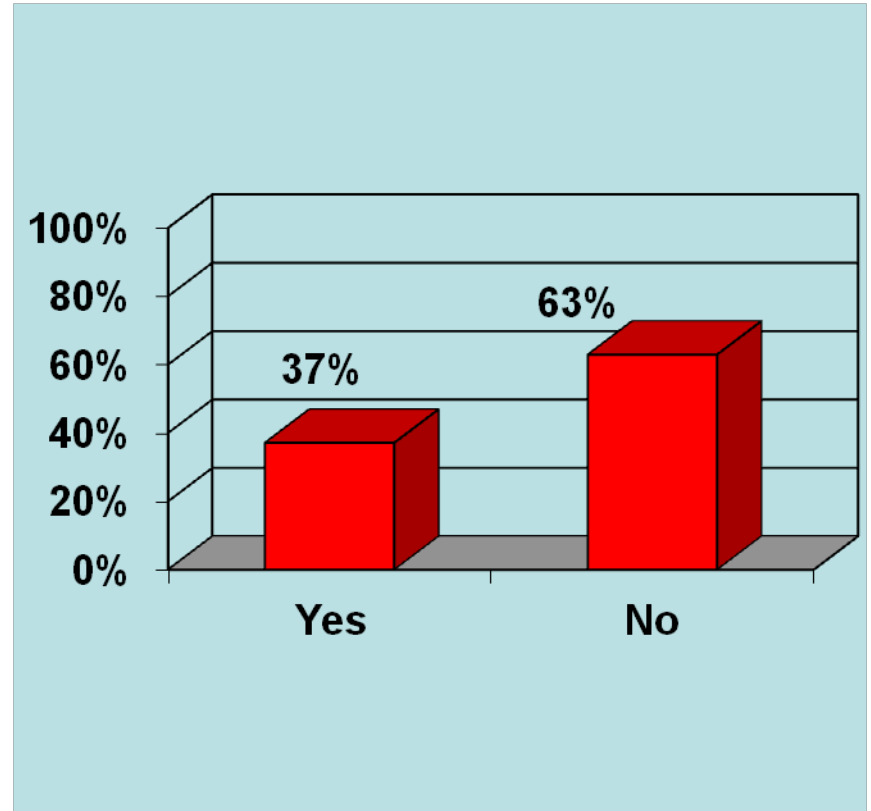


2012

Intensive Interventions by Nurses



2008



2012*

Early Challenges

- **Significant gaps in nursing education curricula regarding tobacco dependence (undergraduate and graduate)**
- **Engagement of APNA members at grass roots level, i.e. moving ownership from the council to wider membership**

Virtual Nursing Academy of APNA Champions for Smoking Cessation

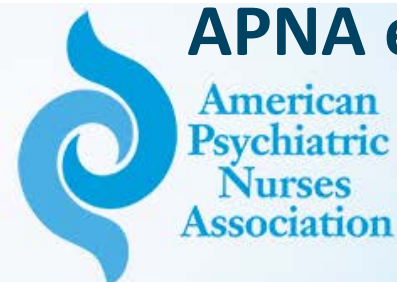
- September, 2013 invited by SCLC to partner in special project
- Used the opportunity to engage broader APNA membership
- APNA Virtual Nursing Academy fashioned after SAMHSA-SCLC 100 Pioneers for Smoking Cessation Virtual Leadership Academy



APNA *Your Resource for
Psychiatric Mental Health Nursing*

Virtual Academy APNA Champions

- Thirteen champions selected; engaged in grassroots tobacco dependence initiatives
- Participated in online learning collaborative (i.e. *Virtual Nursing Academy: 3 webinars & Member Bridge*)
- 2014 Annual Conference: presented projects
- Project peer reviewed & published online in the APNA eLearning Center



APNA Your Resource for
Psychiatric Mental Health Nursing

APNA Tobacco Dependence Branch

- **2014 Strategic realignment under Addictions Council**
- **Confirming APNA Position Statement:**
Failure to act on tobacco dependence equals harm

Current Challenges

- Keeping tobacco and nicotine treatment on the “front burner”
- Dispelling myths by providing accurate information
- Increasing the competency and frequency of brief and intensive nursing interventions
- Improve nursing tobacco treatment support skills, i.e. reflective listening, Motivational Interviewing skills
- Getting content into academic settings and certification exams
- Integrating tobacco treatment into primary nursing care
- Identifying opportunities for limited potential partnerships and collaboration (Board of Directors approval required)

Current Activities

- **Tobacco Dependence Branch (TDB) current membership: 52 nurses**
- **Monthly calls: second Monday at 12:30 EST**
 - **Updates from the field**
 - **Collegiality & support**
 - **Announcements of opportunities**
 - **Updates of TDB activities**

Current Topic & Activities

- **Electronic Nicotine Delivery Systems (ENDS)**
 - Literature summary to APNA Board of Directors
 - Article on ENDS to be submitted to JAPNA
 - Annual conference session on ENDS
 - Potential for ENDS webinar

Current Topic & Activities

- **Educating members on legislation**
 - **State restrictions**
 - **FDA activities**
 - **Public comment opportunities**
- **Clinical problem solving on monthly calls**
- **Keeping visibility on topic via regular posting on APNA member bridge**

Current Topics & Activities

- Updated APNA Tobacco Dependence Resource Center
- Open for public access!
- Available at:
<http://www.apna.org/i4a/pages/index.cfm?pageid=3643>

Future Directions

- **Mentorship**
- **Webinars**
- **Annual and state conference content**
- **Blogs**

Questions? Comments?



Q&A

- Submit questions via the **chat box**



American Association for Respiratory Care (AARC)



- Free Continuing Respiratory Care Education credit (CRCEs) are available to Respiratory Therapists who attend this live webinar
- Instructions on how to claim credit will be included in our post-webinar email

Contact us for technical assistance

- CME/CEUs of up to 1.5 credits are available to all attendees of this live session. Instructions will be emailed after the webinar.
- Visit us online at smokingcessationleadership.ucsf.edu
- Call us toll-free at **877-509-3786**
- Please complete the post-webinar survey

CDC's *Tips from Former Smokers*TM



- Visit [cdc.gov/tips](https://www.cdc.gov/tips) for information and resources on the 2017 campaign

Our next webinar

- Our next webinar will be in March with the National Behavioral Health Network. Registration and additional information will be available soon.





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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