

Welcome

Please stand by. We will begin shortly.

An Introduction to Motivational Interviewing: Focus on Tobacco Use and Dependence

Wednesday, July 22, 2015 · 2pm ET (90 minutes)



SMOKING CESSATION
LEADERSHIP CENTER



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

Disclosure

Dr. Marc L. Steinberg, Dr. Sarah S. Mullins, and Catherine Saucedo 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



Catherine Saucedo

- Deputy Director,
Smoking Cessation
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HEALTH NETWORK
FOR TOBACCO & CANCER CONTROL

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- All participants will be in **listen only mode**.
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- **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.

Today's Speaker



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Sarah S. Mullins, MD

- **Family Physician and Owner/Partner at Stoney Batter Family Medicine in Delaware**
- **Member of the AAFP Tobacco Prevention and Control Advisory Committee**

Today's Speaker



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Robert Wood Johnson
Medical School

Marc L. Steinberg, PhD

- **Associate Professor of Psychiatry & Associate Director, in Addiction Psychiatry, at Rutgers Robert Wood Johnson Medical**

AAFP Innovations and Resources

Sarah Mullins, MD

AAFP Tobacco Cessation Advisory Committee

July 22, 2015



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Burden of Tobacco Use

The annual burden of smoking-attributable mortality in the U.S. is currently estimated to be 480,000. Millions more are living with smoking-related diseases.



The Public Health Service Clinical Practice Guidelines on Treating Tobacco Use and Dependence



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Provide education, resources, and feedback
to promote provider intervention

Provider Education

- In-service on newer topics related to tobacco to stay up to date
 - Medical student, resident education
 - CME
- Maintain tobacco cessation patient registry
 - Provider-specific performance data
- Develop templates for EHRs to address your patient population
 - Smokeless, hookah

Dedicate staff to provide tobacco dependence treatment, and assess the delivery of this treatment in staff performance evaluations

Brief Interventions

Even when patients are not willing to make a quit attempt, clinician-delivered brief interventions enhance motivation and increase the likelihood of future quit attempts.

And the message does not need to come from a physician!



Hospital-Based Interventions

- Smoke-free campuses
- Employee assistance for cessation
- Tobacco cessation offered each admission
 - Identify smokers, trained personnel provide counseling services
 - Treat nicotine withdrawal even when not ready to quit



A Plan for Success

A comprehensive tobacco cessation program that includes tobacco use screening and intervention that is effective in both cost and health outcomes.

When Massachusetts Medicaid provided these benefits, they saved \$3 for every \$1 invested in the tobacco cessation program!

Well, that's a lot of hard work!

What's the American Academy of Family Physicians doing to help me out?



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AAFP Healthy Interventions Tobacco and Nicotine

Office-Based Tools

Ask and Act

Office Champions

Patient Education
and Engagement

Coding
Reference

Community Engagement

Tar Wars

Primary Care and
Public Health

Chapter
Involvement

At-Risk
Populations

Advocacy

National

State/Local
Advocacy
Resources

Tobacco-Free
Champions

Evidence- Based Knowledge

Policies

Position Paper

Member
Education

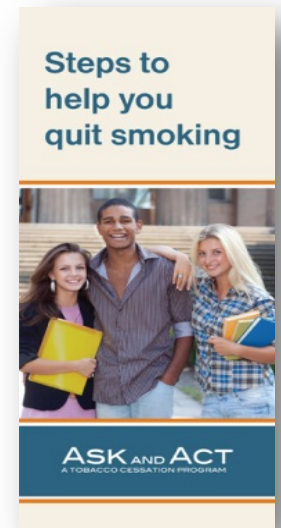
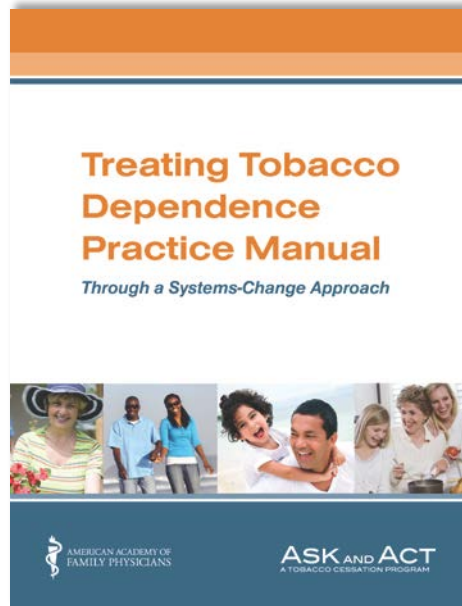


ASK AND ACT

A TOBACCO CESSATION PROGRAM



AAFP Office Champions Project



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A TOBACCO CESSATION PROGRAM

- ASK at every visit, document tobacco status and assess interest in quitting
 - Denormalize smoking
- ACT
 - Identify resources – posters, quitline card, community agencies
 - Prescribe medications, counsel
 - Follow-up – phone call, patient portal, postcard, delayed referral

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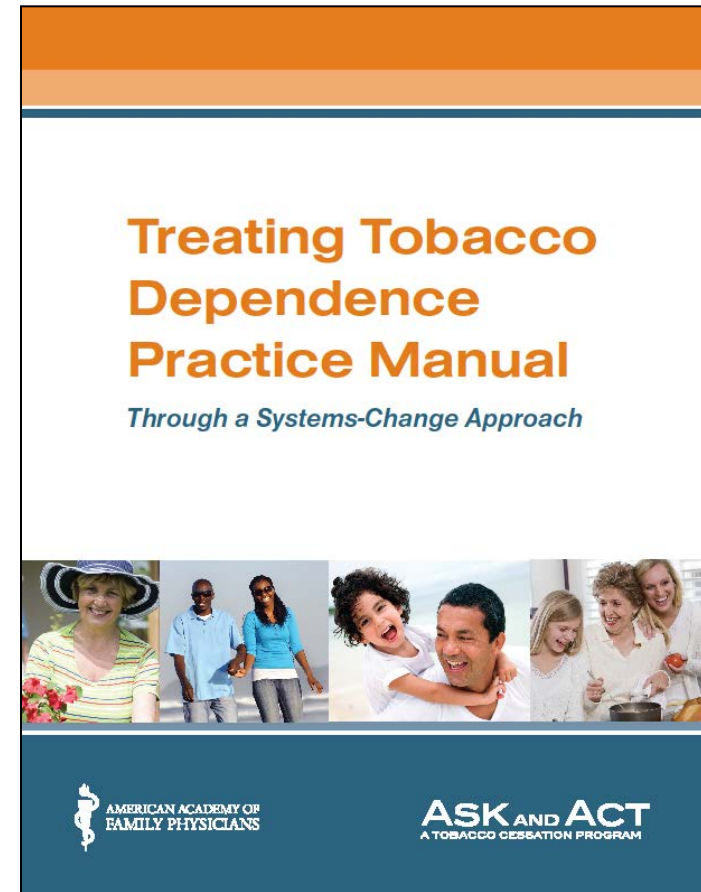
- Make system changes that increase intervention and tobacco cessation rates
- Conduct productive counseling sessions
- Use the most recent evidence on pharmacotherapy for nicotine dependence
- Maximize payment for tobacco cessation treatment and counseling

AAFP Tobacco Cessation Resources

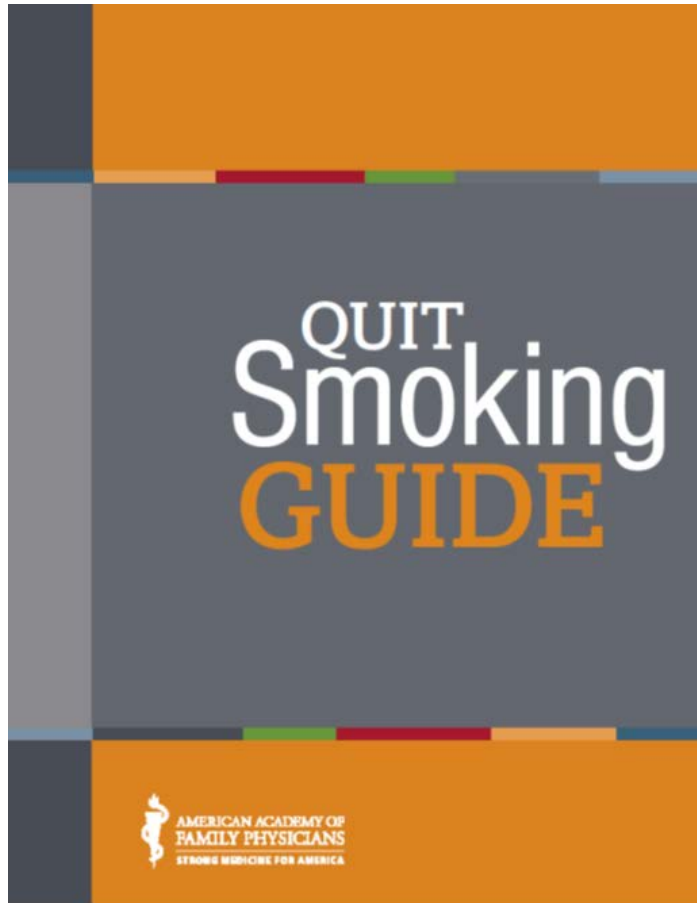
Treating Tobacco Dependence
Online Tutorial

<http://aafp.org/tobacco-training>

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AAFP Tobacco Cessation Resources




Quitline Cards



Lapel Pin

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AAFP Tobacco Cessation Resources

 AMERICAN ACADEMY OF FAMILY PHYSICIANS

PRESCRIPTION: Quit Smoking

PATIENT NAME: _____ DATE: _____

QUIT DATE: _____

Just before your quit date:

- Write down your personal reasons for quitting. Look at your list often.
- Keep a diary of when and why you smoke.
- Get rid of all your cigarettes, matches, lighters, and ashtrays.
- Tell friends and family that you're going to quit and what your quit date is.
- Get the medicine you plan to use. Medicine name: _____

Begin taking your medicine on: _____

- Subscribe to SmokefreeTXT (<http://smokefree.gov/smokefreetxt>).
- Practice going without cigarettes in places where you spend a lot of time, such as your home, car, or workplace.
- Call **1-800-QUIT-NOW** (1-800-784-8669) for free materials and counseling.

On your quit date:

- Quit smoking!
- Take your medicine as directed.
- Ask your friends, co-workers, and family for support.
- Change your daily routine.
- Avoid situations in which you would typically smoke.
- Drink plenty of water.
- Stay busy.
- Do something special to celebrate.

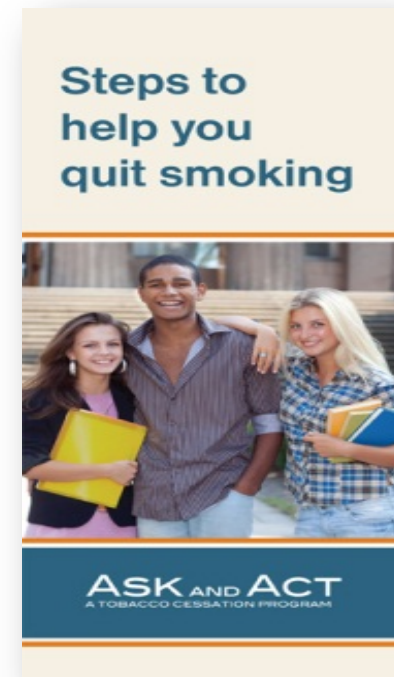
Right after you quit:

- Develop a clean, fresh, tobacco-free environment around yourself, at work, and at home.
- Try to avoid drinking alcohol, coffee, or other beverages you associate with smoking.
- If you miss the sensation of having a cigarette in your mouth, try carrot or celery sticks, flavored toothpicks, or a straw.
- Chew sugarless gum or mints to help with cravings.
- Stay away from people who use tobacco.
- Reward yourself for successes—one hour, one day, or one week without using tobacco.
- Increase your physical activity.
- Return for a follow-up visit on: _____

Additional recommendations: _____

Family physician's signature

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AAFP Tobacco Cessation Resources

AAFP Tobacco Use Prevention and Cessation Counseling 2015 Coding Reference

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



- PATIENT CARE
- Clinical Recommendations
- Immunizations
- Public Health Issues ▾
- Obesity and Fitness
- Sports Medicine
- COPD
- Pain Management & Opioid Abuse
- Cultural Proficiency
- Tobacco and Nicotine
- Ask and Act
- Tar Wars
- Chapter and Residency Program Mini-Grants
- Early Childhood Literacy
- Breastfeeding

Coding Reference

In 2014, the Patient Protection and Affordable Care Act (ACA) began requiring insurance preventive services (www.healthcare.gov). Two of the covered preventive services include:

- Tobacco use screening for all adults and adolescents
- Tobacco cessation counseling for adults and adolescents who use tobacco, and expectant pregnant women
 - Medicare
 - Medicaid
 - Private/Commercial Insurance Carriers
 - Self-Pay Patients and Uninsured Patients

Government Payors

Medicare

Medicare Part B covers two levels of tobacco cessation counseling for symptomatic and asymptomatic patients: intermediate and intensive.

Two cessation attempts are covered per 12-month period. Each attempt may include a combination of intermediate and intensive counseling sessions. Therefore, the total annual benefit covers up to eight sessions in a 12-month period.

The patient may receive another eight counseling sessions during a second or subsequent 12-month period.

Symptomatic Patients

Symptomatic patients are those who use tobacco and:

- Have been diagnosed with a disease or an adverse health effect that has been found by the U.S. Surgeon General to be linked to tobacco use.
- Take a therapeutic agent for which the metabolism or dosing is affected by tobacco use, based on information approved by the U.S. Food and Drug Administration (FDA).

Both cosinsurance and deductible apply.

Use the following codes for symptomatic patients.

HCPSCS/CPT CODE	TYPE OF COUNSELING	DESCRIPTION
99406	Intermediate	Smoking and tobacco use cessation counseling visit is greater than three minutes, but not more than 10 minutes
99407	Intensive	Smoking and tobacco use cessation counseling visit is greater than 10 minutes

ICD-9 CM DIAGNOSIS CODE	DESCRIPTION
305.1	Tobacco use disorder
649.0x	Tobacco use disorder complicating pregnancy, childbirth, or puerperium
989.84	Toxic effect of tobacco

ICD-10 CM DIAGNOSIS CODE	DESCRIPTION
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.201	Nicotine dependence, unspecified, in remission
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission

[TOP](#)

Asymptomatic Patients

Asymptomatic patients are those who use tobacco but do not have symptoms of tobacco-related disease.

Both coinsurance and deductible are waived.

Use the following CPT codes for asymptomatic patients.

HCPCS/CPT CODE	TYPE OF COUNSELING	DESCRIPTION
G0436	Intermediate	Smoking and tobacco use cessation counseling visit greater than three minutes, but not more than 10 minutes.
G0437	Intensive	Smoking and tobacco use cessation counseling visit is greater than 10 minutes.
ICD-9 CM DIAGNOSIS CODE		DESCRIPTION
305.1		Tobacco use disorder
V15.82		Personal history of tobacco use
ICD-10 CM DIAGNOSIS CODE		DESCRIPTION
F17.200		Nicotine dependence, unspecified, uncomplicated
F17.201		Nicotine dependence, unspecified, in remission
F17.210		Nicotine dependence, cigarettes, uncomplicated
F17.211		Nicotine dependence, cigarettes, in remission
F17.220		Nicotine dependence, chewing tobacco, uncomplicated
F17.221		Nicotine dependence, chewing tobacco, in remission
F17.290		Nicotine dependence, other tobacco product, uncomplicated
F17.291		Nicotine dependence, other tobacco product, in remission
Z87.891		Personal history of nicotine dependence

Private/Commercial Insurance Carriers

Private insurers are required to provide evidence-based tobacco cessation counseling and interventions to all adults and pregnant women. Private payer benefits are subject to specific plan policies. **Check with individual insurance plans to determine what specific interventions are included and the extent to which these interventions are covered.**

HCPCS/CPT CODE	TYPE OF COUNSELING	DESCRIPTION
99406	Intermediate	Smoking and tobacco use cessation counseling visit is greater than three minutes, but not more than 10 minutes
99407	Intensive	Smoking and tobacco use cessation counseling visit is greater than 10 minutes
S9075	Smoking cessation treatment	
S9453	Smoking cessation classes	Non-physician provider, per session
99381-99397	Preventive medicine services	Comprehensive, preventive evaluation based on age and gender to include appropriate history, examination, counseling/anticipatory guidance, risk factor reduction interventions, and related plan of care.
99078	Physician educational services	Group setting (e.g., prenatal, obesity, diabetes)
SUGGESTED TOBACCO-RELATED ICD-9 CM DIAGNOSIS CODES		DESCRIPTION
305.1		Tobacco use disorder
649.0x		Tobacco use disorder complicating pregnancy, childbirth, or puerperium

[↑ TOP](#)

ASK AND ACT

A TOBACCO CESSATION PROGRAM

The AAFP Office Champions Tobacco Cessation project was built on the AAFP's successful Ask and Act program

www.askandact.org

The AAFP's Office Champions project has been implemented in 120 practices, including family medicine practices, residency programs and federally qualified health centers (FQHCs).

Office Champions began with the 2011 Tobacco Cessation Pilot project, and continued with the 2012 Tobacco Cessation National Dissemination project, the 2013 project in FQHCs & the AAFP Multi-State Behavioral Health & Tobacco Cessation project in 2015.

Power of Intervention

- One-third to one-half of the 44.5 million current smokers will die from smoking. Of the 31 million who want to quit, 10 to 15.5 million will die from smoking.
- Increasing the 2.5% cessation rate to 10% would save 1.2 million additional lives.
- If cessation rates rose to 15%, 1.9 million additional lives would be saved.
- No other health intervention could make such a difference!

Tobacco cessation saves more lives
than mammograms, colonoscopies,
and daily aspirin
COMBINED!



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Medical School

An Introduction to Motivational Interviewing: Focus on Tobacco Use and Dependence

Marc L. Steinberg, Ph.D.,
Associate Professor of Psychiatry &
Associate Director, Addiction Psychiatry

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Proficiency in MI

- Not substantially increased by reading the MI book and viewing videotapes
- Modestly increased by a 2-day clinical MI training workshop
- **Substantially** increased by a 2-day clinical MI training workshop followed by either or both
 - a) Supervisory feedback after listening to session tapes
 - b) Individual telephone coaching sessions

Miller et al. (2004). A Randomized Trial of Methods to Help Clinicians Learn Motivational Interviewing. *Journal of Consulting and Clinical Psychology*, 72, 1050-1062.

Objectives

- Describe how the underlying perspective or “spirit” of MI can be applied to smokers
- Explain how to speak with smokers who may not be ready to quit
- Describe how to elicit “change talk” from tobacco users

Empirical Support for MI and tobacco use dx

Boardman T, Catley D, Grobe JE, Little TD, Ahluwalia JS. Using motivational interviewing with smokers: Do therapist behaviors relate to engagement and therapeutic alliance? *J Subst Abuse Treat.* 2006;31(4):329–339. doi:10.1016/j.jsat.2006.05.006.

Colby SM, Nargiso J, Tevyaw TO, et al. Enhanced motivational interviewing versus brief advice for adolescent smoking cessation: Results from a randomized clinical trial. *Addict Behav.* 2012;37(7):817–823. doi:10.1016/j.addbeh.2012.03.011.

Heckman CJ, Egleston BL, Hofmann MT. Efficacy of motivational interviewing for smoking cessation: a systematic review and meta-analysis. *Tob Control.* 2010;19(5):410–416. doi:10.1136/tc.2009.033175.

Harris KJ, Catley D, Good GE, Cronk NJ, Harrar S, Williams KB. Motivational interviewing for smoking cessation in college students: A group randomized controlled trial. *Prev Med (Baltim).* 2010;51(5):387–393. doi:10.1016/j.ypmed.2010.08.018.

Hettema JE, Hendricks PS. Motivational interviewing for smoking cessation: A meta-analytic review. *J Consult Clin Psychol.* 2010;78(6):868–884. doi:10.1037/a0021498.

Lai DT, Cahill K, Qin Y, Tang J-L. Motivational interviewing for smoking cessation. *Cochrane Database Syst Rev.* 2010;(1):CD006936. doi:10.1002/14651858.CD006936.pub2.

Steinberg ML, Ziedonis DM, Krejci JA, Brandon TH. Motivational interviewing with personalized feedback: a brief intervention for motivating smokers with schizophrenia to seek treatment for tobacco dependence. *J Consult Clin Psychol.* 2004;72(4):723–728. doi:10.1037/0022-006X.72.4.723.

Steinberg ML, Williams JM, Stahl NF, Budsock PD, Cooperman NA. An adaptation of motivational interviewing increases quit attempts in smokers with serious mental illness. *Nicotine & Tob Res,* 2015, [Epub ahead of print] doi:10.1093/ntr/ntv043

Definition of MI

MI is a collaborative, goal oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

- Miller & Rollnick, 2012

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Ambivalence



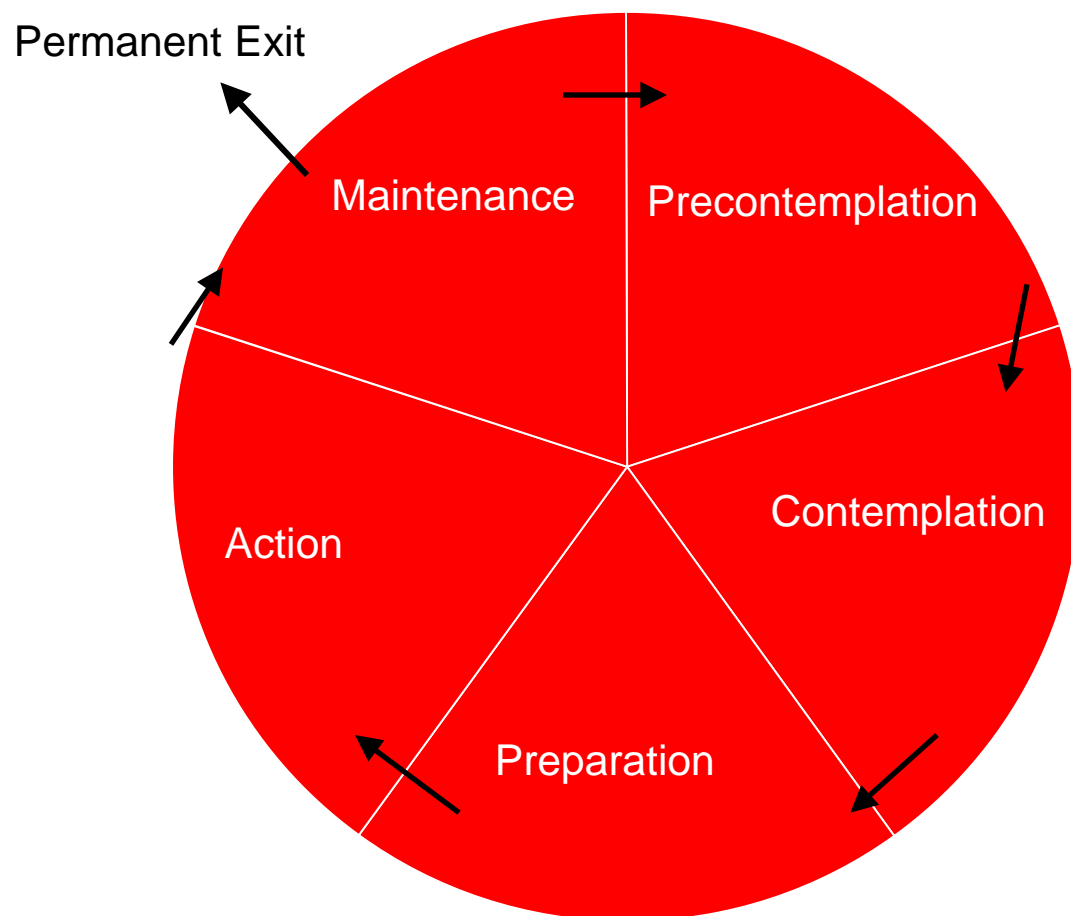
Underlying perspective of MI

- Partnership
 - Dancing, not wrestling
- Acceptance
 - Absolute worth, Accurate Empathy, Affirmation, Autonomy Support
- Evocation
 - Assumes patients already have motivation and resources within
- Compassion
 - Pursuit of best interest for your patient



Stages of Change

Prochaska & DiClemente (1983) JCCP, 5, 161-173

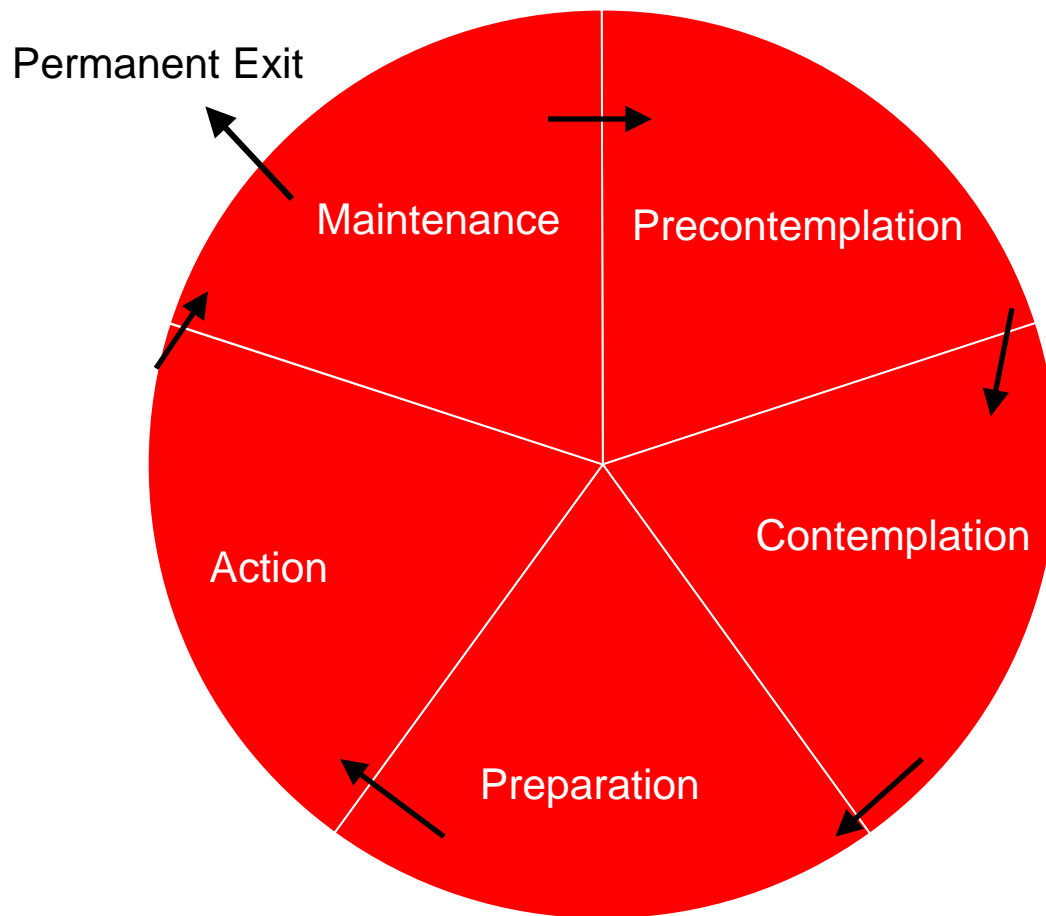






Stages of Change

Prochaska & DiClemente (1983) JCCP, 5, 161-173



How do I get started?



Engaging Skills / Core Skills

- **O**pen questions
- **A**ffirming the client
- **R**eflective listening
- **S**ummarizing



Open Questions

- Difficult to give a short answer



Open vs. Closed Questions:

Closed: Does your anxiety influence your smoking?

Open: _____

Affirmations



Affirmations

- Show appreciation / validate strengths
- Should be genuine
- Builds rapport / reduces negativity
 - “You’re really working hard on this.”
 - “You never give up!”

Reflective Listening

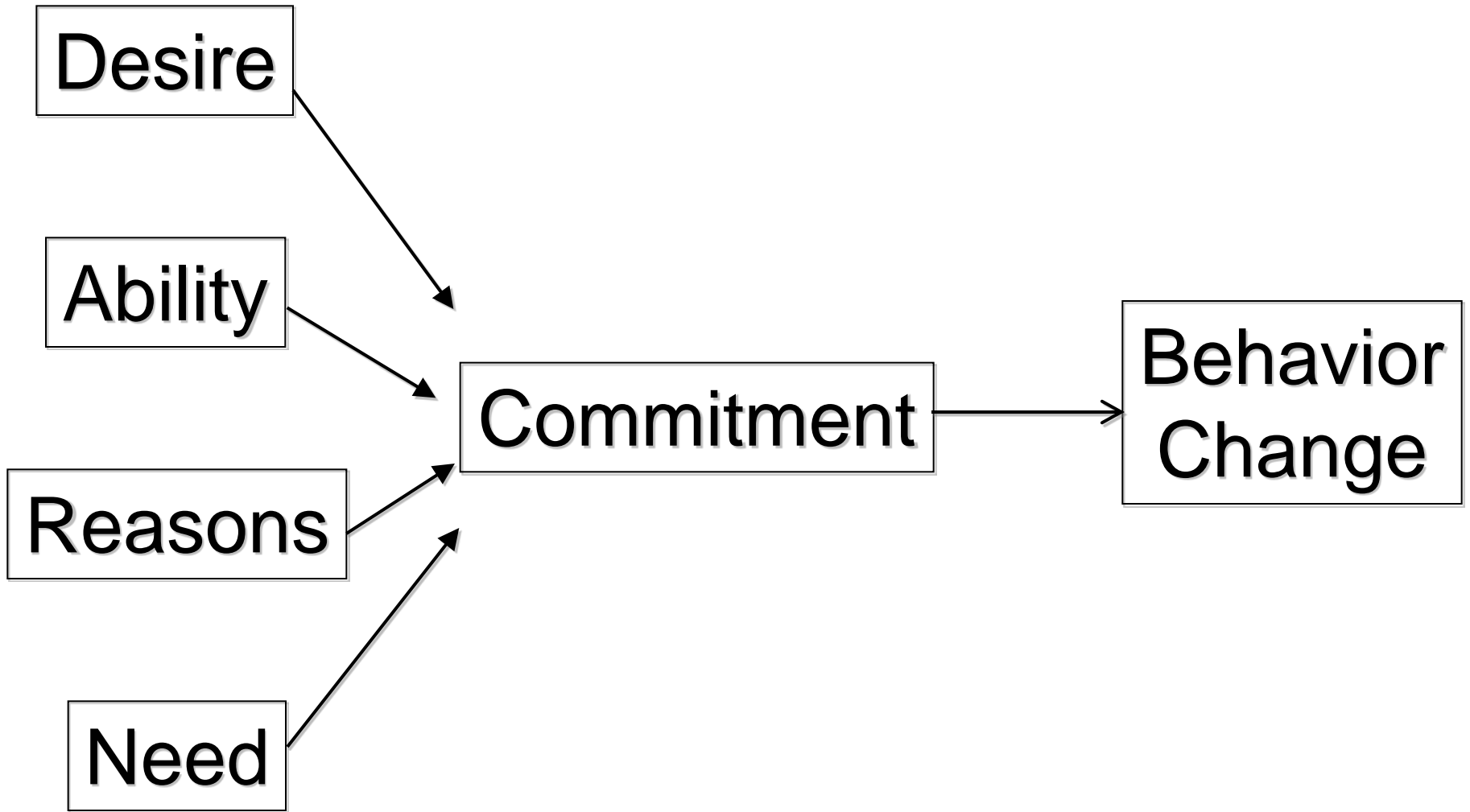
- Allows patient to feel heard
- Allows provider to confirm perceptions
- Simple, declarative statement
 - *“Your family really wants you to quit.”*
 - *“It’s tough to imagine coping without a cigarette.”*

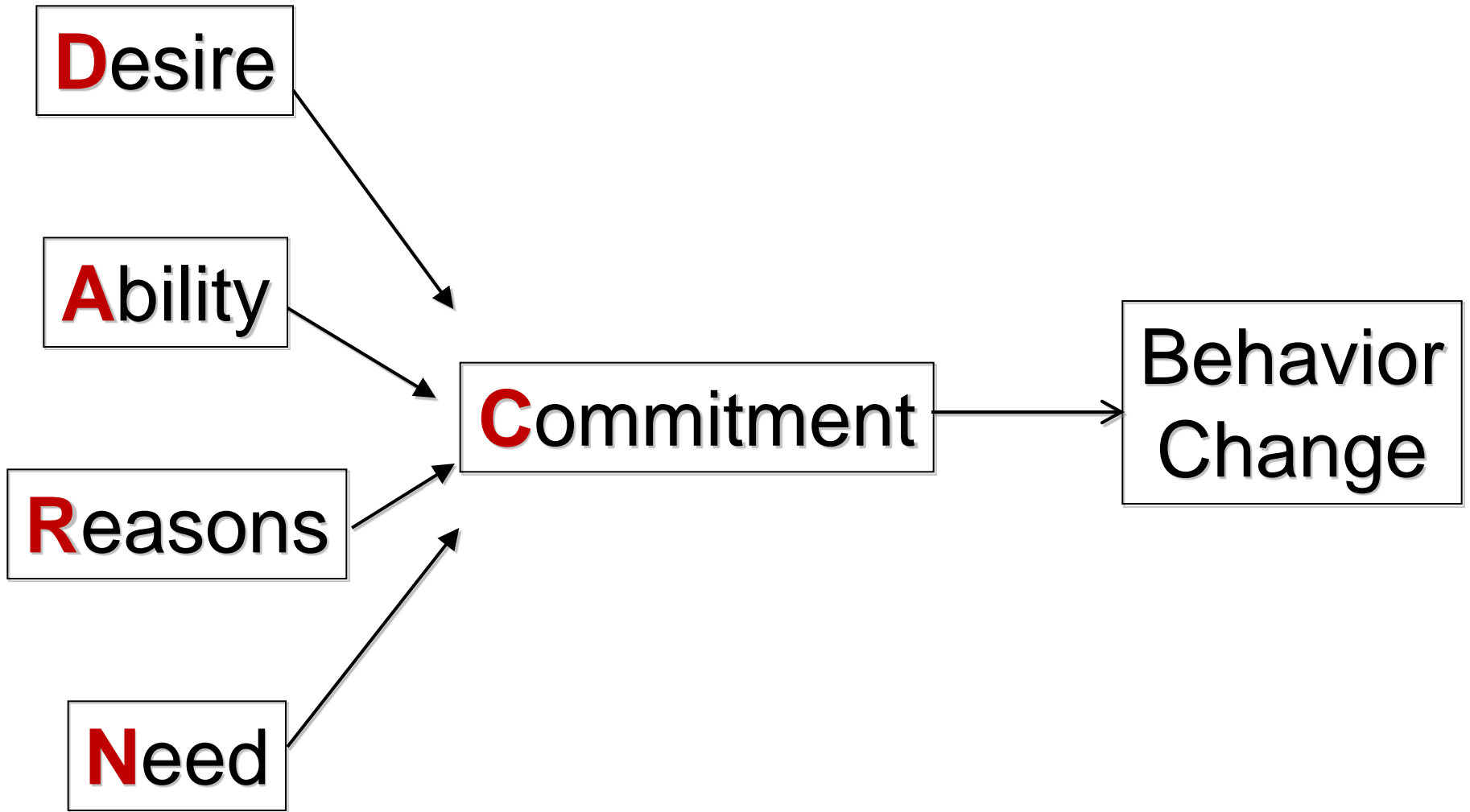


Summarizing

- Lets client know you heard all sides
- Allows you to present the discrepancy
 - “and” not “but”
- Good for focusing or transitioning
- Emphasize crucial points (“guiding”)
- *“What else?”*

Recognizing and Reinforcing “Change Talk” and Readiness





Commitment Language

Friday is my quit date. I'm never going to smoke again.



Commitment

I'm going to stop smoking soon.

I'm going to try to stop smoking.

I'd like to stop smoking.

Responding to Change Talk

- Elaboration
- Affirm
- Reflect
- Summaries



Self-perception theory

- We learn about our beliefs and attitudes by hearing ourselves talk.
- Eliciting “sustain talk” decreases commitment.
- Eliciting “change talk” increases commitment.
- Moral: Let patients make the argument for change.

Bem, D. J. (1967). Self-Perception: An Alternative Interpretation of Cognitive Dissonance Phenomena. *Psychological Review*, 74, 183-200.

Eliciting Change Talk

Decisional Balance

<p>“Not So Good Things” about smoking</p>	<p>“Good Things” about smoking</p>
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Decisional Balance

“Not So Good Things” about smoking	“Good Things” about smoking	Alternative ways to get the “Good Things”

Core skills / Change Talk example:

I'm down to 5 cigarettes a day! I can't go any lower than that. I'm afraid my mental illness will get worse if I quit completely.

- **Open-Ended Question, Affirmation, Reflection**

Core skills / Change Talk example:

I don't know why you're asking me about smoking cigarettes. I came here for help with my drinking – and I'm working really hard on that! I know I should quit, but I'm not ready yet.

- **Open-Ended Question, Affirmation, Reflection**

Developing a Change Plan

Offer a menu of options

- Eliminates “skeet shooting”
- Maximizes patient autonomy/choice
- Start simple, and avoid jargon
- “Which option seems most possible?”
- “Where’s the best place to start?”



“E – P – E”

- **E**LICIT client’s permission
- **P**ROVIDE advice, instruction
- **E**LICIT client’s reactions

Consolidating Commitment

- Summarize, then “*How does that sound?*”
- Make it as public as appropriate
- Recognize ambivalence





What would *your* sign say?



Open – Ended
Questions



Thank you!

To learn more:

Miller WR, Rollnick SR. *Motivational Interviewing, Third Edition: Helping People Change*. New York: Guilford Press 2012.

<http://www.motivationalinterviewing.org/>

Questions and Answers



- Submit questions via the **chat box**

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