4.b.i. TOBACCO CESSATION

PROJECT GOALS

- Screen all patients 18 years and older in ACP primary care offices and in participating NYS Office of Mental Health- licensed facilities for tobacco use.
- Provide or refer patients with smoking dependence for counseling.
- Increase the use of tobacco cessation services, including NYS Smokers' Quitline and nicotine replacement products.
- Reduce the prevalence of tobacco use in the target population.

OVERVIEW

Tobacco cessation is a critical element in several ACP projects in addition to this population health project, 4.b.i. These include 3.b.i. (Evidence-Based Strategies for Cardiovascular Disease Management in High Risk/Affected Populations), 3.c.i. (Evidence-Based Strategies for Disease Management in High-Risk/Affected Populations: Diabetes), and 3.d.iii (Implementation of Evidence-Based Medicine Guidelines for Asthma Management). Tobacco dependence is also prevalent among those with behavioral health disorders who are addressed in 3.a.i (Integration of Primary Care and Behavioral Health). Tobacco use is also associated with several cancers that are part of 4.b.ii. (Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings). These include lung, colorectal, prostate, and breast cancer.

Most first use of cigarettes occurs by 18 years of age (87%), with nearly all first use by 26 years of age (98%). Cigarette smoking and exposure to smoke result in more than 480,000 premature deaths in the United States every year along with substantial illness.[1] In New York State, the estimated deaths are 25,000. Despite considerable progress in tobacco control over the past 50 years, in 2015, an estimated 15.38% of U.S. adults smoke.[2]

Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit. Effective treatments exist that can significantly increase rates of long-term abstinence. Brief tobacco dependence treatment is effective. Clinicians should offer every patient who uses tobacco at least the brief treatments.[3]

Among the recommendations of the Surgeon General is to target populations with high smoking prevalence, including the poor, the least educated, and people with mental health and substance abuse diagnoses.[4] DSRIP and ACP have a responsibility to these traditionally underserved groups. In addition, the Surgeon General's Office has long recognized the high prevalence of tobacco use among the Asian American and Hispanic populations.[5] Furthermore, the U.S. Preventive Services Task Force (USPSTF) recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco (Grade A, September 2015). Similar recommendations are made for pregnant women who smoke, except the use of pharmacotherapy for tobacco cessation.

Project Population Target: All ACP adult patients who smoke.

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PATIENT ENGAGEMENT GOALS

- Tobacco screening for all established patients on each visit.
- Tobacco screening for all new patients and on each visit thereafter.
- Ask at each visit about secondhand smoke exposure for those with asthma, COPD, and other respiratory diseases, cardiovascular disease, diabetes, and behavioral health disorders.
- Document a baseline and the current amount of tobacco use.
- Document tobacco cessation counseling and referral.

INTERVENTIONS

- Implement universal screening for tobacco product use and an annual update prompted in the provider's EHR. The EHR will have a structured smoking history including, at a minimum, when the individual started smoking, type of tobacco used, frequency of use, time period used, interest in quitting, and prior quit attempts.
- Encourage a quit date and set a quit plan. (https://smokefree.gov/steps-to-prepare)
- Implement the 5 As of tobacco dependence intervention by providers and document in the EHR.
  - » Ask - Identify and document tobacco use status for every patient.
  - » Advise - Urge every tobacco user to quit.
  - » Assess - Is the tobacco user willing to make a quit attempt at this time?
  - » Assist - For the patient willing to make a quit attempt, use counseling and pharmacotherapy to help him or her quit.
  - » Arrange - Schedule follow-up contact, in person or by telephone, preferably within the first week after the quit date.

  Connect patients who express interest in quitting with the NYS Quitline (1-866-NY-QUITS or 1-866-697-8487) and patient care team, including care management, to ensure adequate follow up and patient navigation. This may include utilizing Quitline's Trained Quit Coaches, Care Managers, community -based resources, and peer support to provide cessation counseling.
- For patients who are not ready to make a quit attempt, encourage PCPs and OMH providers to employ a motivational intervention using the "5 Rs": Relevance, Risks, Rewards, Roadblocks, and Repetition:[6]
  - » Relevance - Encourage the patient to indicate why quitting is personally relevant.
  - » Risks - Ask the patient to identify potential negative consequences of tobacco use.
  - » Rewards - Ask the patient to identify potential benefits of stopping tobacco use.
  - » Roadblocks - Ask the patient to identify barriers or impediments to quitting.
  - » Repetition - The motivational intervention should be repeated every time an unmotivated patient has an interaction with a clinician. Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before they are successful.
- Provide Patient Education Materials to all PCP offices and OMH facilities, including the NYS Smokers' Quitline materials. (*Staying Tobacco Free* and *Clear the Air* and the website address: www.nysmokefree.com)
- Implement tobacco-free regulations and smoking cessation medical interventions in participating OMH and OASAS facilities.
- Provide all PCP offices and OMH facilities with Clinical Guidelines for Prescribing Pharmacotherapy for Smoking Cessation. (http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/prescrib.html)
- Modify EHR to automate smoking cessation intervention whenever possible. This would include automatic print-out of recommendations to help with smoking cessation.

CLINICAL PERFORMANCE METRICS

- **Medical Assistance with Smoking and Tobacco Use Cessation:** Advised to Quit (CAHPS Survey) – The number of respondents, age 18 and older, who smoke or use tobacco some days or every day and were advised to quit.
- **Medical Assistance with Smoking and Tobacco Use Cessation:** Discussed Cessation Medication (CAHPS Survey) – The number of respondents, age 18 years and older, who smoke or use tobacco and discussed or were recommended cessation medication.
- **Medication Assistance with Smoking and Tobacco Use Cessation:** Discussed Cessation Strategies (CAHPS Survey) - The number of respondents, age 18 and older, who smoke or use tobacco some days or every day and discussed or were provided with cessation methods or strategies.

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[3]Treating Tobacco Use and Dependence, US Public Health Services Guidelines for Treating Tobacco Use, 2008 Update. http://bphc.hrsa.gov/buckets/treatingtobacco.pdf

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