Brief Intervention
and the 5 A’s:
Helping Patients Quit Tobacco

Sponsored by
Maryland Department of Health and Mental Hygiene
and
University of Maryland Baltimore County
What is MDQuit?

• Resource center for tobacco use cessation and prevention for the State of Maryland.
• Funded by the Maryland Department of Health and Mental Hygiene (DHMH).
• Located on the campus of the University of Maryland, Baltimore County (UMBC).
• Dedicated to assisting providers and programs in reducing tobacco use among citizens across the state utilizing best practices strategies.
The Big Picture – 2007

There are 90.7 million ever smokers in the U.S.
  – Over 52% of these are now former smokers
  – Prevalence has dropped from 42% in 1965 to 19.8% in 2007

43.4 million people are still smoking the U.S. (19.8% of adults)
  – 77.8% of smokers smoke every day
  – 38.4% stopped smoking for one day in the past year because they were trying to quit
Stages of Change for Smoking Cessation: 2008 MATS

**Precontemplation:** Current smokers who are not planning on quitting smoking in the next 6 months

**Contemplation:** Current smokers who are planning on quitting smoking in the next 6 months but have not made a quit attempt in the past year

**Preparation:** Current smokers who are definitely planning to quit within next 30 days and have made a quit attempt in the past year

**Action:** Individuals who are not currently smoking and have stopped smoking within the past 6 months

**Maintenance:** Individuals who are not currently smoking and have stopped smoking for longer than 6 months but less than 5 years

Maryland’s 1-800 QUIT NOW SmokingStopsHere.com
## Changes with 2008

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>21.1</td>
<td>16.2</td>
<td>21.9</td>
<td>15.6</td>
</tr>
<tr>
<td>Contemplation</td>
<td>8.7</td>
<td>8.8</td>
<td>10.6</td>
<td>14.8</td>
</tr>
<tr>
<td>Preparation</td>
<td>8.2</td>
<td>9.2</td>
<td>4.8</td>
<td>10.3</td>
</tr>
<tr>
<td>Action</td>
<td>3.8</td>
<td>3.9</td>
<td>3.5</td>
<td>10.8</td>
</tr>
<tr>
<td>Maintenance</td>
<td>12.6</td>
<td>13.1</td>
<td>10.6</td>
<td>8.5</td>
</tr>
<tr>
<td><strong>Long-Term Maintenance (5+)</strong></td>
<td><strong>45.7</strong></td>
<td><strong>48.7</strong></td>
<td><strong>48.6</strong></td>
<td><strong>39.8</strong></td>
</tr>
</tbody>
</table>

Note: includes ever-smokers (100+ cigarettes in lifetime) who are current smokers or former smokers (including those who have quit for 5+ years)
<table>
<thead>
<tr>
<th>Readiness to Change &amp; Intentions</th>
<th>2000 (Wave 1)</th>
<th>2002 (Wave 2)</th>
<th>2006 (Wave 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% yes</strong></td>
<td>% yes</td>
<td>% yes</td>
<td>% yes</td>
</tr>
<tr>
<td><strong>Ever Seriously Considered Quitting</strong>&lt;sup&gt;a,b&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precontemplation (PC)</td>
<td>75.2</td>
<td>72.4</td>
<td>68.6</td>
</tr>
<tr>
<td>Contemplation (C)</td>
<td>96.1</td>
<td>95.5</td>
<td>95.2</td>
</tr>
<tr>
<td>Preparation (P)</td>
<td>96.8</td>
<td>97.7</td>
<td>96.5</td>
</tr>
<tr>
<td><strong>All Stages</strong></td>
<td>84.7</td>
<td>85.2</td>
<td>79.7</td>
</tr>
<tr>
<td><strong>Mean (SD)</strong></td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td><strong>Number of Prior Quit Attempts</strong>&lt;sup&gt;b,c,†&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precontemplation (PC)</td>
<td>4.0 (7.6)</td>
<td>4.3 (6.5)</td>
<td>4.6 (11.2)</td>
</tr>
<tr>
<td>Contemplation (C)</td>
<td>5.1 (7.3)</td>
<td>4.4 (5.3)</td>
<td>5.7 (11.3)</td>
</tr>
<tr>
<td>Preparation (P)</td>
<td>7.6 (11.4)</td>
<td>6.7 (9.8)</td>
<td>10.3 (17.9)</td>
</tr>
<tr>
<td>Action (A)</td>
<td>6.5 (9.7)</td>
<td>5.6 (9.5)</td>
<td>4.7 (8.7)</td>
</tr>
<tr>
<td>Maintenance (M)</td>
<td>4.8 (6.9)</td>
<td>5.3 (7.7)</td>
<td>6.8 (14.2)</td>
</tr>
<tr>
<td><strong>All Stages</strong></td>
<td>5.1 (8.4)</td>
<td>5.2 (7.7)</td>
<td>5.8 (12.6)</td>
</tr>
<tr>
<td><strong>Rung</strong>&lt;sup&gt;a,b&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Readiness Ladder 1 (lowest) - 10 (highest)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precontemplation (PC)</td>
<td>2.9 (2.6)</td>
<td>3.1 (2.7)</td>
<td>3.1 (2.9)</td>
</tr>
<tr>
<td>Contemplation (C)</td>
<td>5.0 (3.1)</td>
<td>4.8 (3.0)</td>
<td>5.4 (3.1)</td>
</tr>
<tr>
<td>Preparation (P)</td>
<td>6.5 (3.0)</td>
<td>6.4 (3.1)</td>
<td>6.7 (3.3)</td>
</tr>
<tr>
<td><strong>All Stages</strong></td>
<td>4.2 (3.2)</td>
<td>4.4 (3.2)</td>
<td>4.2 (3.3)</td>
</tr>
</tbody>
</table>
### Around this time last year were you smoking cigarettes every day, some days, or not at all?\(^a\)

<table>
<thead>
<tr>
<th></th>
<th>Every day</th>
<th>Some days</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>75.2</td>
<td>20.1</td>
<td>4.7</td>
</tr>
<tr>
<td>Contemplation</td>
<td>70.7</td>
<td>20.9</td>
<td>8.5</td>
</tr>
<tr>
<td>Preparation</td>
<td>57.7</td>
<td>24.1</td>
<td>18.3</td>
</tr>
<tr>
<td>Action</td>
<td>59.9</td>
<td>18.0</td>
<td>22.1</td>
</tr>
<tr>
<td>Maintenance</td>
<td>9.9</td>
<td>10.2</td>
<td>79.9</td>
</tr>
<tr>
<td>All stages</td>
<td>59.0</td>
<td>18.6</td>
<td>22.4</td>
</tr>
</tbody>
</table>

### IF YOU DECIDED TO GIVE UP SMOKING ALTOGETHER, HOW LIKELY DO YOU THINK YOU WOULD BE TO SUCCEED?\(^a\)

<table>
<thead>
<tr>
<th></th>
<th>Very or somewhat likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>73.1</td>
</tr>
<tr>
<td>Contemplation</td>
<td>86.1</td>
</tr>
<tr>
<td>Preparation</td>
<td>88.6</td>
</tr>
<tr>
<td>All stages</td>
<td>78.8</td>
</tr>
</tbody>
</table>

### Do you ever expect to quit smoking?\(^a\)

<table>
<thead>
<tr>
<th></th>
<th>% yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>70.4</td>
</tr>
<tr>
<td>Contemplation</td>
<td>98.3</td>
</tr>
<tr>
<td>Preparation</td>
<td>99.0</td>
</tr>
<tr>
<td>All stages</td>
<td>82.7</td>
</tr>
</tbody>
</table>

### Used an aid last time you tried to quit?\(^a\)

<table>
<thead>
<tr>
<th></th>
<th>% yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>32.5</td>
</tr>
<tr>
<td>Contemplation</td>
<td>34.0</td>
</tr>
<tr>
<td>Preparation</td>
<td>36.3</td>
</tr>
<tr>
<td>All stages</td>
<td>33.5</td>
</tr>
</tbody>
</table>

### Ever used NRT to quit?\(^a\)

<table>
<thead>
<tr>
<th></th>
<th>% yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>36.9</td>
</tr>
<tr>
<td>Contemplation</td>
<td>44.9</td>
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<tr>
<td>Preparation</td>
<td>48.7</td>
</tr>
<tr>
<td>Action</td>
<td>36.5</td>
</tr>
<tr>
<td>Maintenance</td>
<td>33.7</td>
</tr>
<tr>
<td>All stages</td>
<td>39.1</td>
</tr>
</tbody>
</table>

\(^a\)All between-stage comparisons significant at \(p<0.05\) level.

NRT, nicotine replacement therapy
Physician Brief Intervention is a Best Practice

• “All physicians should strongly advise every patient who smokes to quit because evidence shows that physician advice to quit smoking increases abstinence rates.”

• “Minimal interventions lasting less than 3 minutes increase overall tobacco abstinence rates.”

• “Every tobacco user should be offered at least a minimal intervention, whether or not he or she is referred to intensive intervention.”

Recommendations with Strength of Evidence = A
## Doctors Helping Smokers: Myths and Realities

<table>
<thead>
<tr>
<th>Thought of as…</th>
<th>But actually…</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient</strong></td>
<td>• knows about the harms</td>
</tr>
<tr>
<td></td>
<td>• probably would like to quit</td>
</tr>
<tr>
<td></td>
<td>• has a 40-percent probability of trying to quit in a given year</td>
</tr>
<tr>
<td></td>
<td>• is unlikely to remain abstinent after any single attempt</td>
</tr>
<tr>
<td><strong>Provider</strong></td>
<td>• aware of the harmful effects</td>
</tr>
<tr>
<td></td>
<td>• has misconceptions about how to help smokers quit</td>
</tr>
<tr>
<td></td>
<td>• lacks the resources to identify the smokers who want to quit and provide them with help</td>
</tr>
<tr>
<td></td>
<td>• experiences intense competition for time</td>
</tr>
<tr>
<td><strong>Setting</strong></td>
<td>offers little support to the physician who would like to help patients stop smoking</td>
</tr>
</tbody>
</table>

Kottke et al., 1994 (NCI)
Brief Intervention for Tobacco: Goals

- Focus on supporting quit attempts based on the extent to which a patient is:
  - Ready
  - Willing
  - Able
- Provide the patient with feedback and assistance that meets his/her current needs.

![Diagram showing readiness, willingness, and abilities]
Treating Tobacco Using the 5 A’s

**Ask** about current tobacco use

**Current User**

**Advise** to Quit and **Assess** Willingness to Quit

**Ready to Quit**
If ready to quit, **Assist** with individualized treatment
Or refer to Maryland Quitline

**Not Ready to Quit**
If not ready to quit, motivate and encourage to quit (use 5 R’s)

**Arrange for follow-up and check in at each visit to promote cessation & prevent relapse**

**No Current Use**

**Assess** Past Tobacco Use

**Yes**
**Assist** with relapse prevention

**No**
If no past use, promote future abstinence
## The “5 A’s” For Brief Intervention

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASK</strong> about tobacco use (&lt;1 minute)</td>
<td>Identify and document tobacco use for EVERY patient at EVERY visit.</td>
</tr>
<tr>
<td><strong>ADVISE</strong> to quit smoking (&lt; 30 seconds)</td>
<td>In a clear, strong, personalized manner, urge EVERY user to quit.</td>
</tr>
<tr>
<td><strong>ASSESS</strong> willingness to make a quit attempt (&lt;1-2 minutes)</td>
<td>Is the tobacco user willing to make a quit attempt at this time?</td>
</tr>
<tr>
<td><strong>ASSIST</strong> in quit attempt (&lt;1-3 minutes)</td>
<td>Give all patients a brochure. For the patient willing to make a quit attempt, provide pharmacotherapy and counseling if possible.</td>
</tr>
<tr>
<td><strong>ARRANGE</strong> follow-up (&lt;1 minute)</td>
<td>Schedule follow-up contact, preferably within first week after the quit date.</td>
</tr>
</tbody>
</table>
1. **ASK**: about tobacco use every time

- Implement a standard system to ensure that for every patient at every visit, tobacco use is queried and documented.
- Some settings expand the *vital signs* to include tobacco use, viewing it as equally important as taking a patient’s blood pressure or asking about current symptoms.
- Ask patients:
  - *Have you smoked a cigarette, even a puff, in the past 30 days?*
  - *On average, how many cigarettes do you smoke per day?*
  - *How long have you been smoking at that rate?*
- A person’s smoking status and readiness to make a quit attempt can change across visits.
2. ADVISE: Urge ALL tobacco users to quit

• Provide Clear, Concise, Strong and Personalized Advice:
  – As your physician, I recommend that you quit using tobacco. The clinic staff and I will help you.
  – As your smoking has increased, your breathing has worsened. Right now, quitting smoking is the best thing you can do for your health.

• Expect ambivalence. Be willing to listen non-judgmentally to patient concerns. Ask:
  – What do you make of this advice?
3. **ASSESS**: Current willingness to make a quit attempt

- Talk to each tobacco user about his/her readiness to make a quit attempt.
- A ‘Readiness Ruler’ is a helpful tool that allows you to emphasize the patient’s existing motivation to quit. Ask:
  - *On a scale of 1 to 10, with 10 being very ready, how ready are you to quit smoking?*
  - *What makes you a [4] and not a lower number?*

For the Less Ready

The 5 R’s:
1. Relevance
2. Risks
3. Rewards
4. Roadblocks
5. Repetition

For patients with low readiness, discussion of the 5 R’s can help address concerns and enhance motivation.
I don’t want to quit. Tobacco is not a problem for me. Trying to quit would be a waste of my time.

I am thinking about quitting. I know that quitting would be good for my health. I am interested in hearing about ways to quit.

I am ready to quit using tobacco. I would like help to quit using tobacco.

This ruler is available for download at: mdquit.org/fax-to-assist/module-2
4. **ASSIST**: Provide help for a successful quit attempt

- Offer an array of effective treatment options:
  - *Free telephone counseling through the Maryland Quitline*
  - *Smoking cessation groups*
  - *Local health department resources*
  - *Pharmacotherapy and NRT* (when medically advisable - consider pregnancy, other medications, allergies, etc.)

- Help the client set a personal quit date.
5. **ARRANGE**: Schedule follow-up contact

- Follow-up contact (in-person or by phone) is most helpful within the first few weeks of the quit date and again at the next appointment.
  - *Congratulate successes and address challenges.*
  - *Treat continued tobacco use as a chronic illness. Repeat follow-up supports change.*
  - *Consider referrals to more intensive treatment, especially for special populations like pregnant women and individuals with mental illness.*
Pharmacotherapy for SC

- All patients attempting to quit should be encouraged to use pharmacotherapy with special attention to smokers who may:
  - Medical contraindications
  - Smoking fewer than 10 cigarettes/day
  - Pregnant/breastfeeding women
  - Adolescents

- Many patients will be unsure about using medications/NRT. Keep the option for medication/NRT use open and have these tools available if and when a patient is willing to try them.
Pharmacotherapy Options

- **Nicotine replacement**
  - **OTC**: Nicorette®, nicotine gum, Commit Lozenge®, Habitrol®, Nicoderm CQ®, Nicotrol®, Nicotine Transdermal System
  - **Prescription**: Nicotrol Inhaler®, Nicotrol NS Nasal Spray®

- **Bupropion SR (Zyban®)**: works through dopamine as an agonist (same formula as Wellbutrin)

- **Varenicline (Chantix)**: partial agonist at the α4β2 nicotinic acetylcholine receptor; may relieve nicotine withdrawal and cigarette craving, and block nicotine’s reinforcing effects
The Maryland Tobacco Quitline

• Service provided by Free & Clear Inc.
• Free reactive and proactive phone counseling services
• Quit Coaches™ - Trained specialists
• Provides individually-tailored quit plans
• Referral to local county resources – cessation classes, in-person counseling and free medication
• Operational seven days a week - 8:00am to 3:00 am
• Free NRT (The patch or gum) 4 week supply
Fax Referral Program

• “Fax to Assist”- launched Dec. 2006 by MDQuit.org
• On-line training & certification for HIPAA-covered entities
  – http://mdquit.org/fax-to-assist
• Providers can refer their patients or clients (who wish to quit, preferably within 30 days) to the Maryland Tobacco Quitline
• Tobacco users will sign the Fax Referral enrollment form during a face-to-face intervention with a provider
  – (e.g., at a doctor's office, hospital, dentist's office, clinic or agency site)
• The provider will then fax the form to the Quitline
• Within 48 hours, a Quit Coach™ makes the initial call to the tobacco user to begin the coaching process
Fax to Assist

What is Fax to Assist?
Fax to Assist is an exciting and convenient way for you to refer your clients to Maryland’s Quitline to help them quit smoking.

Who is eligible to become Fax to Assist certified?
All Maryland healthcare providers who are employed by a HIPAA-covered entity are eligible and encouraged to use Fax to Assist to help their clients quit smoking.

How do I become Certified?
There are two options that are available:

**Online Individual Training**
- **Advantages:**
  - Training and certification can be completed in about 20 minutes!
  - Instant feedback on the individual certification examination.
  - Instant access to Fax to Assist referral forms and Quitline resources.
  - **How do I start?** Follow the directions below.

**On-Site Group Training**
(For 3 or more providers)
- **Advantages:**
  - We come to you and provide a one hour training for your whole team!
  - Training can be tailored to your setting and patient population.
  - Same-day certification and Fax to Assist kits provided.
  - **How do I start?** Click here and send us an email to sign-up for on-site training.

Fax to Assist

Our online certification program is now CME-approved! Click here to find out more about Fax to Assist and complete your training.

Center Specialists
If you are interested in resources, training, or other prevention and cessation information to help consumers, please call us at (410) 455-3628 or contact one of our MDQuit Resource Center Specialists:

- Preston Greene, M.A.
- Angela Petersen
- Shayla Thrash
- Onna Van Orden, M.A.

Most Searched Topics

- Cancer
- Cardiovascular Disease
- Cessation
- Cigarettes
Fax to Assist Provider Kits

When you complete the certification quiz, MDQuit will send you:

• Training CD-Rom with all 4 Modules
• 5A’s Clipboard
• 5A’s Mousepad
• MDQuit ink pen
Quitline Satisfaction and Quit Rates
Year 4 Evaluation

» 98% of callers were satisfied with Quitline services
  » Overall satisfaction rates were high for the MDQL services, with 97.5% of the respondents indicating that they were somewhat to very satisfied and 96.6% reporting that they would recommend the Quitline to others.

» 7 times the quit rates of non-assisted quit!

» 35.4% had not used tobacco for one month or longer. (without counseling the quit rate is usually 4-7%).
Cyclical Model for Intervention

- Most smokers will recycle through multiple quit attempts and multiple interventions.
- However, successful cessation occurs for large numbers of smokers over time.
- Keys to successful recycling
  - Persistent efforts
  - Repeated contacts
  - Helping the smoker take the next step
  - Bolster self-efficacy and motivation
  - Match strategy to patient stage of change
Brief Intervention for Tobacco: Private Payer Benefits

• HCPCS/CPT Codes:
  – **99406**: Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes. *Short descriptor: Smoke/Tobacco counseling 3-10*
  – **99381-99397**: Preventive medicine services
  – **96150-96155**: Health & Behavior Assessment/Intervention (Non-physician only)

• Private payer benefits are subject to specific plan policies. Before providing service, benefit eligibility and payer coding requirements should be verified.

AAFP, 2011
Brief Intervention for Tobacco: Cost-effectiveness

• Tobacco interventions from brief clinician advice to specialized treatment are highly cost-effective (Strength of Evidence = A)
• Evidence-based tobacco use interventions compare well with other prevention and chronic disease interventions.
• Counseling about smoking cessation was found to be more cost-effective than treatment of moderate hypertension or hypercholesterolemia and as effective as mammography.
• Cost per year of life saved estimated at $3,539.

(TTUD, 2008; Cummings et al., 1988, NCI (1994) monograph, p. 110)
Strategies for Increasing Cessation

• Know the Smoker
• Understand the Cessation Journey
• Treat the Smoker as a Consumer
• Create a continuum of care
• Develop collaborations and create synergy
• Take advantage of opportunities
Contact Us

MDQuit Resource Center
UMBC Psychology
1000 Hilltop Circle, Baltimore, MD 21250
(410) 455-3628
www.mdquit.org
References


• Cummings…
