Chad Morris, PhD
MDQuit’s 9th Annual
Best Practices Conference
Ellicott City, MD, January 22, 2015

National Lessons Learned: Integrating Tobacco Cessation into Behavioral Health Practices
Awareness and Knowledge
An addiction... is an addiction... is an addiction
Behavior Change
Hurdles

① Competing Demands (personal daily impact)
② Culture & Climate
③ “The Flavor of the Month”
④ Job Insecurity (i.e. fear and anxiety)
⑤ Insufficient Skill-Sets
⑥ Unprepared Practices
⑦ Habit
Sustainable Business Model

Values

Expertise, Preparation, Resources

Behavioral Health & Wellness Program
Treatment Effectiveness for Smokers with Behavioral Health Conditions

Quitting tobacco is difficult but absolutely feasible for persons with behavioral health conditions...

if the right dose of evidence-based assistance is provided
## Treatment Effectiveness: Numbers Needed to Treat

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Outcome</th>
<th>NNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statins</td>
<td>Prevent 1 death over 5 years</td>
<td>107</td>
</tr>
<tr>
<td>Antihypertensive therapy</td>
<td>Prevent 1 stroke, myocardial infarction, death over 1 year</td>
<td>700</td>
</tr>
<tr>
<td>Cervical cancer screening</td>
<td>Prevent 1 death in 10 years</td>
<td>1,140</td>
</tr>
<tr>
<td>Brief advice to stop smoking &lt; 5 minutes</td>
<td>Prevent 1 premature death</td>
<td>80</td>
</tr>
<tr>
<td>Brief advice + pharmacological support</td>
<td>Prevent 1 premature death</td>
<td>38-56</td>
</tr>
<tr>
<td>Brief advice + pharmacological support + behavioral support</td>
<td>Prevent 1 premature death</td>
<td>16-40</td>
</tr>
</tbody>
</table>

WHO, 2013
Tobacco Dependence Has Two Parts

Tobacco dependence is a 2-part problem

**Physical**
- The addiction to nicotine
  - Treatment
  - Medications for cessation

**Behavior**
- The habit of using tobacco
  - Treatment
  - Behavior change program

Treatment should address both the addiction and the habit.

*Courtesy of the University of California, San Francisco*
Planning for Change

Once you have assessed a person’s readiness to quit, you can start developing a plan of care. However, much of this planning involves continuing to assess an individual’s motivation and potential barriers to change. In addition, the plan needs to be individualized. Motivational interviewing techniques will be vital to assisting individuals to take the next step.

The 5 A’s: Ask, Advise, Assess, Assist and Arrange

The U.S. Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence provides healthcare clinicians an onsite strategy for smoking cessation treatment that is built around the “5 A’s” (Ask, Advise, Assess, Assist and Arrange). Knowing that providers have many competing demands, the 5 A’s were created to keep steps simple. Regardless of the patient’s stage of readiness for a cessation attempt, the 5 A’s are essential for every patient visit.

The guideline recommends that all people entering a healthcare setting should be asked about their tobacco use status and that this status should be documented. Providers should advise all tobacco users to quit and then assess their willingness to make a quit attempt. Persons who are ready to make a quit attempt should be assisted in the effort. Follow-up should then be arranged to determine the success of quit attempts. The full 5 A’s model is most appropriate for agencies and organizations that have tobacco cessation medications and/or counseling and behavioral interventions available. In particular, settings providing integrated care (primary care and behavioral health) services are ideal as they have the expertise necessary for combined cessation treatment approaches.

For agencies and organizations that do not have tobacco cessation services readily available, the recommendation is the use of the first two A’s (ask and advise) and then the agency can refer to available community services (this is referred to as the 2 A’s & R model).

Regardless of the patient’s stage of readiness for a cessation attempt, the 5 A’s are essential for every patient visit.

TIP: While Preparing for Change, Keep Your Assessment Hat On! Use those Motivational Interviewing Tools.

http://www.bhwellness.org/resources/toolkits/
Staff Engagement

- Beliefs & Values
- Personal Impact
- Daily Utility
- Leadership Expectations
- Skills & Training

Behavioral Health & Wellness Program
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Wellness and Recovery
A Growing Focus on Whole Health

- Mental health and addictions
- Across healthcare sectors
  - Integrated care & health homes
  - Public health
  - Quitlines
- Community integration
- EHRs & performance measurement
Tobacco Dependence Treatment Should Not to Be in a Silo
Chronic Care Models
Nicotine addiction is often a chronic, relapsing condition (e.g., Foulds, 2006; Steinberg et al., 2008)

A problematic pattern of tobacco use leading to clinically significant impairment (DSM-5, 2013)
Chronic Care Model

- Community Resources & Policies
- Health System
  - Health Care Organization
  - Self-Management Support
  - Delivery System Design
  - Decision Support
  - Clinical Information Systems

- Productive Interactions
  - Informed Activated Patient
  - Prepared Proactive Practice Team

- Improved Outcomes
A Patient-Centered Approach

Key Messages from Smokers and Behavioral Health Advocates to Health Care Providers:

• Patient-centered care is expected
• All health care providers have a role in tobacco cessation
• Services should be integrated at the point of delivery and coordinated with community resources
Six-State Quitline Study

• Callers reporting a 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., in press
Hybrid Model

Patient Centered Medical Home Meets Public Health

Develop • Inform • Mobilize • Enforce • Link • Evaluate • Assure • Research • Diagnose

FQHC* • CMHC** • Halfway House • Law Enforcement
Pharmacy

Health Home/PCMH “Lead Site”

Substance Abuse Treatment • Benefits Acquisition • State & Local Housing Authority • Public Health Department

Judicial System

represents a reciprocal pathway

* Federally Qualified Health Centers
** Community Mental Health Centers
Workflows
Integration into Daily Practice

- Assess tobacco as part of normal assessment & screening
- Add tobacco cessation to treatment plan
Wellness Workflow: Key Ingredients

- Site Champion (e.g. wellness, co-occurring)
- Front desk/ administrative assistants
- Clinician/ medical assistant
- Peer recovery specialists/ patient navigators
- Physician/ prescriber
- Community referral sources
Figure 1. Tobacco Cessation Workflow

Front Desk/ Admin
- Give patient screening form
- Post/place tobacco cessation promotional materials in waiting area
- Fax quitline referral preauthorizations

Clinician/ Medical Assistant (5A’s Model)
- Verify screening form & complete tobacco use assessment
- Current or recent tobacco use
  - No
    - Discuss sustaining abstinence and healthy living strategies
  - Yes
    - Utilize Motivational Interventions to Address Use*
      - Visual Prompt on Exam Room Door
        - CO Reading
          - Onsite cessation group and/or individual counseling
            - Peer services/Patient navigator
              - Enter interventions into EHR and/or chart

Physician (2A’s & R Model)
- Review screening & tobacco use assessment
- Brief counseling*
- Rx meds**
- Follow up appointment set within 1 month

* See 5As algorithm
** See cessation medications protocol

Billing
The 5A’s

**ASK**
Ask every patient at every visit, about tobacco use

**ADVISE**
At every visit, in a clear, strong and personalized manner, advise every tobacco user to quit

**ASSESS**
Assess willingness to make a quit attempt and outcomes of past quit attempts

**ASSIST**
Help the patient with their plan to quit

**ARRANGE**
Schedule follow-up contact

---

The 2A’s & R

**ASK**

**ADVISE**

**REFER**
The 5A’s Model

- **Ask if patient uses tobacco**
  - “Have you smoked or used other tobacco/nicotine products in the past month?”
  - **yes**
    - Advise in a clear, personalized manner to seriously consider quitting
  - **no**
    - Assess if patient wants to set a quit date
      - “Would you like to quit in the next month?”
    - **yes**
      - Measure CO
      - Arrange follow-up
      - Use motivational interventions and provide brief counseling to increase motivation
      - Provide education and relevant materials
    - **no**
      - Provide relapse prevention counseling and congratulate
      - Congratulate

- **Assess if patient wants to set a quit date**
  - “Would you like to quit in the next month?”
  - **yes**
    - Measure CO
    - Assess last quit
      - “When was the last time you smoked or used other tobacco or nicotine products?”
      - **<1 year ago**
        - Provide relapse prevention counseling and congratulate
      - **>1 year ago**
        - Congratulate
    - **no**
      - Help patient avoid second-hand smoke exposure
      - Stop

- **Assess for recent or lifetime tobacco/nicotine use**
  - “Have you ever smoked or used other tobacco or nicotine products?”
  - **yes**
    - Provide relapse prevention counseling and congratulate
  - **no**
    - Help patient avoid second-hand smoke exposure

- **Assess last quit**
  - “When was the last time you smoked or used other tobacco or nicotine products?”
  - **<1 year ago**
    - Provide relapse prevention counseling and congratulate
  - **>1 year ago**
    - Congratulate

- **Arrange follow-up**

- **Assist with accessing treatment:**
  - Medications,
  - Behavioral interventions,
  - Self-help materials,
  - Referrals

- **Ask if anyone else smokes around the patient**
  - **yes**
    - Help patient avoid second-hand smoke exposure
  - **no**
    - Stop
System Change
Make it Manageable

Three key questions:

- What are we trying to accomplish?
- How will we know a change is an improvement?
- What change can we make that will result in improvement?
### DIMENSIONS Action Plan

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Training Location:**

**Organization Name:**

**Best Way to Contact You:**
- [ ] Email: __________________________
- [ ] Phone: ___________________________

**Position (check all that apply):**
- [ ] Administrator
- [ ] Peer Advocate
- [ ] Provider
- [ ] Other (specify): __________________

**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): __________________

**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:**

**Completion of Goal #1 will be evidenced by:**

**Potential barriers to achieving Goal #1:**

**Goal #2:**

**Completion of Goal #2 will be evidenced by:**

**Potential barriers to achieving Goal #2:**
Peer Recovery Specialists
Peer-Driven Services

Peer Advocate/Mentor:

An individual with “lived experience” who has received specialized training and supervision to work with others who have a similar history
Recovery & Peer Driven

• The power of the lived experience
• The need for positive social networks
• Utilize strengths, treatment experience, and resiliency
• Decrease stigma
• Promote hope
• Match functioning and motivation
DIMENSIONS: Tobacco Free & Well Body Program Training Materials

- Advanced Techniques Manual
- Group Facilitator Manual
- Electronic copies of materials
DIMENSIONS:
Tobacco-Free and Well-Body Programs

- Raise awareness through center in-services, lunch and learns, and trainings
- Conduct individual motivational interventions
- Facilitate 6-session groups
- Make referrals to other healthcare providers and community cessation services
- Create a positive social network
Tobacco-Free Policy
A Parallel Process

- Client, visitor, and staff policy
- Client and staff resources
  - Facilities
  - Incentives
  - Medications
  - Peer support
10 Steps Toward Success

1. Convene a tobacco-free committee
2. Create a timeline
3. Craft the message
4. Draft the policy
5. Clearly communicate your intentions
6. Educate staff and clients
7. Provide tobacco cessation services
8. Build community support
9. Launch the policy
10. Monitor the policy & respond to challenges

http://www.bhwellness.org/resources/toolkits/
CeDAR Tobacco Use Survey

- **What Happened to Tobacco Users in Treatment**
  - Quit tobacco: 6%
  - Increased tobacco use: 33%
  - Decreased tobacco use: 27%
  - Maintained tobacco use: 34%

- **What Happened to Non-Tobacco Users in Treatment**
  - Initiated tobacco use: 5%
  - Remained tobacco-free: 95%
Average Daily Census in 30-Day Program

Figure 1: CeDAR Census Data before and after tobacco free policy implementation

- Tobacco-Free Transition Announced
- Tobacco-Free Transition Made
Post-transition Tobacco-Free CeDAR

- Improved census
- Improved treatment
- Improved quit rates
- Reduced adverse events
- Reduced triggering
- Reduced exposure to second-hand smoke
Justice Involved Individuals
Rates of Tobacco Use

General Population

- People who are tobacco-free: 74.8%
- People who use tobacco: 25.2%

Criminal Justice Population

- People who use tobacco: 20%
- People who are tobacco-free: 80%

In the United States, the smoking rate among the justice-involved population is approximately 3 times higher than the general population.
Leading Causes of Death among Justice Involved Individuals

<table>
<thead>
<tr>
<th>Prisons</th>
<th>Jails</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer*</td>
<td>Suicide*</td>
</tr>
<tr>
<td>Heart Disease*</td>
<td>Heart Disease*</td>
</tr>
<tr>
<td>Respiratory Disease*</td>
<td>Drug or Alcohol Intoxication</td>
</tr>
<tr>
<td>Liver Disease*</td>
<td>Cancer*</td>
</tr>
<tr>
<td>Suicide*</td>
<td>Liver Diseases*</td>
</tr>
</tbody>
</table>

*Conditions caused or exacerbated by tobacco use
A Continuity of Care Model for Tobacco Cessation

Jails

Prisons

In-reach

Community Re-Entry Wellness Programming

Tobacco-Free Advanced Techniques for Providers and Peers
Brenda Howard
Tobacco Prevention and Cessation Program
Arkansas Department of Health

http://www.healthy.arkansas.gov
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>Ark Community Corrections (ACC) begins CTTS UMass and ACC Field Service curriculum</td>
</tr>
<tr>
<td>2011</td>
<td>DIMENSIONS and UMass CTTS program started for behavioral health</td>
</tr>
<tr>
<td>2012</td>
<td>The Smoking Cessation Leadership Center Leadership Academy with Arkansas</td>
</tr>
<tr>
<td>2013</td>
<td>All ACC Field Services staff trained on DIMENSIONS</td>
</tr>
<tr>
<td></td>
<td>MOA signed to train DOC, Substance Abuse Treatment Program (SATP) staff</td>
</tr>
<tr>
<td>2014</td>
<td>DOC began identifying and documenting tobacco use for individuals enrolled in the SATP programs and offering cessation services using the DIMENSIONS program</td>
</tr>
</tbody>
</table>
Tobacco Cessation Services Offered in Substance Abuse Treatment Facilities

Source: SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS), 2011.
Provider and System Wellness
About This Toolkit

Who is this toolkit for?
This toolkit is designed for use by physicians to facilitate their individual and workplace well-being. Physicians’ peers and employers can also use this toolkit as a reference.

How do I use this toolkit?
The toolkit contains a variety of information including step-by-step instructions about:

- Education regarding the importance of maintaining overall wellness for a physician;
- Developing skills for assessing one’s overall wellness and identifying goals to further promote wellness;
- Low burden means of assessing readiness to change related to increasing wellness behaviors;
- Evidence-based strategies for improving wellness.
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

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