

**Health First Colorado Tobacco Cessation Project  
Presents:**

***The Role of Specialty Care in Tobacco  
Cessation: Making the Connection***

February 8, 2018

Produced by JSI Research & Training Institute, Inc., on behalf of the  
Colorado Department of Public Health and Environment.

**Laura Gerard, MPH**, *Senior Consultant, JSI Research & Training Institute, Inc.*

**Carol Greenlee, MD, FACP**, *Faculty (National faculty and CO PTN faculty) for Transforming Clinical Practice Initiative (TCPi)*

**Christie M. Bartels, MD, MS**, *Assistant Professor of Medicine, Rheumatology Division, University of Wisconsin School of Medicine and Public Health*

**Zach Dunlop**, *Tobacco Cessation Specialist, Health Promotion and Chronic Disease Prevention Branch, CDPHE*

## **Presenters**

# Agenda

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- Introductions ~ *Laura Gerard*
- Setting the Context and Connecting Care ~ *Carol Greenlee*
- Making the Connection: Engaging Specialties to Connect Cessation Care ~ *Christie Bartels*
- Colorado Cessation Updates: What's New for 2018? ~ *Zach Dunlop*
- Q&A; Wrap-up; Participant Survey

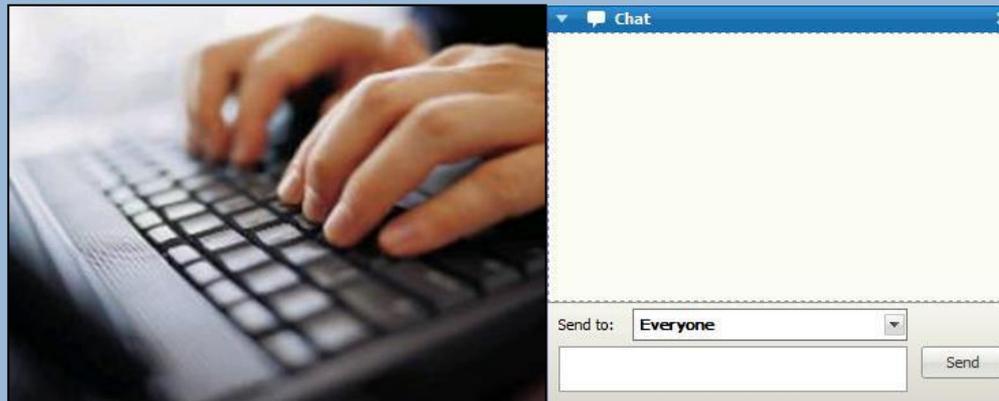
# Learning Objectives

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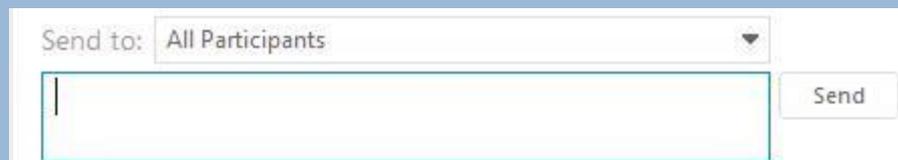
- » Consider recommendations and best practices for evidence-based referral systems, specific to tobacco cessation.
- » Investigate a case study that pertains to effective referrals related to tobacco cessation.
- » Interpret data that supports how tobacco cessation leads to better outcomes for a variety of specialty care.

# WebEx Orientation - Communicating

Use Chat box for questions and ...

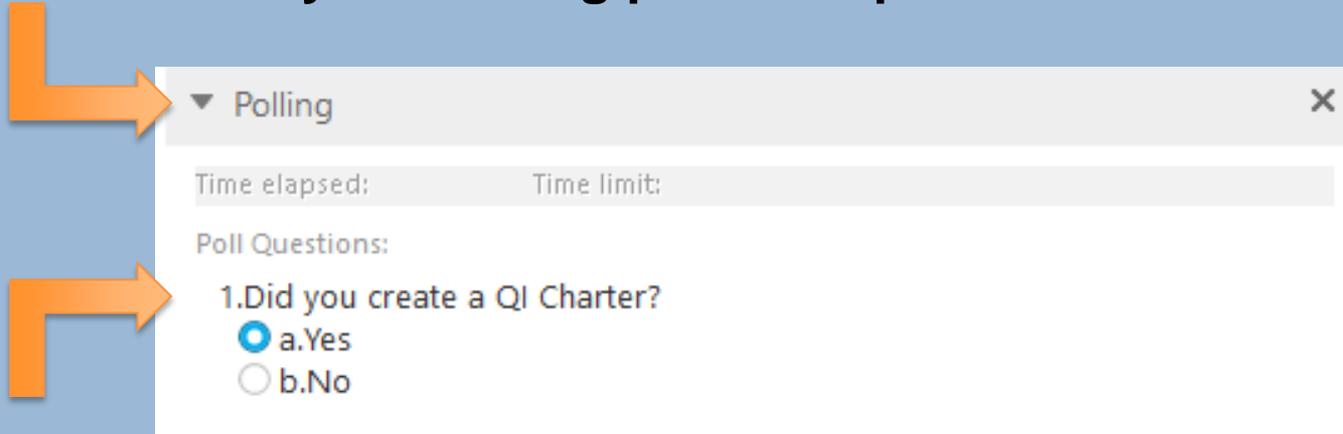


... send chats to “All participants”



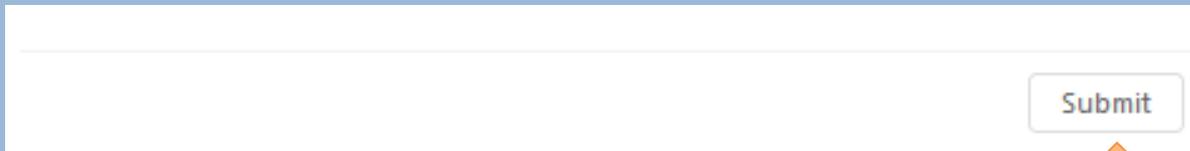
# WebEx Orientation – Responding to Polls

**Make sure your Polling panel is open**



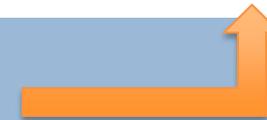
The screenshot shows a 'Polling' panel with a dropdown arrow on the left and a close button (X) on the right. Below the title bar, there are two fields: 'Time elapsed:' and 'Time limit:'. Underneath, the section is titled 'Poll Questions:'. The first question is '1. Did you create a QI Charter?'. It has two radio button options: 'a. Yes' (which is selected) and 'b. No'. Two orange arrows point to the 'Polling' dropdown and the first question.

**To respond to the online poll, click the button next to your selected answer for each question.**



The screenshot shows the bottom portion of the poll form, which is a wide, empty white box. In the bottom right corner of this box is a 'Submit' button.

**Click “submit!”**



# poll



What is your job title/role?

**Carol Greenlee, MD, FACP**

*Faculty (National faculty and CO PTN faculty) for TCPi*

# **Setting the Context and Connecting Care**

# What does Specialty Care have to do with Tobacco Cessation?

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- What does Tobacco Cessation have to do with Specialty Care?
- What can Specialty Care even do about Tobacco Cessation?

# What does Tobacco Cessation have to do with Specialty Care?

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- "Cigarette smoking remains the leading cause of preventable disease and death in the U.S." U.S. Surgeon General VADM Jerome M. Adams, M.D., M.P.H.
  - » 480,000 deaths in the U.S. each year
- Cigarette smoking is the leading cause of preventable illness & death in Colorado
  - » >5000 deaths in Colorado each year
  - » >130,000 at risk for smoking-related illness in CO

# Smoking-related Conditions



# Smokeless (Chew & Dip) Tobacco Risks

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- Cancer of the mouth, esophagus, and pancreas
- Gum disease, tooth decay, and tooth loss
- Increased risk for death from heart disease and stroke
- Pregnancy complications



# Additional Adverse Effects

- Pregnancy & Babies
  - » Miscarriage & Still birth
  - » LBW & Premature birth
  - » SIDS (Sudden Infant Death Syndrome)
  - » Impaired physical & mental development
- Mental Health / SUD-SA
  - » Premature death
  - » Reduced effect of meds
- Surgical risk – post-op complications
- Impaired immune function & increased infections
- Osteoporosis
- DJD & DDD
- Initiation & exacerbation of autoimmune diseases

# ...Adverse Effects on Clinicians

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- Poor surgical outcomes & rehospitalizations
- Impaired response to many medical treatments
- Higher risk of complications, hospitalizations
- Longer length of stay
- More work for worse outcomes & higher costs

# What Can Specialty Care Even Do about Tobacco Cessation?

- Ask



- Advise



Use Team Care  
to get it done

- And Make the Connection to Support & Aids



# Many Coloradans Want to Quit...

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- 15.6% of Coloradans smoke (15.1% national)
  - » 76.9% of those who saw a HCP were advised to quit
- In 2016, 67.8% reported a quit attempt
  - » Only 4%-7% of unaided quit attempts are successful
  - » Even 3 minutes of intervention will significantly increase tobacco quit attempts and abstinence rates by 1.7-2.2 times

# Support Increases Success

## Cessation Rates Across Interventions

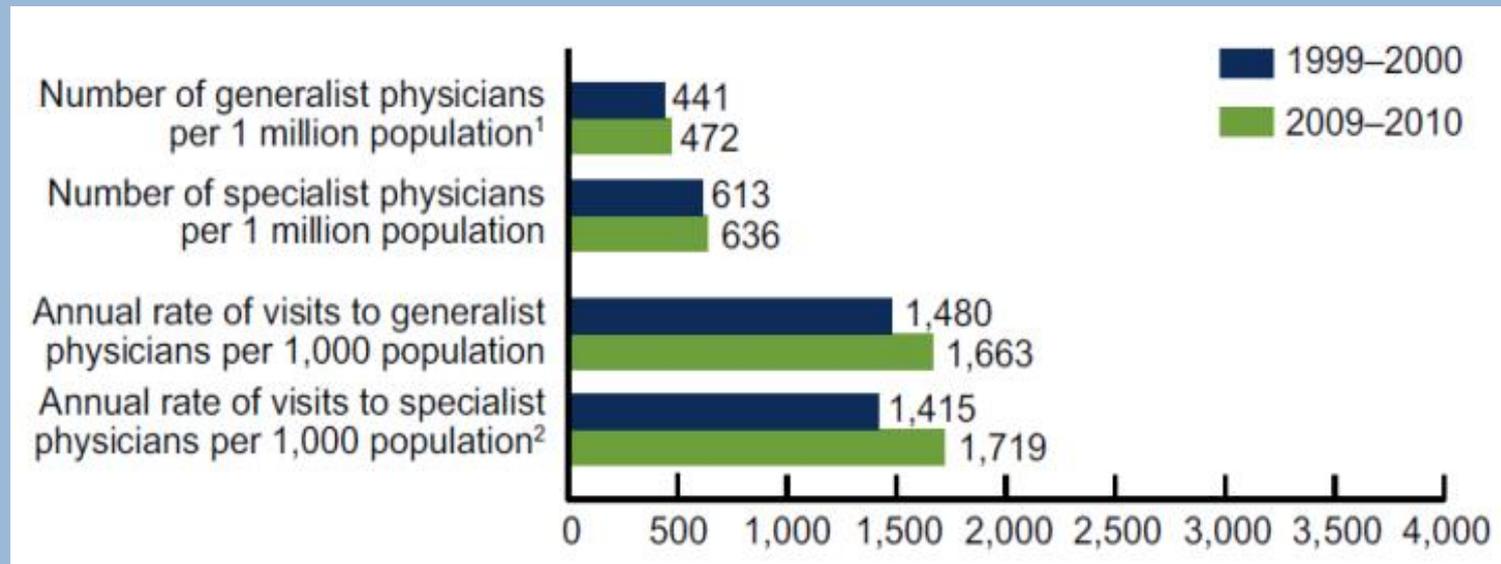
Treatment Format	Abstinence Rate
Unaided	4-7%
Self-help	11-14%
Quitline	11-15%
Individual counseling	15-19%
Group counseling	12-16%
Medication alone	22%
Medication/Counseling	25-30%

“You didn’t fail at quitting. You just haven’t finished the process.”

Keep at it.  
***Every try counts.***

# Leverage Specialty Visits & Influence

- Critical roles & relationships
- Critical timing & impact (PIC and “the Why”)
- Many specialty visits & opportunity



# Don't Just Check the Box on Tobacco

- Ask
- Advise
- And Make the Connection to Support
  - » Refer to CO QuitLine
    - Provide script for NRT / medication
  - » Refer to local smoking cessation group or program
  - » Develop a Tobacco cessation champion in practice
  - » Hand-off to Primary Care team for support



# Idea: Make it Part of the Care Coordination Agreement/Compact

- Include process for handling tobacco cessation efforts as part of
  - » Pre-op cessation
  - » Chronic care management
- Agree on a hand-off “order” for notification & process if PCP is to manage cessation efforts
  - » Agree on follow-up regarding cessation efforts & success





We are all in this Together  
Tobacco Cessation benefits Everyone



## Christie M. Bartels, MD, MS

*Assistant Professor of Medicine, Rheumatology Division, University of Wisconsin School of Medicine and Public Health*

# Making the Connection: Engaging Specialties to Connect Cessation Care

# Why does a rheumatologist care about smoking cessation?



*"I didn't have any idea that [smoking] changed how the [RA] medications work. Because the medications are super expensive, and there's always days when you wish it was working better, so if I'm inhibiting that, then I need to take that into consideration."*

*RA Advisory Patient*

FINANCIAL DISCLOSURE: Independent Grants for Learning & Change, Pfizer; NIH-NIAMS K23 AR062381; CTSA ICTR-CAP Pilot NIH-NCATS

UNLABELED/UNAPPROVED USES DISCLOSURE: No



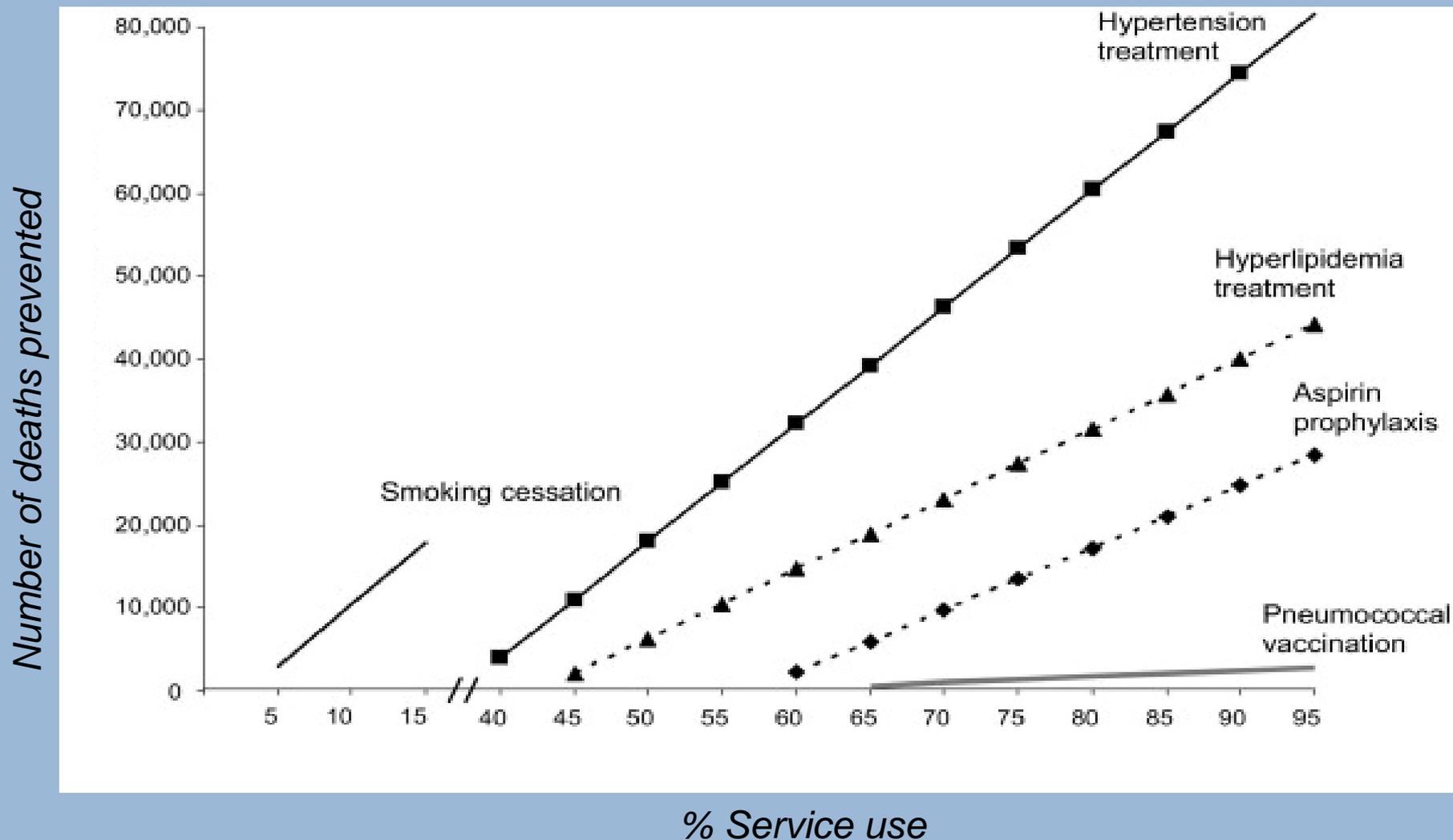
# Overview

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- **Making the Case** with specialty staff & patients
  - » Evidence review in tobacco cessation
- **Making the Connection** using a staff protocol
  - » Specialty staff intervention
  - » Implementation strategies
- **Making this Work** in Colorado

# Making the Case: Evidence Review

# Prioritizing Opportunities to Prevent Early Deaths



# Tobacco Cessation Evidence



Annually 70% of smokers consider quitting; 40% try

- » MD or Staff advice increases quit attempts OR 1.7 & 1.6
- » Free Quit line help increases 6-mo. abstinence ~60%

## HEALTH CARE REFORM

### Ask-Advise-Connect

*A New Approach to Smoking Treatment Delivery in Health Care Settings*

*Jennifer Irvin Vidrine, PhD; Sanjay Shete, PhD; Yumei Cao, MS; Anthony Greisinger, PhD; Penny Harmonson, BS; Barry Sharp, MS; Lyndsay Miles, MA; Susan M. Zbikowski, PhD; David W. Wetter, PhD*

Ask-Advise-Connect 13x more effective than passive referral

Carson, K. V. et al. (2012). Cochrane Database Syst Rev 5: CD000214. Stead, L. F. et al. (2013). Cochrane Database Syst Rev 5: CD000165.; Fiore, M. C. and C. R. Jaen (2008). "A clinical blueprint to accelerate the elimination of tobacco use." JAMA 299(17): 2083-5.

# The Story We Heard

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**Patient:** “I didn't have any idea...”

**Specialist:** “Not my bag.” “Sometimes I send a note.”

**PCP:** “We don't see them.” “Send them back.”

**Spec. RN:** “Well, we care a little, but we don't have time to fully follow-up.”

**MA:** “I don't have the verbiage... I never asked [about cessation]...because I don't know where to go with it.”

# Making the Connection:

## Staff Protocol Intervention & Implementation

# Quit Connect: Study Design

Table 1.	Usual care	Protocol care
<b>Nurse or MA</b>	Assesses smoking	Assesses Smoking & Readiness to Quit
<b>Rheumatologist</b>	1 in 10 visits discuss cessation 1 in 175 visits rec Quit Line	
<b>System</b>		Cues ready to quit ask & order for Quit Line to call
<b>Patient</b>	Unaware of links with disease/meds*	Aware of rationale & resources to quit—Why and How

**Design:** Quasi-experimental, Pre-post 6 mo. intervention vs. baseline

**Settings:** 3 UW rheumatology clinics + GHS

**Eligible:** All adult rheumatology visits with active smokers eligible

Bartels, C. M., T. J. Roberts, et al. (2016). Arthritis Care Res (Hoboken) 68(4): 415-23. Vreede, A....Bartels, C. M. 2017 J Clin Rheumatol. 2017;23(5):273-277.

# QUIT Connect Intervention & Implementation



## Staff Protocol Intervention Components:

- **ASK** Staff training on tobacco use, WHY cessation, what to say
- **ADVISE** EHR alert cuing use and readiness to quit assessment
- **CONNECT** EHR cues WI Quit Line order → *Quit line calls patient!*

*\*Average Duration: 90 SECONDS!*

## Implementation Components:

**Engage:** Tailoring focus group

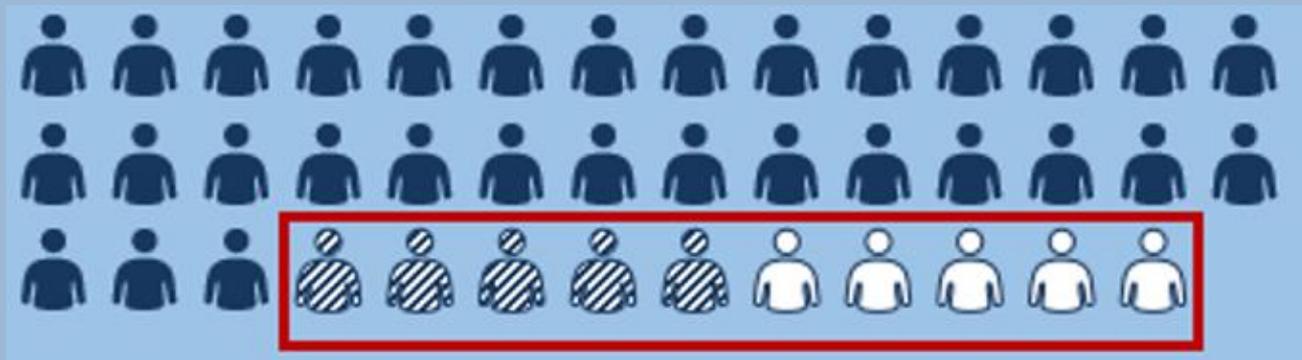
**Educate:** Didactics, specialty talking points, and practice

**Remind:** EHR alerts for quit readiness assessment or Quit Line offers

**Feedback:** Monthly individual audit & feedback + action planning

**Research Question:** Can Quit Connect improve Quit Line referral and cessation vs. usual care?

“Have you thought about cutting back or quitting in the next 30 days?”



30% of smokers asked were ready to cut back or quit in next 30 d.  
At least half of them willing to accept referral to Quit Line.

## Order Set: Quit Connect Tobacco Cessation

### From Decision Support: Patient is a Tobacco User

#### Talking Points:

1. Tobacco use makes many chronic diseases worse and increases heart disease risk.
2. Support from a Quit Line makes you 4 times more likely to succeed.
3. We are now offering to have a free coach from the Quit Line call interested patients to help.

“Could we have the WI Quit Line call you to discuss free coaching and nicotine replacement?”

#### Action Steps:

1. Click Accept to place the tobacco Quit Line order and document authorization.  
- OR -
2. Click Patient Refused to close the alert.

If you have clinical questions you may contact Dr. Smith  
Optional: You may also [click here](#) to provide questions or feedback.

### Consult – Tobacco Cessation

Consult Order: Tobacco Cessation – Quit Line

[Details](#)

**Zzztest, Derrpqr3** Preferred Na... UWHC#: 294... Allergies:  
Female, 09/10/1980, 35 year old Epic #: 53188... Type: None Pref Lang:

**Report Viewer**

Select Encount... Report History 1 View Pane 1 2 View Pane 2 Sp  
1 04/14/2016 CONSULT TO TOBACCO CESSATION - W

Snapshot  
Chart Review  
Synopsis  
Review Flows...  
Results Review

**Printable Report**  
CONSULT TO TOBACCO CESSATION - WI QUIT  
**CONSULT TO TOBACCO CESSATION - W**

**Component Results**

Component	
Contact Date	04/13/2016
Call Disposition	One-Call Program
Status	Active
Treatment Plan	Patch21mg 2 Weeks
Planned Quit Date	05/12/2016

**Lab and Collection**  
CONSULT TO TOBACCO CESSATION - WI QUIT

**Collection Information**

Specimen Source	Specimen Typ
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**Result Information**

Report Date and Time	Status
4/14/2016 12:05 PM	Final result

**Quit Line calls patient within 3 d  
& sends results back to EHR!**

# Results: Quit Line Referrals

Table 2. Odds Ratios for Assessment of Tobacco Use, Readiness to Quit, and Comparison of Quit Line Referral Rates		
	Adjusted OR	95% CI
Tobacco Use Assessed	1.4	(1.03-1.94)
<b>Unadjusted OR*</b>		
Readiness to Quit Assessed	120	(91-159)
Quit Line Referral Rate	<b>26</b>	(6-106)

Adjusted model controls: age, gender, race, utilization, and comorbidity. \*Unadjusted model uses abstracted rate from historic comparison.

**107 UW Rheum Quit Line Referrals**

**39 GHS Rheum Quit Line Referrals**

# Quit Connect Summary- 6 mos.

Ready To Quit Asked  
(n=421)



Ready To Quit  
(n=122)



Offered Referral  
(n=93)



Protocol Steps

Patient Behavior



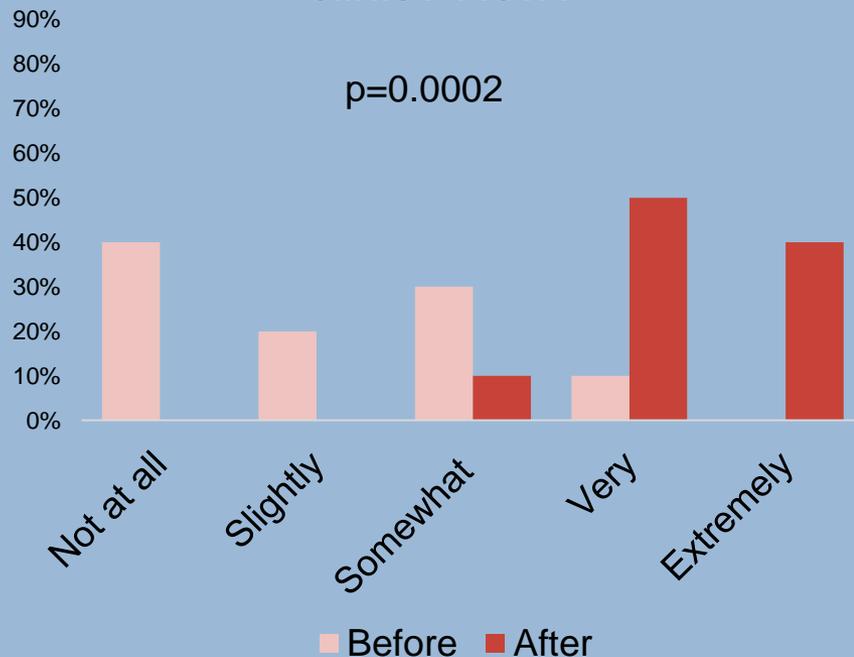
Accepted Referral  
(n=66)



Reported Quit Attempt  
(n=16)

# Building Specialty Engagement

**Staff Self Efficacy:** How confident were you in your abilities to do something about Smoking Cessation in your clinic? Now?



“Can you imagine if ... you can’t remember ever being asked if you need some assistance with that?”

Rheum RN

# Making This Work In Colorado

# Don't Just Check the Box on Tobacco

- Ask
- Advise
- Connect to Support
  - » Refer to CO QuitLine
  - » Provide/coordinate scripts for medication
  - » Develop a tobacco cessation champion in your practice
  - » Refer to local smoking cessation group/program
  - » Hand-off to Primary Care team for support



# Colorado QuitLine E-Referral

- E-referral: Epic, Centricity, eClinicalWorks & MicroMD
  - » 9 systems (12 total by 2019); 1 system independently
- CO QuitLine Benefits:
  - » standard 5 call program
  - » 8 weeks NRT (up to 2x/yr)
  - » 12 weeks varenicline



*"The word's got to get out ... because [I had] no idea."*  
Lupus Patient

# Resources

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## Toolkits

- <https://www.hipxchange.org/QuitConnectHealth>
- <https://www.hipxchange.org/BPConnectHealth>

## Video Demos

- <https://vimeo.com/212653671>
- <https://vimeo.com/212653638>



# Overview

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- **Making the Case**
  - » Most effective service to prevent early mortality
- **Making the Connection**
  - » Specialty staff protocol was feasible & effective
- **Making this Work in Colorado**
  - » Work in progress in many systems!

# Acknowledgements

- Thank you to CO CMMI TCPi program hosts
- Specialty patient advisory board members
- Collaborators: Edmond Ramly, PhD Health Systems Engineering  
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Andrea Gilmore, RN PhD  
Andrew Vreede, MD  
Amy Kind, MD PhD  
Barb Bowers, PhD  
Maureen Smith, MD PhD



**Zach Dunlop**

*Tobacco Cessation Specialist, CDPHE*

# **Colorado Cessation Updates: What's New for 2018?**

# Overview

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- State Policy Change
- QuitLine Retooling
- Fresh Young Adult Resources

# What's New?

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- Medicaid (Health First Colorado) Copay Removal
- QuitLine Chantix benefit
- New QuitLine Website
- #TIQ Colorado – App
- Press Release

# Copay Removal

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- Effective 11/1/17
- No copay for any cessation medication for Colorado Medicaid Members
- Hooray!

# New QuitLine Website

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- Mobile-friendly website in English and Spanish
- Simple online sign-up
- Web-based nicotine replacement
- Community support tools: forum, social media, and more
- [www.coquitline.org](http://www.coquitline.org)

# Chantix Benefit

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- Chantix remains available for up to 12 weeks at no cost through the Colorado QuitLine

# This is Quitting (TIQ) Official Launch

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- Social media and text message-based cessation app
- Young adult focused
- Available for free download in the iPhone and Android app stores

# Next Steps

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- Smokers want to quit – and they can succeed
- Colorado offers more resources than ever before to help Coloradans realize a tobacco-free life
- Help spread the word

# iQOS Update



# Questions and Answers



Please type your question into the CHAT box.

# Thank you!

Contact information:

Carol Greenlee [cgreenlee@westslopeendo.com](mailto:cgreenlee@westslopeendo.com)

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**Please complete our survey**

