

Colorectal Cancer Professional Development Webinar Series: Cessation & Why It Matters

May 22, 2018 3:30pm-4:30pm

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Cessation & Why It Matters



ERIN M. THOMAS, MS HSAS

Public Health Analyst DC Tobacco Control Program, Bureau of Cancer and Chronic Disease DC Department of Health

Over the past seven years Erin Thomas has lead successful tobacco cessation initiatives for District residents providing management of cessation interventions, support for cessation education and oversight of quality improvement initiatives. Mrs. Thomas possesses a Health Services Administration Specialist Degree from George Washington University and a Master of Science Degree from the University of South Carolina.

DC HEALTH Cessation & Why It Matters

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HELLO!

I am Erin Thomas Cessation Specialist DC Health Tobacco Control Program





1.

Smoking Cessation Overview

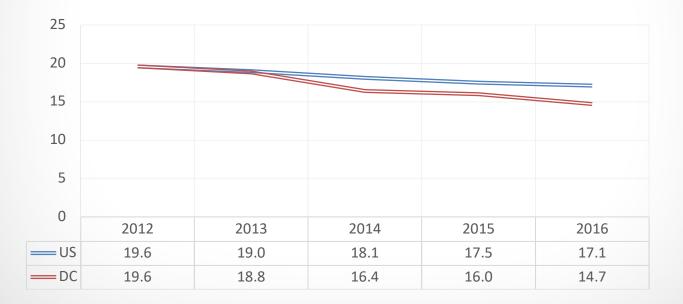


"Tobacco is the enemy, disguised as a friend, and if you are to win the war you must get to know your enemy."

Gudjon Bergmann, Quit
Smoking and Be Free: 7 Steps
to a Smoke Free Life



Adult Smoker Comparison between DC and the US National Average





80,191

Estimated Number of Current Smokers in D.C.



Poll Question:

What is the estimated number of smokers in D.C.?

WHAT IS SMOKING CESSATION?

 Smoking cessation (also known as quitting smoking) is the process of discontinuing tobacco smoking.

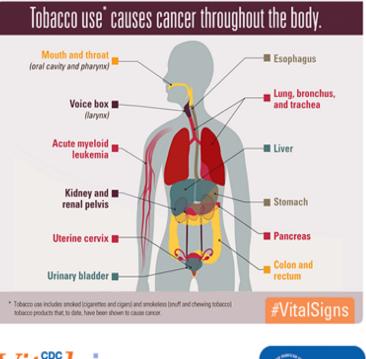


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WHY SMOKING CESSATION IS IMPORTANT.

- Smoking increases the risk for serious health problems, many diseases, and death.
- People who stop smoking greatly reduce their risk for disease and early death.





*Vitäl*signs[⊸]

www.cdc.gov/vitalsigns/cancerandtobacco



In normal cells, **nicotine** can stimulate properties consistent with cell transformation and the early stages of cancer formation, such as

- increased cell proliferation,
- decreased cellular dependence on the extracellular matrix for survival,
- and decreased contact inhibition.



Poll Question:

What is the AAR smoking cessation tool?

2. Clinical Intervention



Clinical Intervention

Smoking Cessation & Preventable Disease





Tobacco addiction presents a rare confluence of circumstances that supports clinical intervention:

 It is a highly significant health threat;
There is a disinclination among health providers to intervene consistently; and
Effective preventive interventions are now available.



THE ADVICE OF A HEALTH CARE **PROFESSIONAL CAN MORE THAN DOUBLE** SMOKING **CESSATION RATES.**¹

1. David, Sean P. "Smoking Cessation for the Primary Care Physician." Prim Care 7 (2001): 211-221.



PROMOTING THE MOTIVATION TO QUIT



It is important for a health provider to implement the **5** A's with all patients.

- Ask all patients if he or she uses tobacco
- ✓ Advise him or her to quit
- Assess willingness to make a quit attempt.



PROMOTING THE MOTIVATION TO QUIT



It is important for a health provider to implement the **5** A's with all patients.

- If the patient is willing to quit, the health provider should Assist him or her in making a quit attempt by offering medication, and
- Providing or referring for counseling or additional treatment, and Arrange for follow-up.



PROMOTING THE MOTIVATION TO QUIT – 5A'S VERSUS ASK.ADVISE.REFER

Ask.Advise.Refer:

- ✓ Brief intervention lasting less than three minutes
- Research shows that smoking cessation interventions during clinician visits were associated with increased patient satisfaction with their care among those who smoke.
- ✓ Tobacco users expect to be encouraged to quit by health care professionals.



PROMOTING THE MOTIVATION TO QUIT – 3 MINUTES OR LESS

Ask.

 Ask every patient about tobacco use at every visit.

Ask if patient is current, former or never tobacco user.





PROMOTING THE MOTIVATION TO QUIT – 3 MINUTES OR LESS



Advise.

Advise every tobacco user to quit.
Advise those who've tried and failed to try again.



PROMOTING THE MOTIVATION TO QUIT – 3 MINUTES OR LESS

Refer.

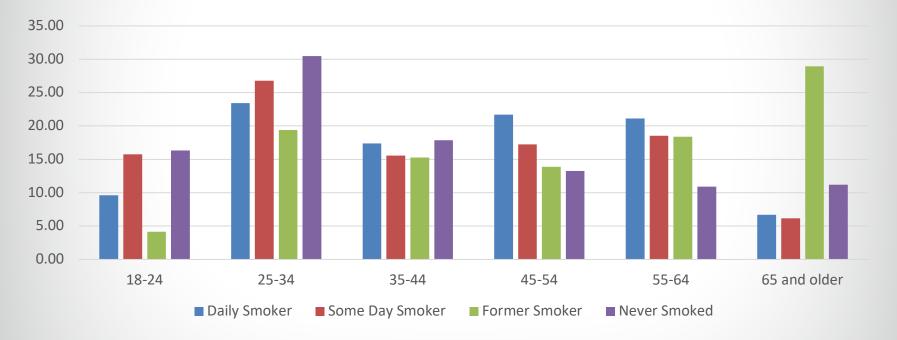
Refer patients to the DC Quitline.
1-800-QUIT-NOW (1-800-784-8669)
MAKE THE DC QUITLINE YOUR LIFELINE
EN ESPANOL: 202-333-4488





TOBACCO USE

Four Level Smoking Status – 5 year average by age group



DC BRFSS, 2012-2016



TOBACCO USE

Four Level Smoking Status – 5 year average by ward



Daily Smoker So

Some Day Smoker

Former Smoker

Never Smoked

DC BRFSS, 2012-2016



RECOMMENDATIONS

Tobacco Dependence

Is a chronic disease that often requires repeated interventions and multiple attempts to quit.

Even Brief Treatments

Such as a physician's advice to stop smoking, can be efficacious in increasing longterm smoking cessation. Combination of counseling and medication

Are more effective than either alone. Thus, encouraging individuals to make a quit attempt to use both counseling and medication.



3.

RESOURCES





DC QUITLINE

- Free for District of Columbia Residents
- No Cap on Re-enrollment
- 5 Counseling Calls or Text Message Support
- 4 Weeks NRT (phone counseling only)

Provider E-Referral Program

An alternative to faxing in referrals to the Quitline is to send secure email referrals.

 Optum has developed a protocol to support our state clients in utilizing electronic referral systems.





Provider E-Referral Program

Here are some guidelines/best practices for how to do this.

- Referring entity must utilize a secure email system to send the emails.
- The referring clinic will send a secure email to: <u>SupportServices@optum.com</u>
- The referral form can be attached to the email as a PDF or word





Provider E-Referral Program

Here are some guidelines/best practices for how to do this.

- Multiple referrals can be attached to the secure email in an excel document.
- The first time each referring clinic sends an email referral, they should test the secure email referral process, as stated above.
- Please notify Optum when ready to send a test email.
- Outcomes will be sent back to clinics via fax.





- Text2Quit[®] is a text messaging-based protocol to help smokers through the quitting process.
- Text2Quit[®] provides a series of broadcast and interactive text messages that are personalized to a participant's Quitting Plan and sent out over the course of a four month period - both before and after the quit date.







 Text messages are integrated with the DC Quitline, allowing participants to see their data and track their progress whether they are talking to a Quit Coach, working on Web Coach, or interacting with mobile phones.





Key Features:

- Up to 300 text messages tailored to an individual's quitting plan
- Coaching call reminders and prompts to instantly connect with a Quit Coach





Key Features:

- Medication reminders and helpful suggestions
- Tips and games to help manage urges
- Mobile tracking of tobacco usage, urges, cost savings, and other measures



Text Message Examples



STOP to end."

NODATE."

Post-Quit

"Time for a check-in! Reply with the number of cigs you smoked yesterday (e.g., 4). Find out if you

"Take the Monday Pledge to renew your commitment to a smoke-free life. Reply PLEDGE now. If you need more help, text SUPPORT."

"Congratulations on making it to day 14. You are over the hardest part and have already saved \$98 and added 51 hours to your life!"



Poll Question:

The D.C. Quitline is free for District residents?

TECHNICAL ASSISTANCE

DC HEALTH: Ask.Advise.Refer. ✓ Quitline ✓ Referrals Text2Quit EHR Integration

THANKS!

Any questions?

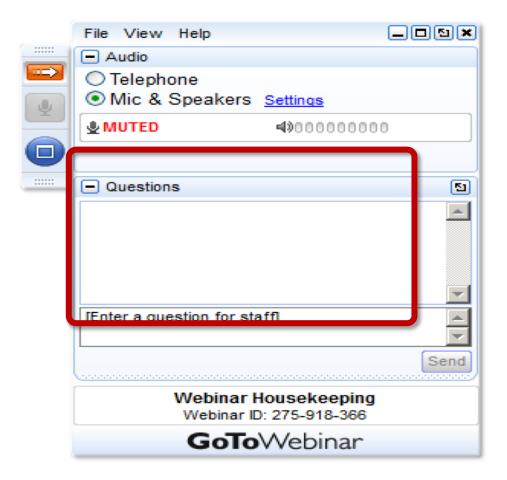
Erin Thomas

- Erin.Thomas@dc.gov
- 202.442.5902









Webinar Satisfaction Poll Questions

- Quality of the information presented
- Relevance of the information to your work
- Opportunity for interaction
- Overall satisfaction with the webinar
- Will you change or modify any aspect of your clinical practices based on what you have learned from this webinar?
- Did you gain new understanding or learn anything new?