

Reducing Tobacco Use in NH – An Opportunity to Integrate the Work of Primary Care, Public Health, Oral Health, and Behavioral Health

New Hampshire Public Health Association Fall Forum 2012

Peter Fifield M.S. LCMHC

Families First Health and Support Center

PHS



Conflict of Interest

- I have no financial, professional, or personal conflict of interest?

Objectives

- ❑ **Discuss in detail your options regarding the integration of QW NH into your primary care medical setting**
- ❑ **Identify various similarities and dissimilarities between this pilot and your location regarding implementation of QW NH into your current system/work flow.**
- ❑ **Brief introduction to smoking cessation interventions [i.e. Motivational Interviewing] and how they relates to this project**

Smoking data

- **400,000 Deaths per year US (Mokdad et al., 2004).**
- **35% of our pop. use tobacco 25% US (CDC, 2006) 19% in NH.**
- **45.1 million smokers.**
 - **Of those, 42.5% stopped for at least 1 day w/in last 12 months (CDC,2006).**
 - **Suggesting they tried to quit but it is “hard”**
- **55% of smokers report they were encouraged to quit at medical visit.**
- **Medical providers report: lack of time, perceived ineffectiveness, low confidence r/e how to change behavior.**

Workflow Changes & EMR Changes

Tasks for the Team:

- Assess current workflow for identifying and treating patients that use tobacco
- Do not increase current # of “clicks”
- Pre-populating QuitWorks-NH forms for each provider and all data
- Process for e-faxing to QuitWorks-NH
- Secure path from QuitWorks-NH back to provider for patient status report

The Team working on this

Families First Support and Health Center:

- Dr. Robert Slocum, Medical Director
- Helen Taft, Executive Director
- Peter Fifield, Manager of Behavioral Health Services

University of Massachusetts Medical School Consultant:

- Elena List

Community Health Access Network:

- Kirsten Platte
- Rebecca Roosevelt, Inc.
- Jane Arquette

JSI Research and Training Institute, Inc

- Ann Marie Rakovic
- Michael Stelmach
- Kristen Risley



PRIMARY CARE INTERVENTION BEFORE QW



2008 Treatment Recommendations – Counseling

- **ASK [Screen for Tobacco Use]**

Recommendation: All patients should be asked if they use tobacco and should have their tobacco-use status documented on a regular basis. (Strength of Evidence = A).

- **ASSIST [Educate To Quit Smoking]**

Recommendation: All *physicians* should strongly advise every patient who smokes to quit. (Strength of Evidence = A)

QWNH INTEGRATED PRIMARY CARE INTERVENTION



Intensity of Clinical Interventions

Recommendation: 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 an intensive intervention. (Strength of Evidence = A).

Level A (randomized controlled trial/meta-analysis): High-quality randomized controlled trial (RCT) that considers all important outcomes. High-quality meta-analysis (quantitative systematic review) using comprehensive search strategies.

Treatment Recommendations – Counseling

Intensity of Clinical Interventions

Recommendation: There is a strong dose-response relation between the session length of person-to-person contact and successful treatment outcomes. Intensive interventions are more effective than less intensive interventions and should be used whenever possible.

(Strength of Evidence= A).

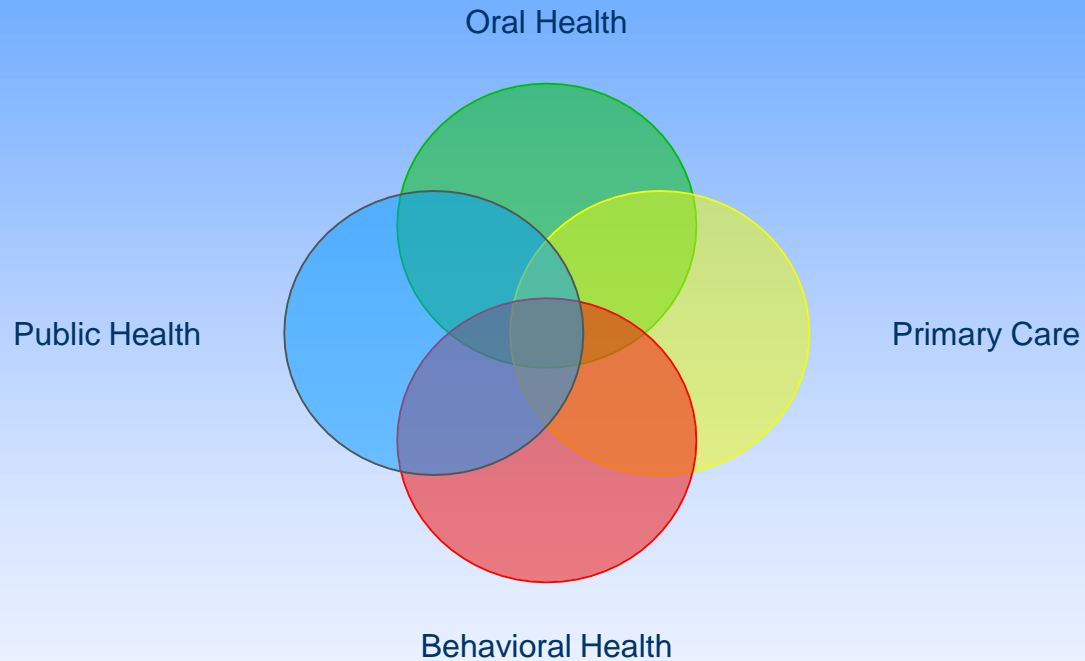
Treatment Recommendations – Counseling

Intensity of Clinical Interventions

Recommendation: Person-to-person treatment delivered for four or more sessions appears especially effective in increasing abstinence rates. Therefore, if feasible, clinicians should strive to meet four or more times with individuals quitting tobacco use. (Strength of Evidence = A).

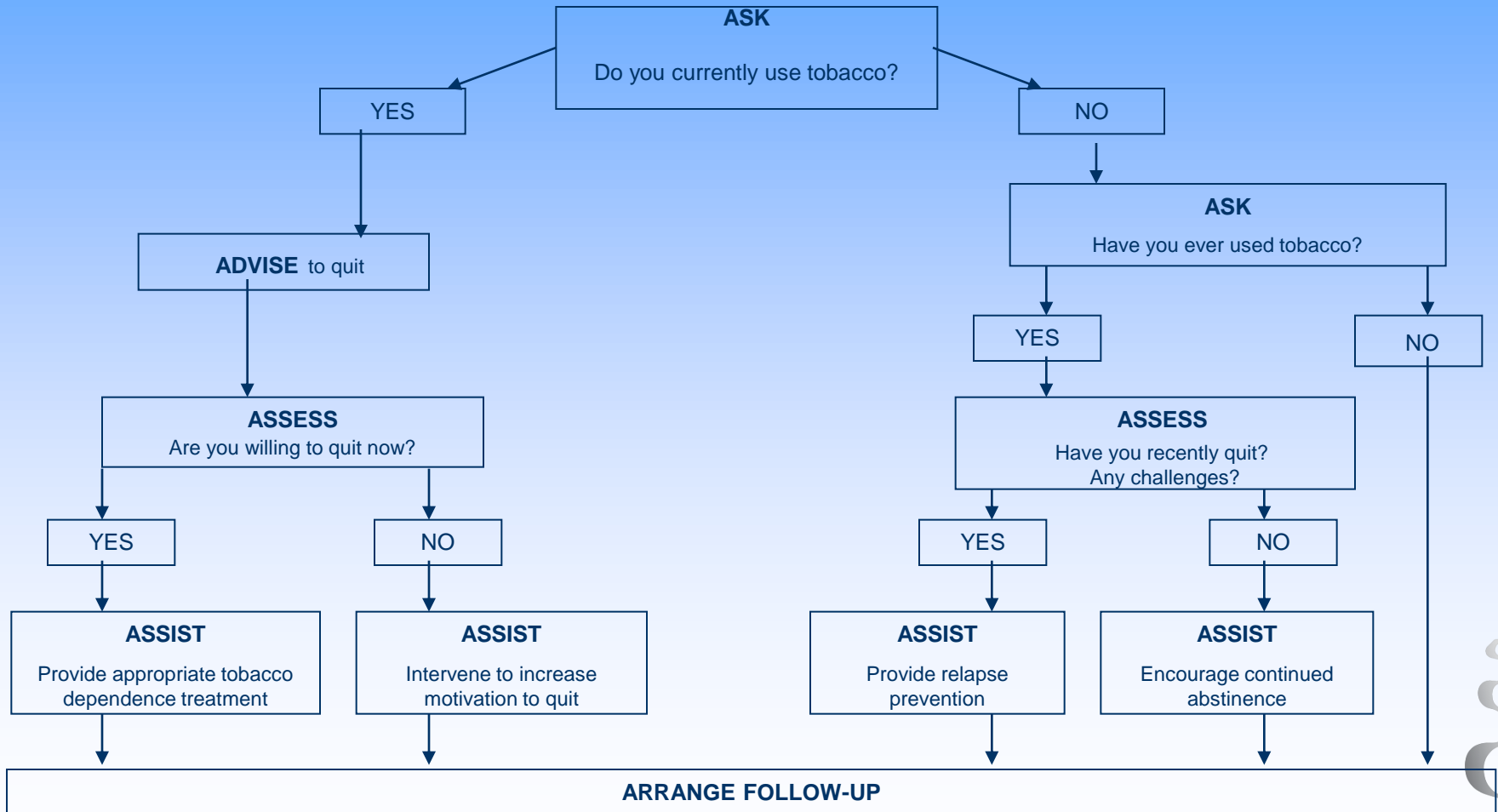


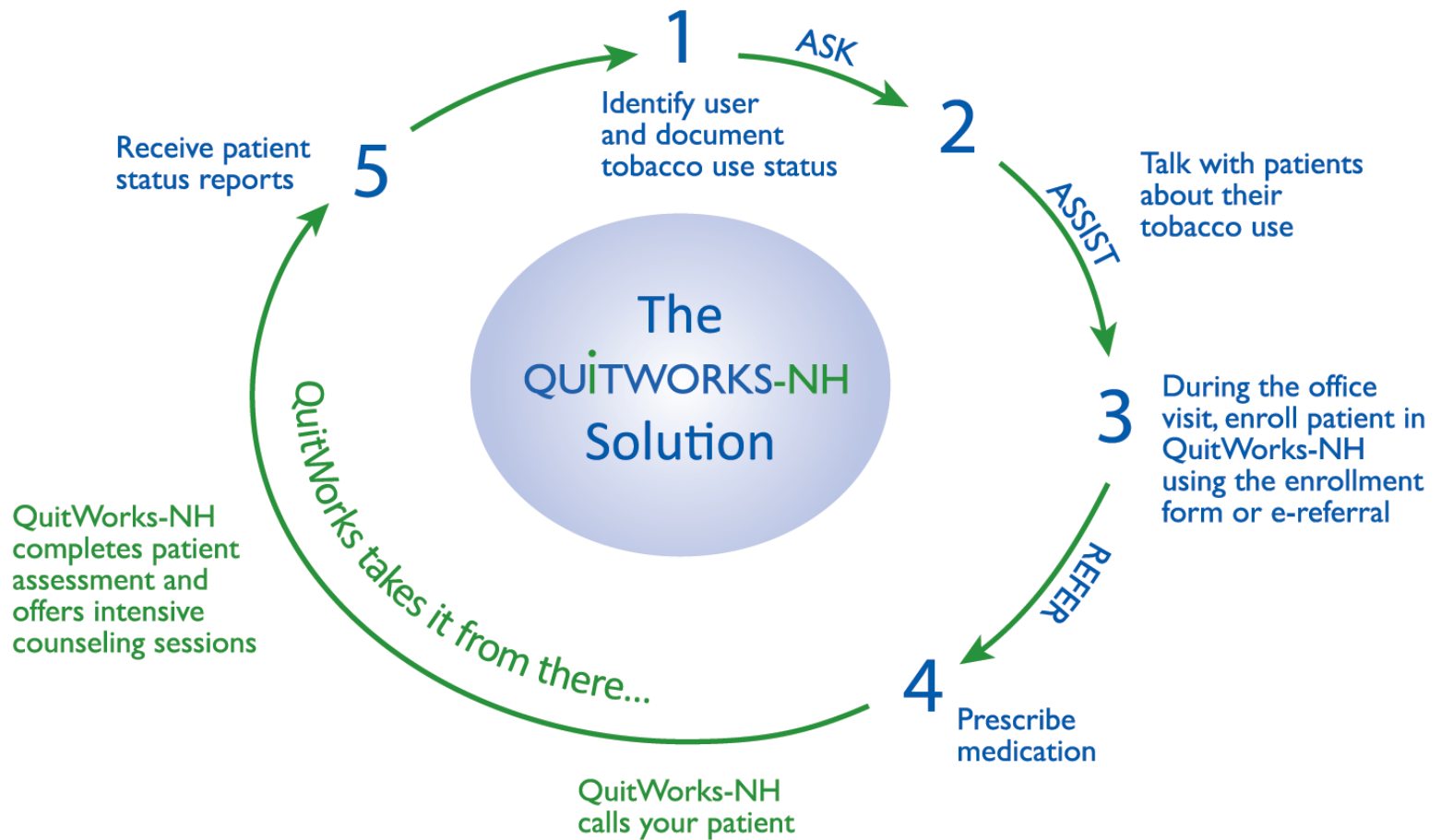
Integration



Theoretical Model

The 5 As: Treating Tobacco as a Chronic Disease

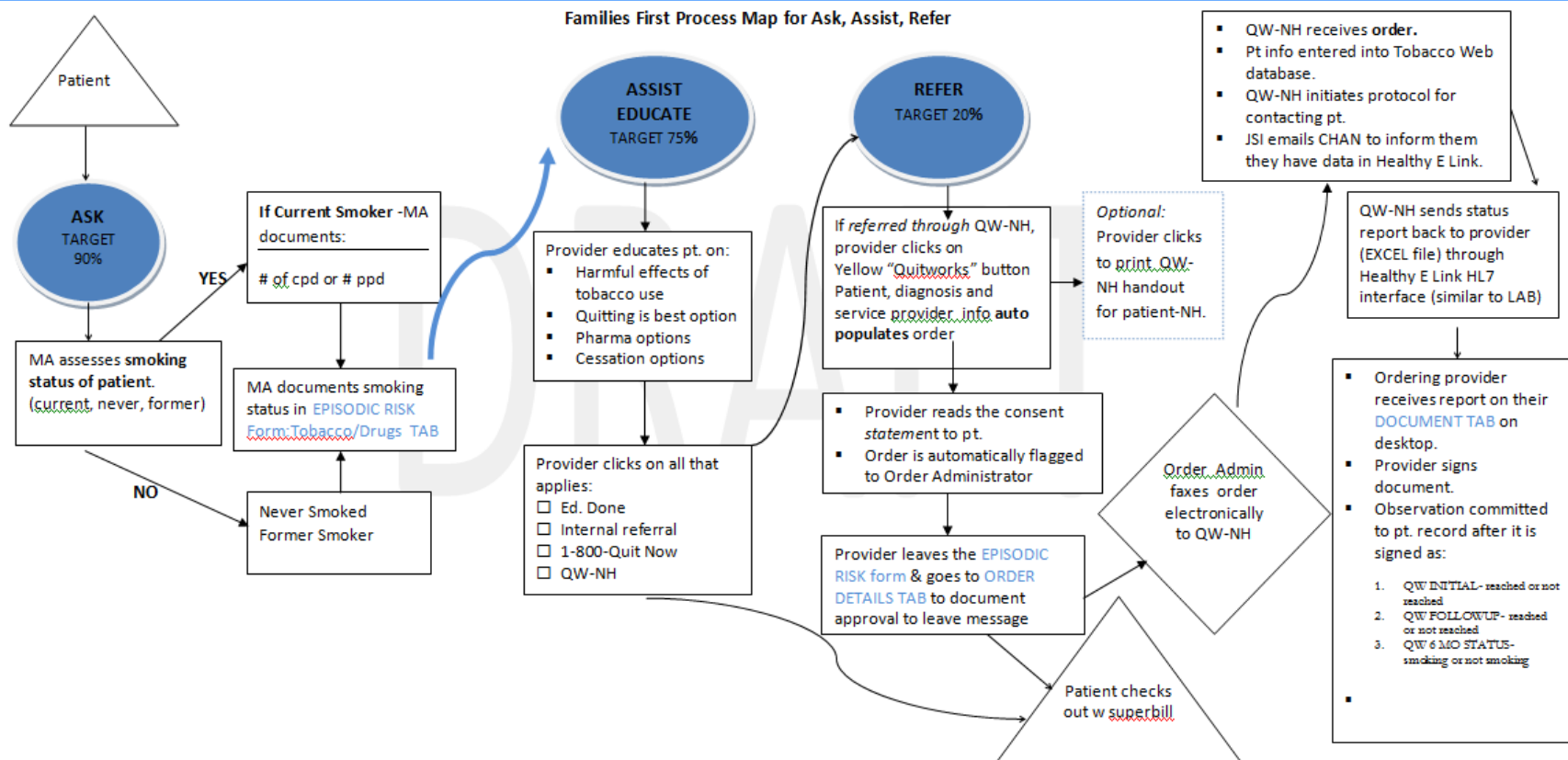




Actual Model

[In practice it looks like this]

2A's and an R in Primary Care: Ask – Assist - Refer



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Leverage HIT: Hitting the QuitWorks Button and Handout

Test Test ID: 910916 PCP: Robert Slocum, DO Lang: Bosnian Alert: See Alerts Alias: Sunshine Com: cell
58 Years Old Female (DOB: 07/29/1953) Ins: Sliding (475) LOC: FFGS HOME:(603)555-1212 WORK: None

Find Pt. Protocols Graph Handouts

Summary History Prob

Doc ID: 497 Properties: Office Visit

Summary:

Inserted

- HPI
- Vital Signs
- In-house Labs
- Episodic Risk
- Histories
- ROS
- Physical Exam
- Impression & Plan
- Prescriptions
- E&M Advisor

Language: B

HISTORY

Tobacco
Current t

OBJECTIVE

[In-house Labs]

[Episodic Risk]

[Histories]

IRSI

Attachments

Favorites

Episodic Risk: Test Test

Alcohol Tobacco/Drugs HIV Depression/Violence

Tobacco Currently (10/20/2009 1:19:14 PM) **Print Handout**

Use Tobacco? current every day smoker
 current some day smoker
 former smoker
 never smoker
 unknown if ever smoked
 smoker - current status unknown

Cigarettes/day: Cigarettes # per day:
Pack Years: Pack Years:
Cigars # per week: Cigars # per wk:
Smokeless # per day: Smokeless # per day:

Education: Education: Education done
 Referred to smoke cessation class
 Referred to 800-879-8678 (TryToStop)
 Referred to QuitWorks NH

Status of Change: Status of Change:

Comments: Comments:

Days				
QW INITIAL				
QW FOLLOWUP				
QW 6MOSTATUS				

Drugs previously (08/12/2011 11:05:49 AM) **Print Handout**

Use Drugs? current previously never

