



**Colorado Community  
Managed Care Network**



*Thank you for attending our  
live and archived webcast,*

## **Promoting Successful Tobacco Cessation: Treatment Recommendations & Systems Changes for CHCs**



*Hosted by  
Community Health Association of Mountain/Plains States  
(CHAMPS)*

*Sponsored by  
Colorado Community Managed Care Network (CCMCN)  
CHC Tobacco Cessation Program*

*Presented by  
Dr. Jeffrey J. Cain on Wednesday, March 28, 2007*

### **Supplementary Information Packet**

#### **Contents:**

- Learning Objectives
- AAFP, Biography of Dr. Jeffrey Cain, and Description of CHAMPS & CCMCN CHC Tobacco Cessation Program
- Presentation Slides
- Guideline for Tobacco Cessation and Secondhand Smoke Exposure

#### **Learning Objectives**

**Through this presentation, participants will be able to:**

1. Understand the principles of effective clinic tobacco cessation.
2. Appropriately prescribe tobacco cessation aids.
3. Promote system-wide comprehensive approaches to successful tobacco cessation.
4. Utilize community resources and tools to promote tobacco cessation in their clinics.

## **AAFP**

This live webcast has been reviewed and is acceptable for up to 1.5 Prescribed credits by the American Academy of Family Physicians (AAFP). Application for 1.5 hours of Prescribed CME credit for the archived version of this webcast will be filed immediately after the live event. Jeffrey Cain has indicated that he has no relationships to disclose relating to the subject matter of his presentation. The AAFP invites comments on any activity that has been approved for AAFP CME credit. Please forward your comments on the quality of this activity to [cmecomment@aafp.org](mailto:cmecomment@aafp.org).

## **Biography of Dr. Jeffrey Cain**

Jeffrey J. Cain, MD, is an Assistant Professor at the University of Colorado Health Sciences Center and Chief of Family Medicine at the Children's Hospital in Denver, Colorado. He received his Doctor of Medicine at Oregon Health Sciences University in Portland, is board certified by the American Board of Family Practice, and is a Fellow in the American Academy of Family Physicians. Dr. Cain provides extensive expertise in tobacco cessation, and is the founder and current president of TAR WARS, an award-winning national children's tobacco free education project. Dr. Cain currently sits on the boards of numerous organizations, including the Colorado Multiple Institutional Review Board, the Colorado Children's Immunization Coalition, the Colorado Coalition of Working Amputees, and the Group to Alleviate Smoking Pollution. He is an experienced teacher and presenter with numerous publications addressing topics including tobacco education, vaccinations, and disability insurance, and in 2006 Dr. Cain received a First Place Research Presentation Award from the AAFP Scientific Assembly.

## **Description of CHAMPS & CCMCN CHC Tobacco Cessation Program**

CHAMPS, the Community Health Association of Mountain/Plains States, is the Region VIII Primary Care Association, a non-profit organization dedicated to serving Region VIII Community, Migrant, and Homeless Health Centers (CHCs) as well as Region VIII State Primary Care Associations. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, policy and funding communications, and the collection and dissemination of regional data. For more information, please visit <http://www.champsonline.org> or call (303) 861-5165.

Colorado Community Managed Care Network (CCMCN) is a network of 12 Colorado Community Health Centers with 60 clinic sites partnering to provide health care quality improvement in the state. After a year of intensive planning and funding from the Colorado Clinical Guidelines Collaborative and the State Tobacco Education and Prevention Program, CCMCN is implementing a comprehensive, system-wide, evidence-based CHC Tobacco Cessation Program by working with CHCs to address their patient population's needs and unique attributes. CCMCN is committed to implementing this program with the long-term goal of improving clinical outcomes and quality of life for CHC patients. It is CCMCN's hope that this unique approach will be expanded to all CHCs in Colorado and will influence other providers, community resources, and individuals, and subsequently reflect a "best practice" intervention for successfully promoting tobacco cessation and reducing the detrimental effects of environmental tobacco smoke especially in underserved and uninsured patient populations. Please contact [heather@cchn.org](mailto:heather@cchn.org) for more information about CCMCN's CHC Tobacco Cessation Program.

## Promoting Successful Tobacco Cessation: Treatment Recommendations & Systems Changes for CHCs

Jeffrey J. Cain MD, March 28, 2007  
Chief of Family Medicine – The Children’s Hospital  
Founder – Tar Wars

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*This presentation was supported by the Colorado Community Managed Care Network (CCMCN), CHC Tobacco Cessation Program. Views of the presenter do not necessarily represent the official views of CHAMPS or CCMCN.*

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## OVERVIEW:

Through This Presentation, Participants Will Be Able To:

- 1) Understand Colorado’s CHC Tobacco Cessation Program Objectives, Progress & Future Plans.
- 2) Understand the principles of effective clinic tobacco cessation.
- 3) Appropriately prescribe tobacco cessation aids.
- 4) Utilize community resources and tools to promote tobacco cessation in their clinics.
- 5) Promote system-wide comprehensive approaches to successful tobacco cessation.


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## Colorado’s CHC Tobacco Cessation Program

Colorado Community Managed Care Network (CCMCN)

- 12 CHC’s - with 60 sites.
- Providing health care quality improvement.
- Support from CCGC and STEPP.
- Creating system-wide, evidence-based tobacco cessation program.
- Specifically for CHC’s and their populations.



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## The Problem

- Tobacco use is a chronic disease.
- Tobacco use is the # 1 public health issue claiming 440,000+ American lives annually.
- 17.3% of Colorado adults (630,000) smoke.
- 87% of lung cancer cases and most cases of emphysema and chronic bronchitis result of smoking.


**RESOURCES:**  
Flore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service. 06/2000.  
*Tobacco Overview*. STEPP New Employee Orientation. Denver, CO. March 2007.

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## What It Costs

- Healthcare and lost productivity costs US \$97.2 billion a year due to smoking.
- Smoking costs Colorado \$1 billion annually for health problems and CO spends \$250,000,000 for Medicaid.
- Compared to non-smokers, male smokers:
  - incur \$15,800 in lifetime medical expenses.
  - 4 more days lost from work per year.



**RESOURCES:**  
Flore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service. 06/2000.  
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## Current Provider Practices

- 70% of physicians ASK patients about tobacco use.
- Of those, only 40% take further action.
- In the last year, only half of smokers say they were ADVISED to quit smoking by their Doctors.
- Only 1 in 7 Colorado smokers say they were referred to a smoking cessation program.

**RESOURCES:**  
Flore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service. 06/2000.  
*Tobacco Overview: Where We’re Been Where We’re Going*. Colorado Clinical Guidelines Collaborative. STEPP New Employee Orientation. Denver, CO. March 2007.

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## Why Don't Providers Ask?

- Too busy and little financial incentive.
- Lack of expertise and feeling efforts are not effective.
- Respect for patient's privacy and don't want to appear judgmental.
- Feel it would send a negative message that might scare patients away.
- Healthcare professional smokes.




**RESOURCES:**  
 Banister, Amy. AAFP. *Tobacco Cessation: Where We've Been - Where We're Going.* Colorado Clinical Guidelines Collaborative. STEPP New Employee Orientation. Denver, CO. March 2007.

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## Why Should Providers Ask...

- Proven effectiveness.
- Advising and brief coaching works.
  - Use positive language.
  - Focus on the benefits of quitting.
- Your efforts can change outcomes.



**RESOURCES:**  
 Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence.* Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. 06/2000.

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## Opportunity For Providers

- 70% of smokers see a physician each year.
- 85% of Colorado smokers want to quit.
- Physician's advice to quit is a significant motivator.
- Colorado smoker's *prefer* when advised to quit by healthcare providers - even if they're not yet ready.

**RESOURCES:**  
 Tobacco Cessation: *Where We've Been - Where We're Going.* Colorado Clinical Guidelines Collaborative. STEPP New Employee Orientation. Denver, CO. March 2007.  
 Tobacco Overview. STEPP New Employee Orientation. Denver, CO. March 2007.

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## Priorities Among Recommended Clinical Prevention Services

Table 2. Priorities among recommended clinical preventive services

Services	CFP	CE	Total
Vaccinate children: DTP (DTaP), MMR, Oral Polio (OPV), Hib, Hep B, Varicella	5	5	10
Assess adults for tobacco use and provide tobacco cessation counseling*	5	4	9
Screen for vision impairment among adults aged ≥60	4	5	9
Assess adolescents for drinking and drug use and counsel on alcohol and drug abstinence	3	5	8*
Assess adolescents for tobacco use and provide an antibiotic/stomach or advice to quit	4	4	8*
Screen for cervical cancer among sexually active women or ≥18 years	5	3	8
Screen for colorectal cancer (FOBT and/or sigmoidoscopy) among all persons aged ≥50 years	5	3	8
Screen for hepatitis among all persons	4	4	8
Vaccinate adults aged ≥65 years against influenza	4	4	8
Screen for chlamydia among women aged 15 to 24 years	3	4	7*
Screen for high blood cholesterol among men aged 35 to 65 years and women aged 45 to 65 years	5	2	7
Screen for problem drinking among adults and provide brief counseling	4	3	7*
Vaccinate adults aged ≥65 years against pneumococcal disease	2	5	7
Assess infant feeding practices and provide counseling on breastfeeding, use of iron-enriched foods, risk of baby-feeding tooth decay	1	5	6
Assess risk of STD (including HIV) and provide counseling on measures to reduce risk	3	3	6*
Screen for breast cancer (mammography alone or with CBE) among women aged 50 to 69 years	4	2	6
Screen for vision impairment at age 5 to 4 years	2	4	6*
Assess oral health practices and provide counseling on brushing and flossing daily, visiting a dental care provider regularly	3	3	6*
Assess the safety practices of parents of children aged 0 to 4 years and provide counseling on: child safety seats, window/door guards, pool fence, poison control, hot water temp, bicycle helmet	1	4	5*
Counsel on risks/benefits of hormone replacement among pre- and postmenopausal women	4	1	5*
Assess calcium/vitamin D intake of adolescent and adult women and counsel on use of supplements	2	2	4*
Assess folic acid intake among women of childbearing age and counsel on use of supplements	1	3	4*
Assess physical activity patterns of all persons aged ≥2 and counsel on increasing activity levels	3	1	4*
Provide newborns with ocular prophylaxis to protect against gonococcal eye disease	1	3	4*
Screen for hearing impairment among persons aged ≥65 years	2	2	4*
Assess dietary patterns of persons aged ≥2 and provide counseling on intake of fat/cholesterol, calorie balance, intake of fruits, vegetables, grains	2	1	3
Assess the safety practices of all persons aged ≥4 and provide counseling on seatbelt use, smoke detector use, firearm storage/removal from home, bicycle/motorcycle helmet use, dangers of alcohol use, protection against slip and fall hazards for older persons	2	1	3*

**RESOURCES:**  
 American Journal of Preventative Medicine 2001;21(1).

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# Incorporating & Utilizing CCG Tobacco Cessation Guideline

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## Guideline for Tobacco Cessation and Secondhand Smoke Exposure

**ASK**

**ADVISE**

**ASSESS**

**ASSIST**

**ARRANGE**

**REFER**

QuitLine  
24 Hours a Day  
1-800-QUIT-NOW  
1-800-734-8289

Additional Resources:  
 \* FOR COMPREHENSIVE TOBACCO CESSATION AND COLORADO QUITLINE FOR PERSONAL FORMS:  
 Visit: [www.quitline.org](http://www.quitline.org)  
 \* For more information on tobacco cessation:  
 \* Colorado Quitline: 1-800-QUIT-NOW (7-3474-6689)  
 \* American Academy of Family Physicians: [www.aafp.org](http://www.aafp.org)

For important updates, special clinical considerations, additional information, and copies of the guideline, email: [ccg@coloradoguidelines.org](mailto:ccg@coloradoguidelines.org) OR visit: [www.coloradoguidelines.org](http://www.coloradoguidelines.org)

# Clinical Practice Guideline

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- Literature search and review of 6,000 articles published between 1975 and 1999.
- Articles reviewed for possible inclusion in meta-analyses.
- 192 articles met criteria for inclusion in a meta-analysis.
- Additional 500+ articles examined by Guideline Expert Panel.
- Draft reviewed by more than 70 external peer reviewers prior to final.

**RESOURCES:**  
 Flores MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 06/2000.

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# What Effective Tobacco Cessation Looks Like

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- Brief Coaching:
  - Only takes 1 minute.
  - Advise patient to quit.
- Intervention:
  - Completed in 10 minute office visit.
- Include entire staff in process.

**RESOURCES:**  
 Flores MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 06/2000.

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# Types of Coaching

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Brief & Practical

- Promote use of problem-solving skills.
- Identify 'trigger' situations for smoker.
- Suggest coping skills.
- Provide basic information
  - Health risks.
  - Withdrawal symptoms.
  - Addiction.

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# Principles of Effective Tobacco Cessation

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## The 5 A's

Ask  
Advise  
Assess  
Assist  
Arrange

## 2 A's & an R

Ask  
Act  
Refer

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# Principles of Effective Tobacco Cessation

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## The 5 A's –

- Ask:** Every patient at every encounter.
- Advise:** Urge every tobacco user to quit.
- Assess:** Determine the willingness to quit.
- Assist:** Refer to QuitLine, provide coaching &/or pharmacotherapy.
- Arrange:** Schedule a follow-up contact.

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## 5 A's – Processes & Staff

5 A's	Brief Intervention- Document Processes In Chart	Staff Involved
Ask	• Identify ALL Tobacco Users.	• Other
Advise	• Advise Patient to Quit.	• Provider
Assess	• Patient's Willingness to Quit. • Stages of Change.	• Provider
Assist	• Discuss Quit Plan & Quit Date. • Provide Rx & Resource Information.	• Provider
Arrange	• Provide Follow-Up. • Follow-up Intervention.	• Other

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## Principles of Effective Tobacco Cessation- 2A's & an R

- Ask → 1. Ask
- Advise → 2. Act
- Assess
- Assist → 3. Refer
- Arrange

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## Ask, Act & Refer

### The 2 A's & an R- Document in Chart

- **Ask:** About Tobacco Use.
- **Act:** Advise to Quit.
- **Refer:** Assist in Quit Attempt.
  - Provide Patient:
    - Pharmacotherapy or NRT
    - QuitLine / QuitNet (Use fax or Rx forms)
    - Education Materials
    - Self-Help Guides or Websites
  - Discuss and develop Quit Plan, Set Quit Date.

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## Ask, Act & Refer

### Ask.

- Every patient.
- Every encounter.
  - Do you or have you ever used any form of tobacco?
  - How often?
  - Does smoking occur in home or car? (to assess for secondhand smoke exposure)
- If patient quit using:
  - Reassess abstinence status.
  - Address relapse.
  - Congratulate on success.

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## Ask, Act & Refer

### Act.

- Advise every tobacco user to quit.
- Use clear, strong, positive, personalized health messages about the benefits of quitting.
- Discuss risks of secondhand smoke on household members, especially children.
- If not ready to quit, advise them to smoke outside.

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## Ask, Act & Refer

### Refer.

- Refer to the Colorado QuitLine.
- Provide positive brief practical behavioral coaching.
- Recommend pharmacotherapy.
- Provide self-help materials.
- Discuss cessation tips:
  - Set a quit date
  - Identify triggers
  - Identify social supports
  - Avoid high risk situations
  - Create smoke-free environment

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## 2 A's & an R – Processes & Staff

2 A's & an R	Brief Intervention- <i>Document Processes In Chart</i>	Staff Involved
Ask	<ul style="list-style-type: none"> <li>Identify ALL Tobacco Users.</li> </ul>	<ul style="list-style-type: none"> <li>Other</li> </ul>
Act	<ul style="list-style-type: none"> <li>Advise Patient to Quit.</li> <li>Assist in Quit Attempt.</li> <li>Discuss Quit Plan &amp; Quit Date.</li> </ul>	<ul style="list-style-type: none"> <li>Provider</li> </ul>
Refer	<ul style="list-style-type: none"> <li>Provide Resource &amp; NRT Information.</li> </ul>	<ul style="list-style-type: none"> <li>Other</li> </ul>

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Developed in late 1970's by Prochazka and DiClemente at the University of Rhode Island.

People progress through different stages as they work towards successful change.

### Stages of Change Model

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## Stages of Change

Precontemplation-	Not acknowledging there's a problem
Contemplation-	Acknowledging there is a problem, but not ready to make a change.
Preparation-	Getting ready to change.
Action-	Changing behavior.
Maintenance-	Maintaining the behavior change.
Relapse-	Returning to previous behaviors and abandoning the new changes.

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## Assessing a Patient's Readiness to Change

How Do You Encourage A Patient Who's Not Ready To Quit? *Utilizing the 5 R's.*

- Relevance
- Risks
- Rewards
- Roadblocks
- Repetition

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## The 5 R's – Brief Interventions

5 R's	Brief Intervention
Relevance	<ul style="list-style-type: none"> <li>Encourage pt to say why quitting would be important to them (family, pregnant, etc.).</li> </ul>
Risks	<ul style="list-style-type: none"> <li>Encourage pt to think of short &amp; long term risks.</li> </ul>
Rewards	<ul style="list-style-type: none"> <li>What are benefits &amp; rewards of quitting.</li> </ul>
Roadblock	<ul style="list-style-type: none"> <li>Encourage pt to identify perceived barriers withdrawal symptoms, weight gain, stress, etc.</li> </ul>
Repetition	<ul style="list-style-type: none"> <li>At EVERY visit, assess pt for tobacco use.</li> <li>Use empathy, listen &amp; provide appropriate interventions.</li> </ul>


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## Utilizing Community Resources and Other Tools

- Refer to QuitLine's and QuitNet.
- Use the Fax Referral Form and Rx Pads.
- Have accessible materials on hand and use them.
- Utilize community resources:
  - Classes through:
    - Local Colleges and Universities
    - American Lung Society / American Cancer Society
    - Hospitals
  - Youth Prevention / Intervention Programs.


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## Tools You Can Use



Colorado QuitLine Referral Form  
1-800-QUIT-NOW  
(1-800-784-8686)  
FAX: 800-261-6259

**FAX REFERRAL FORM**



**QUITLINE** I Recommend That You Quit Smoking  
800-639-QUIT  
You Can Quit. We Can Help.


CALL 1-800-639-QUIT (7846)  
For Free Counseling & Assistance

**RX PADS**

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## Utilizing QuitLines

- FREE telephone counseling.
- It's easy- it takes 30 seconds to refer.
- Staffed by (English and Spanish speaking) trained cessation experts.
- More likely to use than group or other programs.
- Calling can double chance of successful quitting.
- FREE NRT- (8 weeks of patches for enrolling)




**COLORADO**  
**QuitLine**  
Be tobacco free


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## Utilizing QuitNet

- Easily accessible on-line tool.
- Evidence based with advantages of Internet:
  - anonymous
  - private
  - convenient
- Phone coaching provided through pro-active calls over 6 to 12 months.



**COLORADO**  
**QUITNET**  
co.quitnet.com




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## Create A Quit Plan

Can be done verbally. Should include:

- Set A Quit Date.
- Tell Family and Friends.
- Anticipate Triggers.
- Remove Tobacco Products.




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## Withdrawal

- Nicotine takes 1 - 3 days to leave your system.
- Symptoms can last 2 weeks to several months.
- Symptoms include:
 

Headache	Inability to concentrate
Dizziness	Time perception distortions
Fatigue	Irritable, cranky
Insomnia	Cough & Sore throat
- Encourage sleep and drinking lots of water to cleanse the body and wash out toxins.




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## Managing Withdrawal

### TIPS FOR PATIENTS

- Exercise.
- Reduce or avoid caffeine or other stimulants.
- Drink lots of water.
- Limit alcohol.
- Nicotine replacement.





### Pharmacotherapy Treatments

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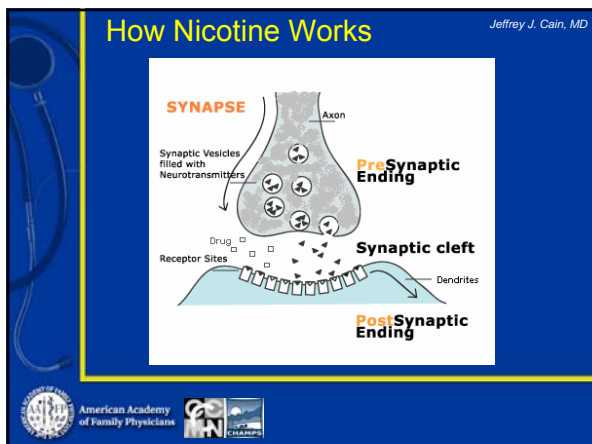
This table is intended to provide a general overview of the relative efficacy and safety of various pharmacotherapies for smoking cessation. It is not intended to be used as a substitute for clinical judgment. For more information, please refer to the full prescribing information for each medication.

Category	Drug	Recommended Dosage	Prescription Status	FDA Pregnancy Category	Adverse Side Effects/Warnings/Precautions								Contraindications		
					Headache	Dizziness	Nausea	Constipation	Insomnia	Agitation	Blurred Vision	Weight Gain		Other	
Nicotine Replacement Therapies	Nicotine Transdermal Patch	15-25 mg/24 hr	OTC	B											
	Nicotine Gum	2 mg/4 hr	OTC	B											
	Nicotine Inhaler	2 mg/10 min	OTC	B											
	Nicotine Nasal Spray	2 mg/10 min	OTC	B											
Bupropion	Bupropion SR	150 mg/day	Prescription	B											
	Bupropion XL	300 mg/day	Prescription	B											
Varenicline	Varenicline	1 mg BID	Prescription	B											
	Varenicline ER	1 mg BID	Prescription	B											

- ### Pharmacotherapy Use
- Jeffrey J. Cain, MD
- Clinician Familiarity With Medications.
  - Contraindications For Selected Patients.
  - Patient Preference.
  - Previous Patient Experience.
  - Patient Characteristics. (History of depression, weight gain concerns, etc.)
  - Exceptions of Use:
    - Adolescents
    - Smoke Less than 10 Cigarettes a Day
    - Contraindications

- ### Recommended Pharmacotherapy Use
- Jeffrey J. Cain, MD
- Nicotine Replacement Therapies
- Nicotine Patch – Quitline
  - Nicotine Gum – Quitline
  - Nicotine Lozenge
  - Nicotine Oral Inhaler
  - Nicotine Nasal Spray
- Bupropion SR
- Varenicline

- ### Nicotine Replacement Therapy
- Jeffrey J. Cain, MD
- Safe.
  - Can be combined.
  - Combining nicotine patch with gum or nasal spray can increase long-term abstinence rates.
  - Can be used long-term.
  - Helpful with withdrawal symptoms.
  - Free from QuitLine (two 8-week supplies per year).



- ### Bupropion SR (Zyban or Wellbutrin)
- Jeffrey J. Cain, MD
- Recommended Dosage:
- 150 mg/day for 3 days, then 150 mg per day BID from day 4 until end of treatment.
  - Begin treatment 1-2 weeks prior to quit date.
- Recommended Duration:
- Up to 12 weeks treatment.
  - Maintenance up to 6 months.

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## Varenicline (Chantix)

Recommended Dosage:

- 0.5 mg/day on days 1-3, 0.5mg BID on days 4-7, then 1 mg BID from day 8 until end of treatment.
- Begin treatment 7 days prior to quit date.

Recommended Duration:



- 12 weeks treatment.
- Additional 12 weeks to enhance cessation.



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## Recommended Second-Line Pharmacotherapies

- Clonidine
- Nortriptyline





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## Special Considerations and Populations





- Lighter Smokers
- Weight Gain
- Women
- Pregnancy
- Ethnic & Racial Differences
- Psychiatric Patients
- Oral Healthcare
- Smokeless Tobacco
- Youth



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## Considerations: Lighter Smokers

- Consider reducing the dose of first-line nicotine replacement therapy (NRT).
- No adjustments are necessary when using Bupropion SR.





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## Considerations: Weight Gain


- Average 6 lbs weight gain.
- Bupropion SR and NRTs (especially gum) may delay but not prevent weight gain.
- Nicotine effects weight gain, but specifics unclear.
- Smoking affects rate body uses energy, and may alter regulation of caloric intake.

**RESOURCES:**  
 Proton, Paul, Mihalov, Samuel and Bonbowal, Joehann. Smoking cessation and weight gain. *Journal of Family Practice*, June, 1998, 46(6): 460-4.  
 Mirken, Bruce. *Smoking and Weight Gain*. Lifestyle & Wellness, 01/2007.  
<http://healthservices.uminn.com/topic/quit.htm>




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## Considerations: Women



- 19% women smoke ~ 24% men smoke.
- May use tobacco and desire to quit using tobacco for different reasons than men.
- Over 3 million have died prematurely in U.S. from smoking related diseases.
- Compared to nonsmokers, female smokers:
  - incur \$17,500 in lifetime medical expenses
  - 2 more days lost from work per year.


**RESOURCES:**  
 Fiore MC, Bailey WC, Cohen SI, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 06/2000.






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## Special Populations: Pregnancy

- 13% of pregnant women in the U.S. smoke.
- If all pregnant women stopped smoking, 10% of infant deaths in this country would be reduced.
- Counseling/coaching is the best choice.
- 3 sessions of > 10 mins should be offered.
- Physician weigh risks/benefits of pharmacotherapy.



**RESOURCES:**  
Sources: March of Dimes; American Academy of Pediatrics; American College of Obstetricians and Gynecologists; U.S. Public Health Service; La Leche League; 2006.








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## Special Populations: Pregnancy

- Smoking is the most modifiable risk factor for poor birth outcomes.
- If can quit smoking early in pregnancy, (<16 weeks), risk similar to non-smoker.
- Smoking during and after pregnancy is associated with:
  - Miscarriage
  - Preterm delivery
  - Stillbirth
  - Low birth weight
  - Developmental delay

**RESOURCES:**  
Winickoff et al. Pediatrics. 2005  
US Dept of Health and Human Services: The Health Consequences of Smoking: A Report of the Surgeon General, 2004.







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## Special Populations: LGBT Community (Lesbian, Gay, Bisexual, & Transgender)

- LGBT Smoking rates:
  - 38% to 59% among youth.
  - 11% to 50% among adults.
- 47% of LGBT adults who smoke, smoke more than one pack a day.
- Lesbians smoke approximately three times more than straight women.

**RESOURCES:**  
(Maurer Project, The National Lesbian Health Organization, Harris Interactive Wittek-Combs Communications, 2003).  
Ryan, H, Wirtley, P, Estlin, A, Pederson, L and Greenwood, G. Smoking among lesbians, gays, and bisexuals: a review of the literature. *American Journal of Preventive Medicine*. 2001.








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## Special Populations: Racial & Ethnic Differences

- Tobacco use varies among racial and ethnic groups.
- Smoking rates in 2004:
  - 15% of Hispanics
  - 13.3% of Asians
  - 20.2% of non-Hispanic blacks
  - 22.2% of non-Hispanic whites
  - 33.4% of American Indian/Alaska Natives

**RESOURCES:**  
CDC. Cigarette Smoking Among Adults - U.S., 2004. *Morbidity and Mortality Weekly Report* 2004; 54(44), November 2005.

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## Special Populations: Racial & Ethnic Differences

### Latino / Hispanic

- Concerned about social consequences of smoking:
  - Setting a bad example for children
  - Damaging children's health, or
  - Provoking criticism from family members.
- Most effective techniques:
  - Nicotine patch
  - Self-help materials
  - Including a mood management component.

**RESOURCES:**  
Marin, G., Marin, B. V., Pérez-Stable, E. J., Sabogal, F., and Otero-Sabogal, R. "Cultural differences in attitudes and expectancies between Hispanic and nonHispanic White smokers." *Hispanic Journal of Behavioral Sciences*, 12 (1990), 423-436.







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## Special Populations: Racial & Ethnic Differences

### African American

- Smoking-related deaths 20% higher than in whites.
- In Men-*
- Highest smoking rates in US of major racial groups.
- Lung cancer death 50% greater than in white men.
- More than 2-3 times higher than other male minorities.

**RESOURCES:**  
"Smoking-Attributable Mortality and Years of Potential Life lost -- U.S., in MMWR, May 23, 1997.  
"Smoke Rises." *The New York Times*, December 27, 1993, p. A16.







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## Special Populations: Psychiatric Comorbidity

- People with psychoses, mood, anxiety, and substance use disorders - more likely to be addicted to nicotine.
- Consume 46.3% of cigarettes smoked in the U.S.
- Tobacco may alter brain function to predispose drug-seeking behaviors as compensating tools.
- Approximately 90% of schizophrenics are smokers.
- Offer psych or chemically dependent patients same guideline-based cessation treatment as all patients.


**RESOURCES:**  
Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline*. Rockville, MD, U.S. Department of Health and Human Services, Public Health Service. 06/2000.  
Grant et al., 2004.

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## Tobacco Cessation and Depression

- Nicotine interacts with the same receptors that are affected by depression.
- People with a history of depression may experience relapse when quitting.
- Consider Bupropion SR with patients with a history of depression.




**RESOURCES:**  
Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline*. Rockville, MD, U.S. Department of Health and Human Services, Public Health Service. 06/2000.

American Academy of Family Physicians  



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## Oral Healthcare

- Providers can assist with cessation and eliminate factors for some cancer and periodontal diseases.
- Over 90% of oral cancer patients use tobacco by smoking or chewing it.
- Dental treatment can be improved by oral healthcare providers support of tobacco cessation efforts.




**RESOURCES:**  
Davis, Joan, M. *Tobacco Cessation for the Dental Team: A Practical Guide, Part II. Evidence-based Interventions*. The Journal of Contemporary Dental Practice, Volume 6, No. 4, 11/2005.

American Academy of Family Physicians  



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## Smokeless Tobacco

- 12 million people in the US use spit tobacco regularly.
- 3 million US users are under 21.
- Almost 25% of adult smokeless tobacco users also smoke cigarettes.
- Increases in cigarette taxes and clean indoor air acts have tobacco companies expanding 'smokeless' and 'spitless' products.




**RESOURCES:**  
American Cancer Society. "Quitting Smoking." 1999. [www.cancer.org](http://www.cancer.org)  
Tobacco Control Research Branch, National Cancer Institute. (2009)  
Spit Tobacco: Just the Facts. Bethesda, MD

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
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## Tobacco and Youth

- 5,800 Colorado youth (under 18) become daily smokers each year.
- 22% of high school seniors smoke daily.
- 3 million packs of cigarettes are illegally sold to youth in Colorado each year.
- 92,000 current Colorado youth will die early and preventable deaths because of childhood decisions.



**RESOURCES:**  
Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline*. Rockville, MD, U.S. Department of Health and Human Services, Public Health Service. 06/2000.  
Tobacco Overview: STEPP New Employee Orientation. Denver, CO, March 2007.

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## Billing For Cessation Counseling

### Medicare

- Covers cessation counseling if patients have a tobacco-related disease.
- Prescription drug benefit covers cessation treatments prescribed by a physician.
  - Over-the-counter treatments are not covered.

### Private Insurers


- Most cover at least one type of pharmacotherapy and at least one type of behavioral intervention.

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## Billing For Cessation Counseling – HCPCS Codes


- G0375: Smoking and tobacco use cessation counseling visit; intermediate.
- G0376: Smoking and tobacco use cessation counseling visit; intensive.
- 8 annual visits (4 sessions per quit attempt).
- Counseling  $\leq$  3 min covered under E&M code.



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## Billing For Cessation Counseling – ICD-9 Codes

- 305.1: Tobacco Use Disorder
- V15.82: History of Tobacco Use
- Provide other clinically relevant diagnosis code, such as cough 786.2
- Document time spent counseling for cessation.



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## Office Systems To Support Tobacco Cessation

**VITAL SIGNS**

Blood Pressure: \_\_\_\_\_


Pulse: \_\_\_\_\_ Weight: \_\_\_\_\_

Temperature: \_\_\_\_\_

Respiratory Rate: \_\_\_\_\_

Tobacco Use    Current    Former    Never  
(circle one)

**Example of Documentation**




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## Guideline Recommendations

### System-Wide Approaches To Tobacco Cessation

*Strategies Recommended in the PHS Guideline:*

- Implement tobacco-user identification system.
- Provide education, resources, and feedback to promote provider interventions.
- Dedicate staff to provide tobacco treatment and assess the delivery.




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## Where We Go From Here

- The Colorado CHC Tobacco Cessation Program was designed to help you.
- Our focus is:
  - Assisting CHC's and underserved populations
  - Ensuring access and high quality services
  - Promoting and supporting innovation, and
  - Implementing evidence-based programs.
- Contact us for more information.

**Thank you for your interest and dedication.**

CHC Tobacco Cessation Program Coordinator: Heather Stocker  
Office Phone: (303) 861-5165 x 229  
E-mail: heather@cchn.org



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## Other Resources

Colorado Clinical Guidelines Collaboratives  
<http://www.coloradoguidelines.org>

Clinical Practice Guideline  
[http://www.surgeongeneral.gov/tobacco/treating\\_tobacco\\_use.pdf](http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf)


STEPP  
(State Tobacco Education & Prevention Partnership)  
<http://www.cdphe.state.co.us/pp/tobacco/index.html>

American Academy of Family Physicians  
[www.aafp.org](http://www.aafp.org)






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*Tobacco addiction is a chronic disease and deserves ongoing clinical treatment.*

**YOU Can Make a Difference For Every Patient that Smokes**



**ASK – ADVISE - REFER**




**Thank You for Joining CHAMPS, CCMCN, & Dr. Cain for this Distance Learning Event.**

**Your opinions are very important to us.**  
Please take a few minutes to complete the Evaluation for this webcast. If you are applying for Continuing Medical Education (CME) credit, you must complete the CME questions found at the end of the Evaluation.

**Only one person per computer may use the online version of the Evaluation/CME form.**  
Click on the link to the side of your screen to download a printable form that can be completed by additional participants and faxed to CHAMPS.

The AAFP invites comments on any activity that has been approved for AAFP CME credit. Please forward your comments on the quality of this activity to [cmecomment@aafp.org](mailto:cmecomment@aafp.org).

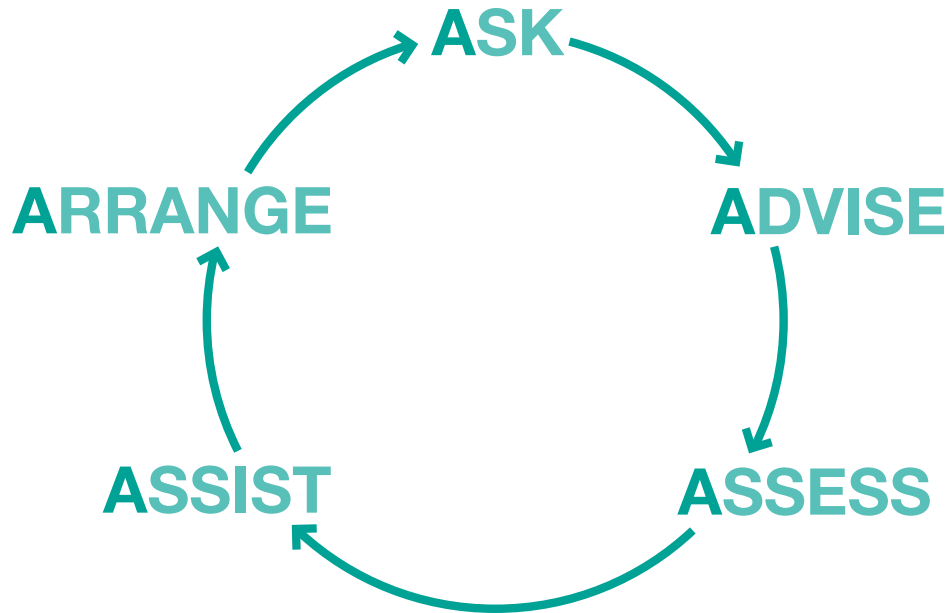
**We Hope You'll Join Us Again!**



# Guideline for Tobacco Cessation and Secondhand Smoke Exposure

- Integrate interventions for tobacco cessation and secondhand smoke exposure into every interaction with the patient by using the 5As approach.
- Utilize a combination of behavioral change coaching (including the Colorado QuitLine) and pharmacotherapy treatments for the highest rates of abstinence success.
- Exposure to secondhand smoke is a significant health risk to the general public, especially children, and the establishment of smoke-free environments should be encouraged.
- Evidence shows patients are more likely to quit **when their clinician tells them to** – even a two to three minute clinician intervention has been shown to be effective.

Tobacco dependence and use (current or former) is a chronic relapsing condition that requires repeated interventions and a systematic approach.



If you have limited time:

**ASK** → **ADVISE** → **REFER**

**COLORADO**  
**QuitLine**  
*Be tobacco free*  
1-800-QUIT-NOW  
1-800-784-8669

## ASK

- Ask every patient at every encounter if they currently smoke or have ever used any form of tobacco.
- Ask patient or parent of patient if smoking occurs in the home or car (secondhand smoke exposure).
- If patient recently quit using tobacco, reassess abstinence status, address possible relapse, and congratulate on success.

## ADVISE

- Urge every tobacco user to quit smoking with clear strong personalized health messages about the benefits of quitting.
- Discuss the health risks of secondhand smoke exposure on household members, especially children, and advise them to smoke outside.

## ASSESS

- Determine the willingness to make a quit attempt within the next 30 days.
- **AGREEMENT:** collaboratively set specific quit goals and address barriers (e.g.: weight gain, fear of failure).
- If not ready to quit, use motivational interventions of encouragement, information and support, recommend to smoke outside, and offer further help as they consider a quit attempt.

## ASSIST

- **REFER** to the Colorado QuitLine at 1.800.QUIT.NOW (1.800.784.8669) and/or
- Provide positive practical behavioral coaching as part of a quit plan.
- Recommend tailored pharmacotherapy treatments (see reverse side).
- Discuss cessation tips: set a quit date, create smoke-free environments, avoid high risk situations, identify triggers, and suggest social supports.
- Provide self-help materials for cessation and reducing secondhand smoke exposure.

## ARRANGE

- Schedule a follow-up contact within the first week after the quit date and a second follow-up contact within the first month.
- Monitor for relapse; if relapse occurs, identify causes and plan next quit attempt.
- Continue to support smoke-free home and car environments.
- Congratulate successes!

### Additional Resources:

- FOR COMPREHENSIVE TOBACCO GUIDELINE and COLORADO QUITLINE FAX REFERRAL FORM: [www.coloradoguidelines.org/tobacco](http://www.coloradoguidelines.org/tobacco)
- To order free office toolkits and materials: [www.STEPPitems.com](http://www.STEPPitems.com)
- Colorado QuitLine: 1.800.QUIT.NOW (1.800.784.8669)

### References:

- American Family Physician Vol 74, No 2 July 2006
- Treating Tobacco Use and Dependence; US Department of Health and Human Services Public Health Service, June 2000
- The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General, June 2006

For important updates, special clinical considerations, additional information, and copies of the guideline email CCGC at [tobaccoinfo@coloradoguidelines.org](mailto:tobaccoinfo@coloradoguidelines.org) OR call 720.297.1681 OR 866.401.2092 (toll free).

This guideline is designed to assist clinicians in the management of patients with tobacco use and/or secondhand smoke exposure. This guideline is not intended to replace a clinician's judgment or establish a protocol for all patients with a particular condition.

**Pharmacotherapy Treatments: Smoking Cessation Drug Classification and Dosages**

**Tips to use in tobacco cessation efforts:**  
 Tobacco use is to be approached as a chronic relapsing condition.  
 If limited on time, Ask, Advise, and Refer to the Colorado QuitLine (1.800.QUIT.NOW).  
 The average smoker has 4-7 attempts before successful abstinence.  
 Combination therapy of >1 form of Nicotine Replacement Therapy (NRT) or NRT + Zyban  
 can increase long-term quit rates.

**Adverse Side Effects/Treatment Tips**  
 (• = possible side effects)  
 These are general categories; individual patient reactions may vary.

**Precautions**  
 (Ø=contraindicated)  
 Consult package insert for full list of precautions,  
 contraindications, use in pediatrics,  
 and drug interactions.

Category	Drugs	Recommended Dosage	Recommended Duration	Relative Cost Index: 1ppd = \$\$ (av \$120/mo)	Jaw pain/mouth or throat soreness; throat/ nasal/ mouth irritation	Dry mouth, xerostomia	Orthostasis possible	Local skin reaction	Insomnia, abnormal or change in dreams	Headache	GI: nausea, gas, dyspepsia, constipation	Sedation, drowsiness	Recent Myocardial Infarction, severe arrhythmias, unstable angina	Patients with dental problems or TMJ syndrome	Patients w/ seizure disorders, bulimia or anorexia nervosa (eating disorders)	Patients with bipolar and schizophrenia; recent MAO use	Suicidal Risk: Black Box Warning	Pregnancy (weigh risk vs. benefit)			
																			<b>First Line</b>	<b>NRT (nicotine replacement therapy)</b>	<b>Nicotine Patch/transdermal (NicoDerm CQ, Habitrol, Nicotrol)</b>
	<b>Nicotine Gum (Nicorette)</b>	1-24 cigs/day: 2 mg gum (every 1- 2 hrs up to 24 pieces/day) 25+ cigs/day: 4 mg gum (every 1- 2 hrs up to 24 pieces/day)  No food or drink 15 minutes before use	1-24 cigs/day: 2 mg gum (every 1- 2 hrs up to 24 pieces/day)  25+ cigs/day: 4 mg gum (every 1- 2 hrs up to 24 pieces/day)	OTC \$\$\$																Cat C	
	<b>Nicotine Lozenge (Commit)</b>	2 mg for those who smoke their first cigarette more than 30 min after waking  4 mg for those who smoke their first cigarette within 30 min of waking  No food or drink 15 minutes before use	up to 12 weeks: wks 1- 6: 1 loz/ 1-2 hrs wks 7-9: 1 loz/ 2-4 hrs wk 10-12: 1 loz/ 4-8 hrs	OTC \$\$																	Cat D
	<b>Nicotine Oral Inhaler (Nicotrol Inhaler)</b>	6-16 cartridges/day; puff each cartridge for up to 20 minutes Each cartridge 4 mg  10 puffs inhaler=1 puff cigarette	6-16 cartridges/day; puff each cartridge for up to 20 minutes Each cartridge 4 mg	prescription \$\$																	Cat D
	<b>Nicotine Nasal Spray (Nicotrol NS)</b>	8-40 sprays/day: 1 dose = 1 spray/ nostril 1-2 doses/ hr (maximum 5 doses/hr or < 40 doses/day)	Up to 3 - 6 months	prescription \$\$																	Cat D
	<b>Medications</b>	<b>Bupropion SR (Zyban)</b>	150 mg/day for 3 days, then 150 mg/day BID from day 4 to end of treatment (begin treatment 1-2 weeks pre-quit)	Up to 12 weeks Maintenance up to 6 months	prescription \$\$																Cat C
		<b>Varenicline (Chantix)</b>	0.5 mg/day on days 1-3, 0.5 mg BID on days 4-7, then 1 mg BID from day 8 to end of treatment (begin treatment 7 days pre-quit date)	12 weeks treatment additional 12 weeks to enhance cessation	prescription \$\$																Cat C
<b>Second Line</b>	<b>Drugs not approved for smoking cessation by the FDA</b>	<b>Clonidine (Catapres)</b>	0.10 mg/day for wk 1, increasing by 0.1 mg/day each week as needed up to .75 mg/day OR patch/week	Up to 10 weeks	prescription \$															Cat C	
		<b>Nortriptyline (Aventyl, Pamelor)</b>	25 mg/day for week 1, increasing to 75 -100 mg/day	Up to 12 weeks	prescription \$															Cat C	

**References:** The Medical Letter Vol 48 Aug 2006  
 American Family Physician Vol 74, No 2 July 2006  
 Treating Tobacco Use and Dependence; US Department of Health and Human Services Public Health Service, June 2000  
 FDA package inserts

For important updates, special clinical considerations, and effectiveness information, visit [www.coloradoguidelines.org/tobacco](http://www.coloradoguidelines.org/tobacco)

**2nd revision:** 2/2007  
**1st revision:** 11/2004  
**Original:** 9/2002