

Behavioral Health & Wellness Program

National Lessons Learned: Integrating Tobacco Cessation into Behavioral Health Practices

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



School of Medicine

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS





Awareness and Knowledge

An addiction...

is an addiction...

is an addiction



Behavior Change

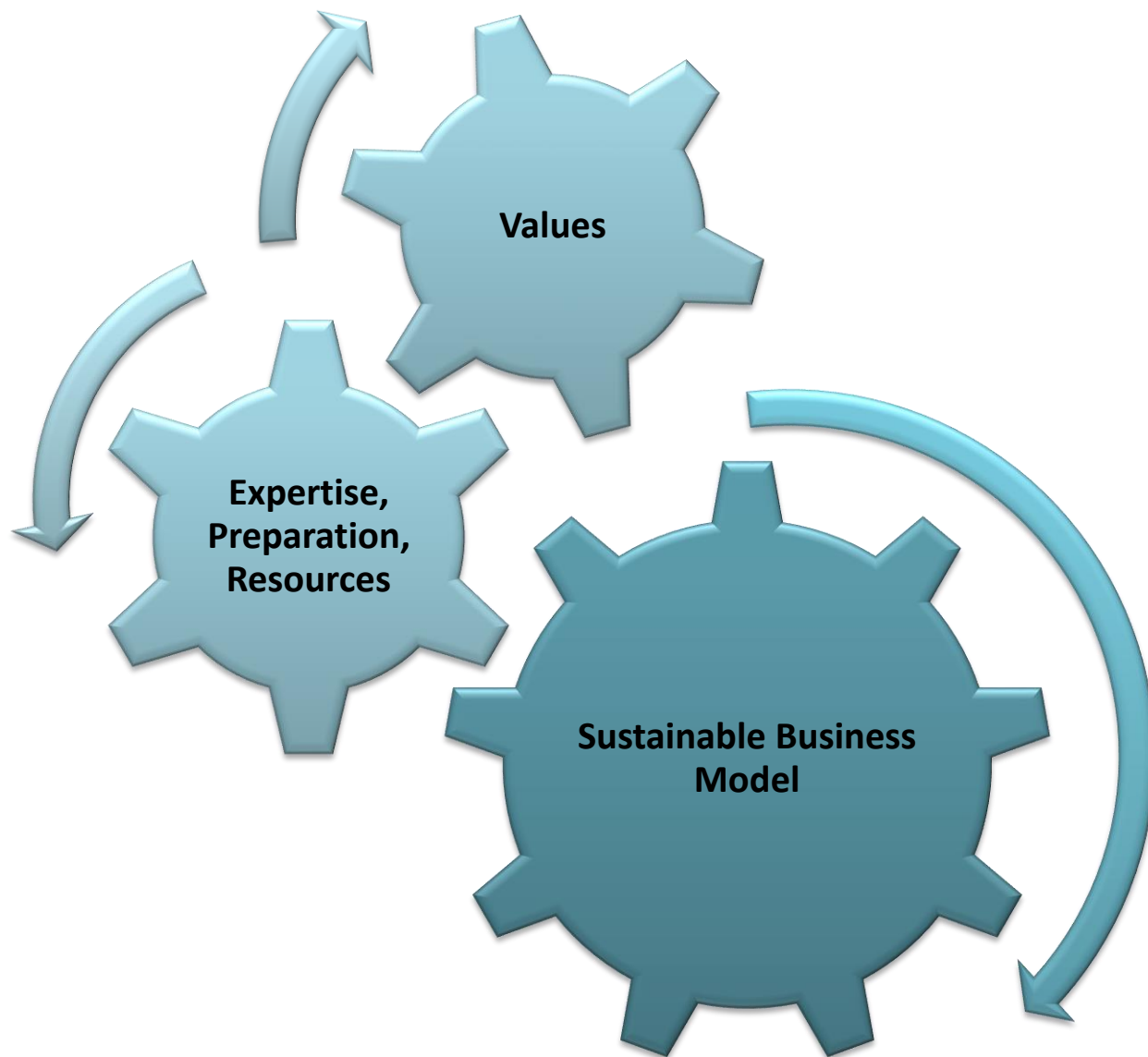


Hurdles

- 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







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

Intervention	Outcome	NNT
Statins	Prevent 1 death over 5 years	107
Antihypertensive therapy	Prevent 1 stroke, myocardial infarction, death over 1 year	700
Cervical cancer screening	Prevent 1 death in 10 years	1,140
Brief advice to stop smoking < 5 minutes	Prevent 1 premature death	80
Brief advice + pharmacological support	Prevent 1 premature death	38-56
Brief advice + pharmacological support + behavioral support	Prevent 1 premature death	16-40

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





DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers

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.



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

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.**

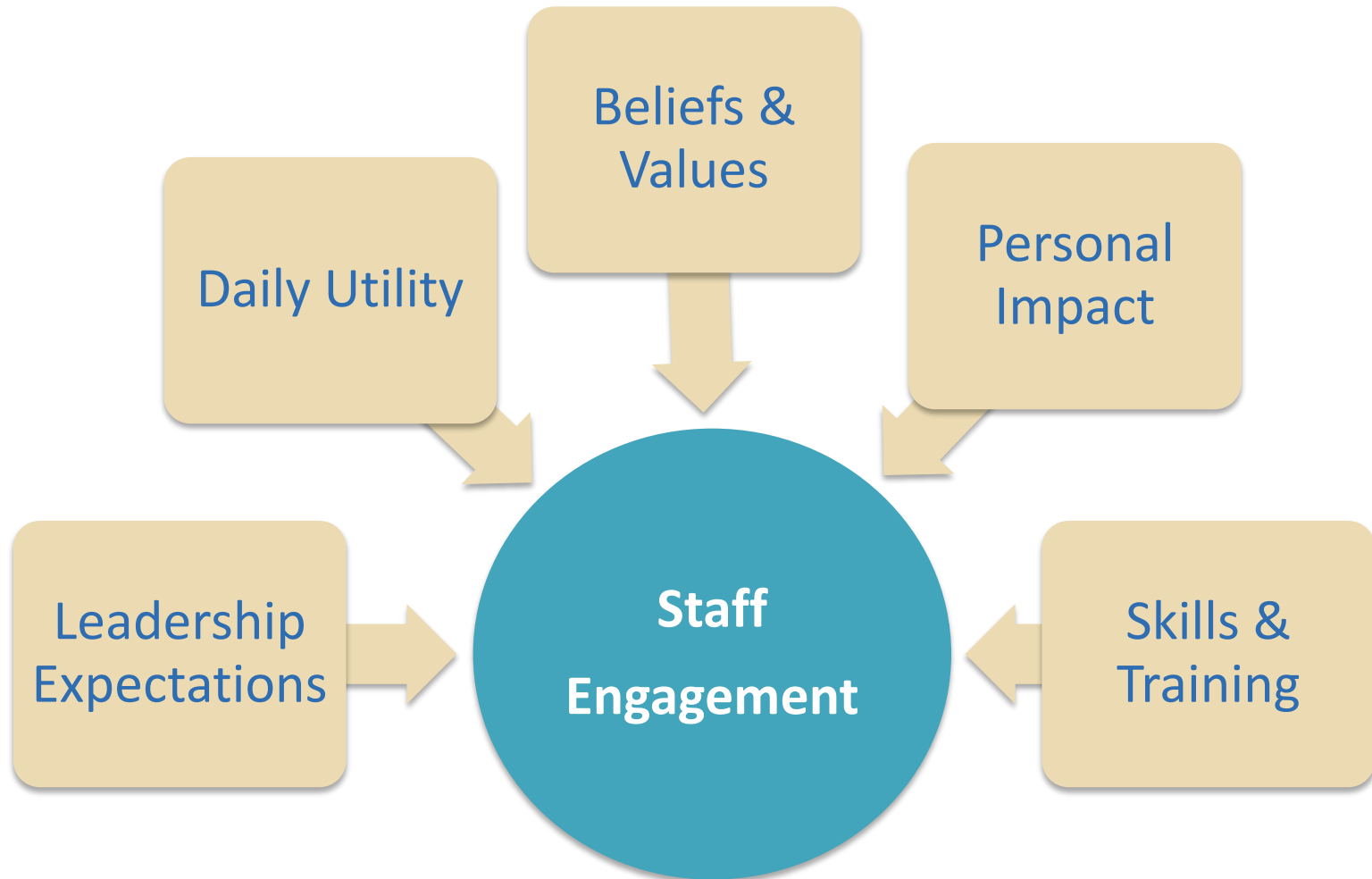
The guideline recommends that all people entering a healthcare setting should be **asked** about their tobacco use status and that this status should be documented. Providers should **advise** all tobacco users to quit and then **assess** their willingness to make a quit attempt. Persons who are ready 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.

<http://www.bhwellness.org/resources/toolkits/>





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

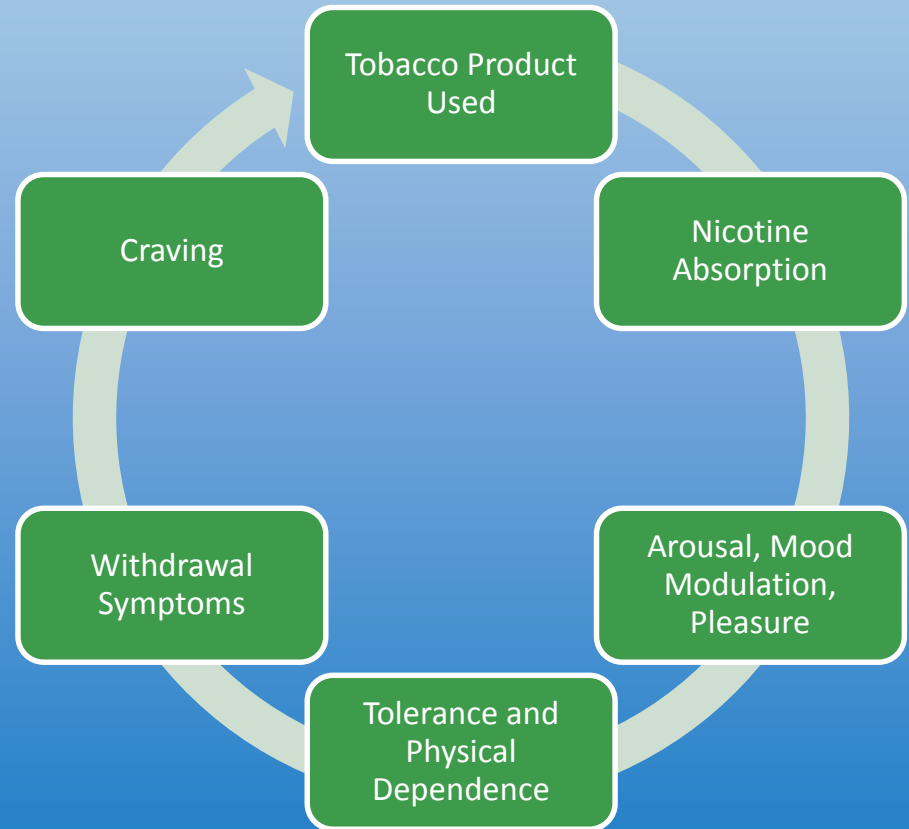
Nicotine Addiction Cycle

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



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

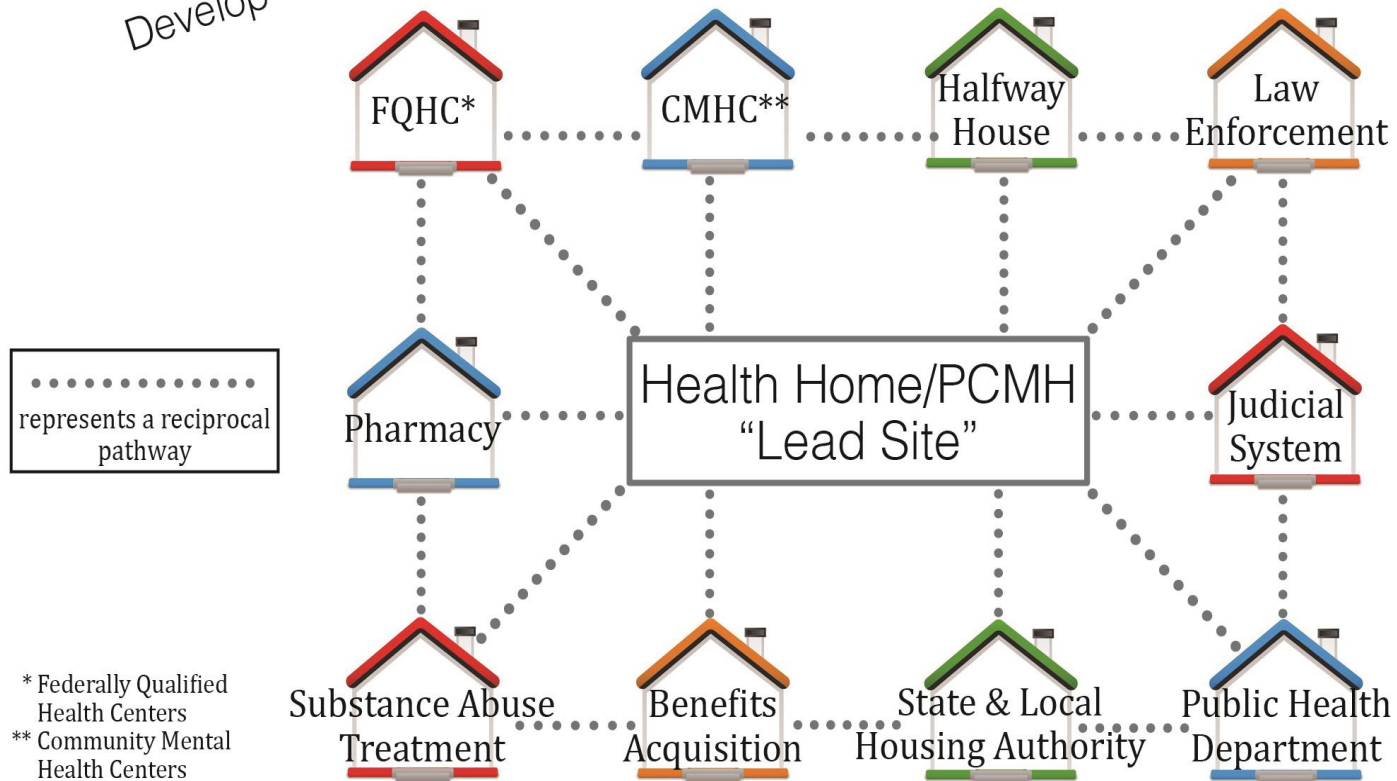
- Callers reporting a history of a mental health condition ranged from 62% in Montana to 89% in Idaho
- Quit rates ↑ for callers without MH issues, but a substantial number of callers reporting MH also sustained quits (43% vs. 33% at 6 months)
- Outcomes appear to be driven by how smokers feel their 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





Workflows

Integration into Daily Practice

- Assess tobacco as part of normal assessment & screening
- Add tobacco cessation to treatment plan

The screenshot shows a software window titled "Vitals" with a timestamp "Taken on 12/19/2007 at 1436". The main window contains several input fields for vital signs: BP (118/76), SpO2, Pulse (88), Weight (180 lbs (81.65 kg)), Resp, Height (6' (1.829 m)), Temp, Source, PF (best), and LMP. A pop-up window titled "Tobacco Use" is overlaid on the right side, containing the text "Not Asked", "Types: Cigarettes, Cigars, Chewing", "Packs/Day: Years: Pack Years: 0", and "Last verified: <Never verified>". The pop-up window has "Verify" and "Edit" buttons. The "Vitals" window has a standard Windows-style title bar with "Restore", "Close F9", "Previous F7", and "Next F8" buttons.

BP:	118/76	SpO2:	
Pulse:	88	Weight:	180 lbs (81.65 kg)
Resp:		Height:	6' (1.829 m)
Temp:			
Source:		PF (best):	
LMP:			

Tobacco Use — Verify Edit

Not Asked

Types: Cigarettes, Cigars, Chewing

Packs/Day: Years: Pack Years: 0

Last verified: <Never verified>

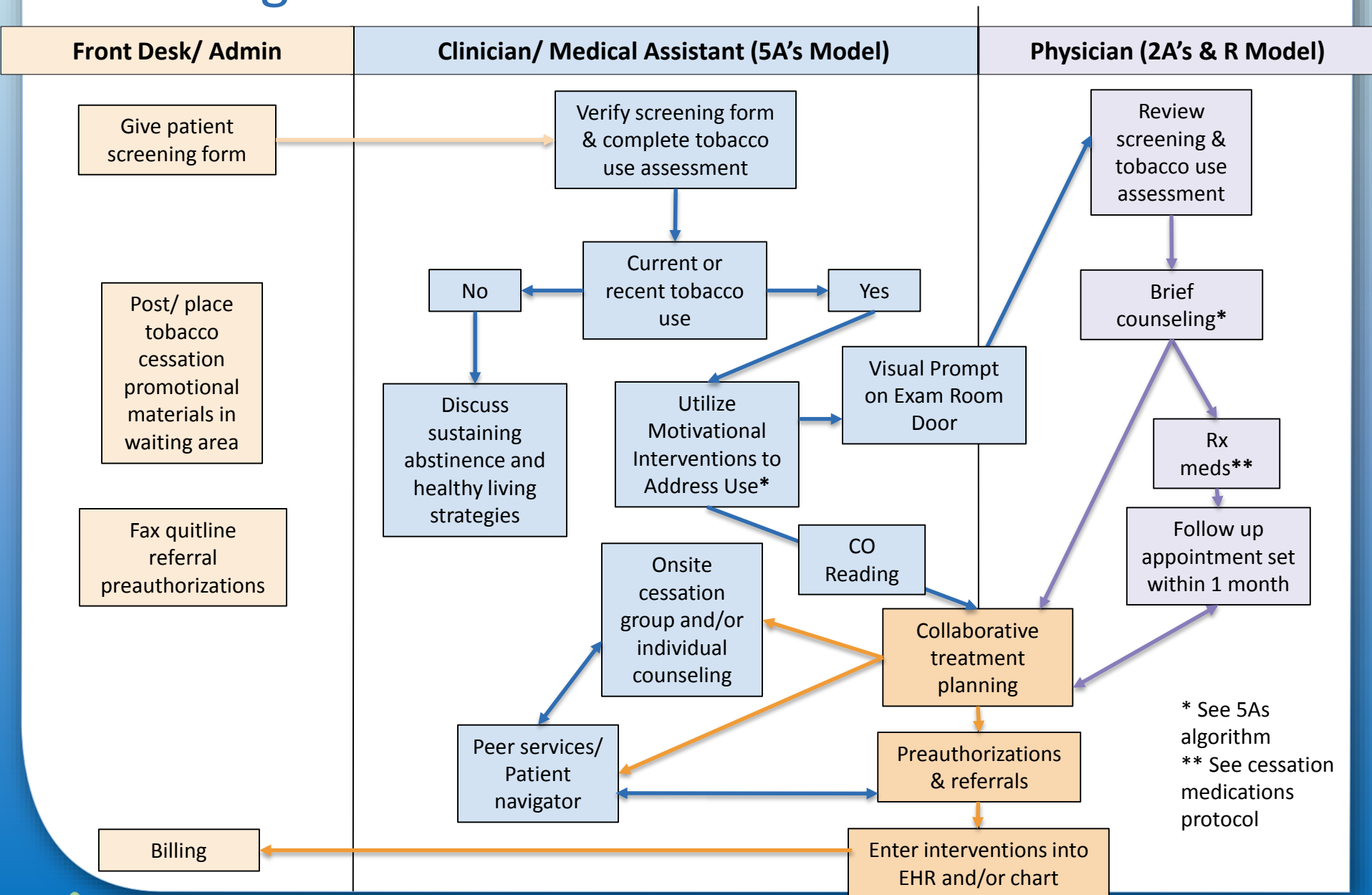
Restore Close F9 Previous F7 Next F8

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



* See 5As algorithm
 ** See cessation medications protocol

The 5A's

The 2A's & R

Clinician/ Medical Assistant

Physician

ASK

Ask every patient at every visit, about tobacco use

ASK

ADVISE

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

ADVISE

ASSESS

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

REFER

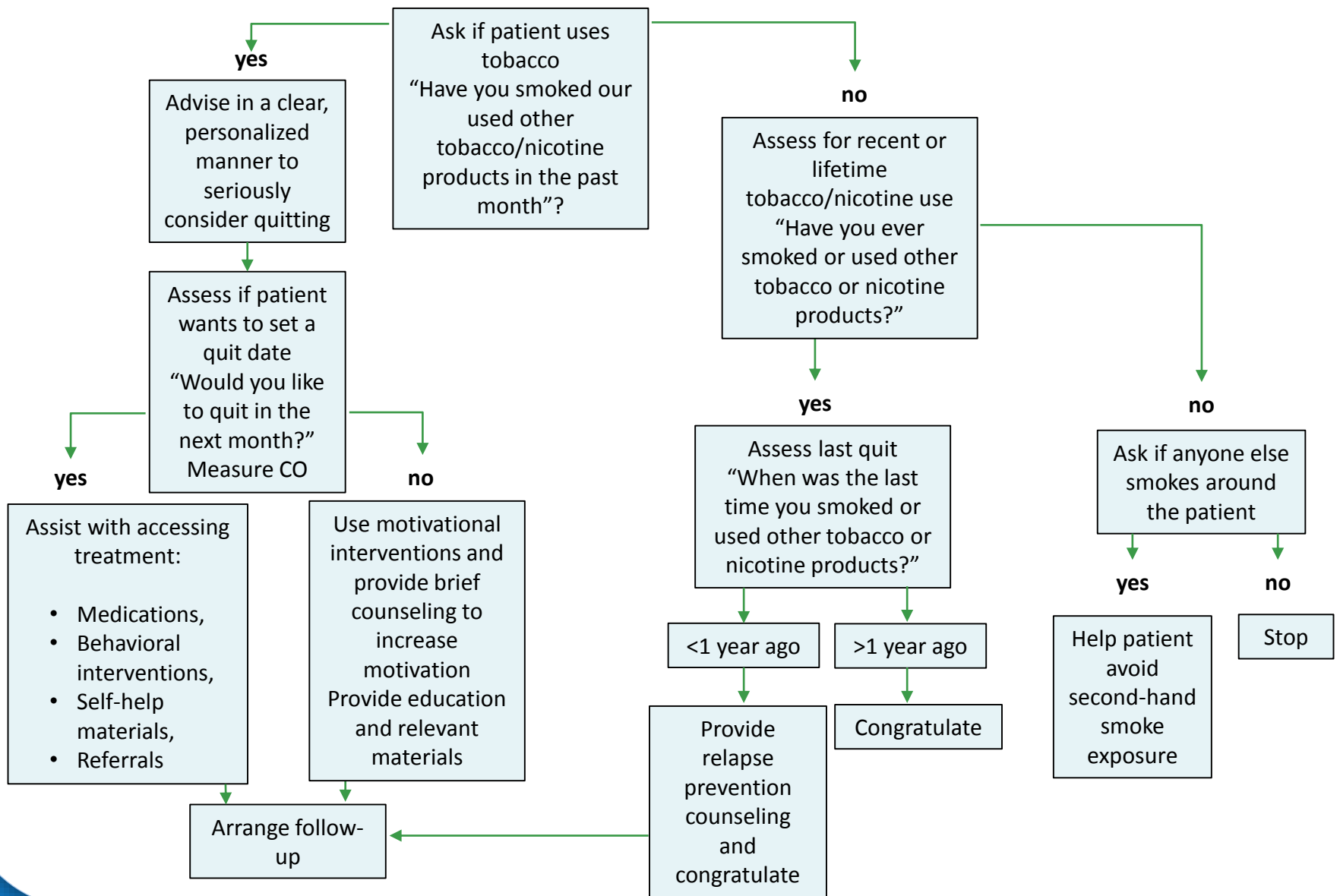
ASSIST

Help the patient with their plan to quit

ARRANGE

Schedule follow-up contact

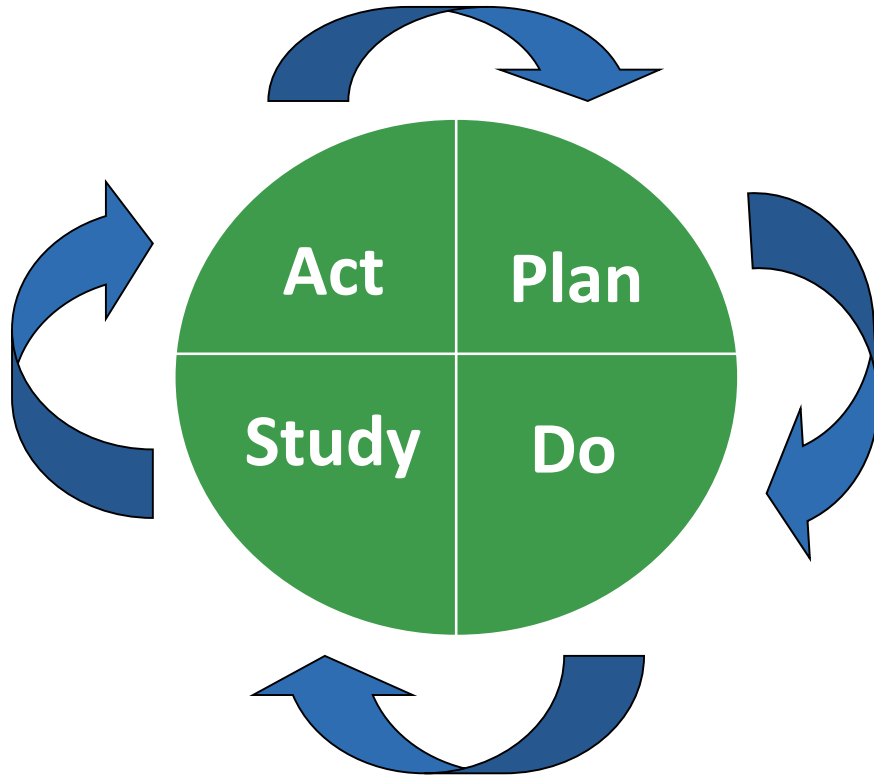
The 5A's Model





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

Name: _____ Date: _____

Training Location: _____

Organization Name: _____

Best Way to Contact You:

Email: _____

Phone: _____

Position (check all that apply):

Administrator Other (specify): _____

Peer Advocate _____

Provider _____

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



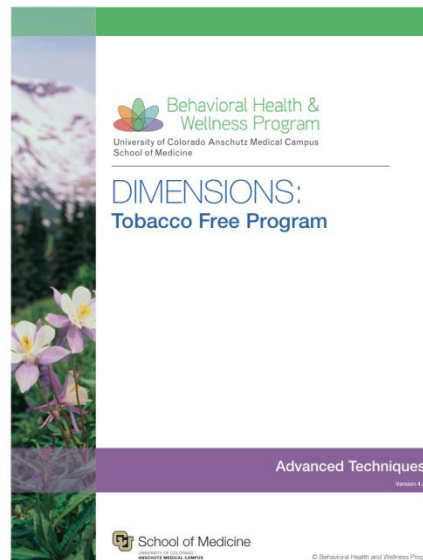
Recovery & Peer Driven

- 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



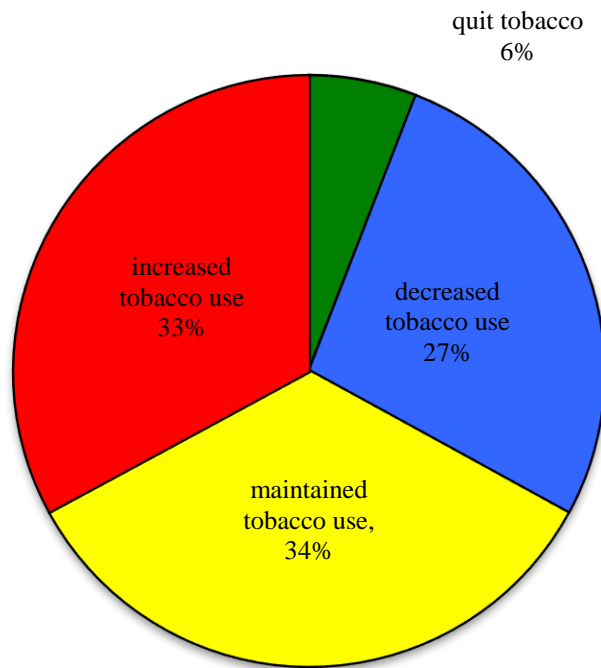
10 Steps Toward Success

- 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

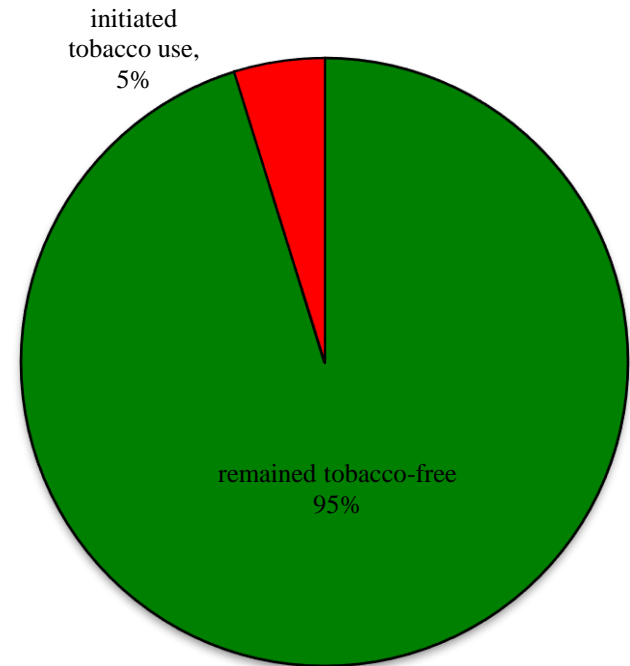
<http://www.bhwellness.org/resources/toolkits/>

CeDAR Tobacco Use Survey

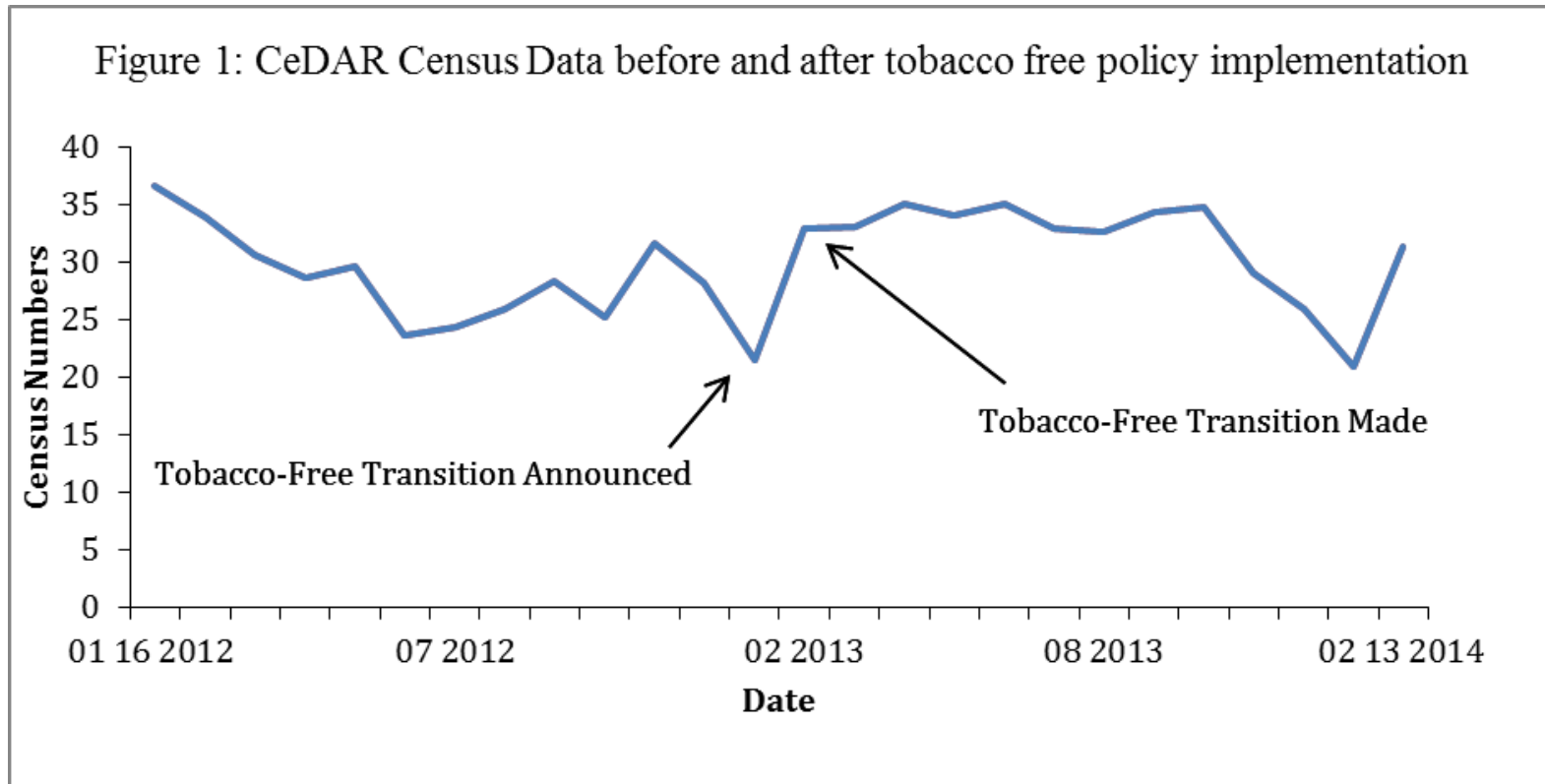
- What Happened to Tobacco Users in Treatment



- What Happened to Non-Tobacco Users in Treatment



Average Daily Census in 30-Day Program



Post-transition Tobacco-Free CeDAR

- Improved census
- Improved treatment
- Improved quit rates
- Reduced adverse events
- Reduced triggering
- Reduced exposure to second-hand smoke

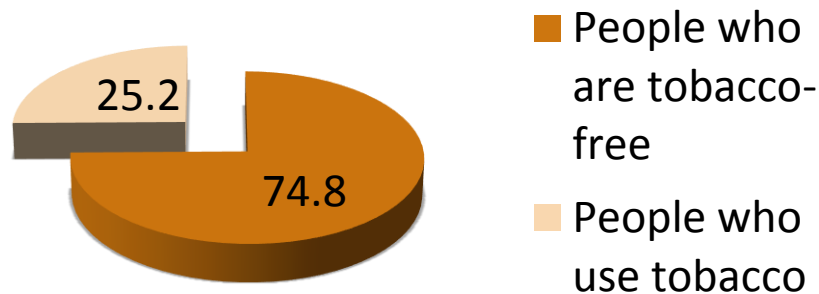




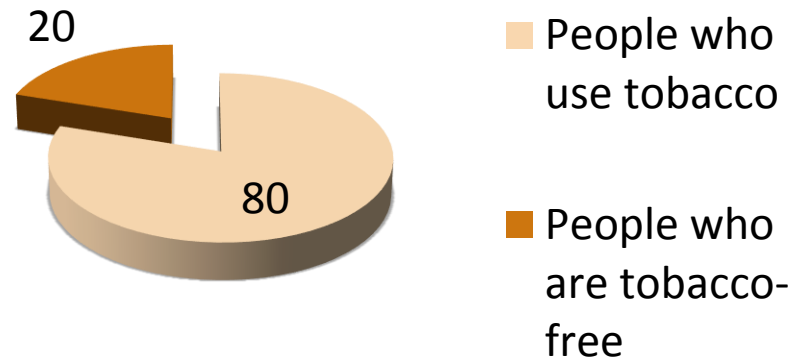
Justice Involved Individuals

Rates of Tobacco Use

General Population



Criminal Justice Population



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

Prisons

Cancer*

Heart Disease*

Respiratory Disease*

Liver Disease*

Suicide*

Jails

Suicide*

Heart Disease*

**Drug or Alcohol
Intoxication**

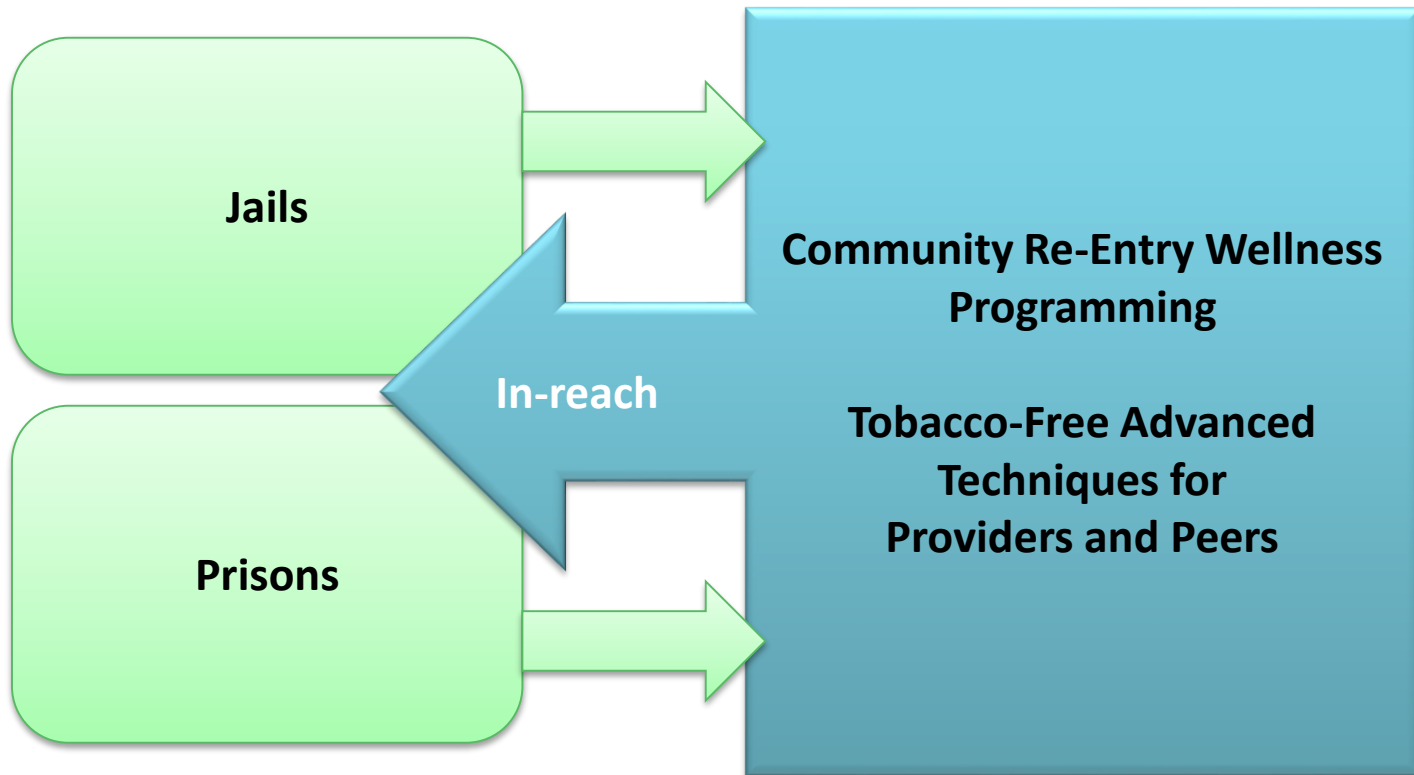
Cancer*

Liver Diseases*

***Conditions caused or exacerbated by tobacco use**



A Continuity of Care Model for Tobacco Cessation





Brenda Howard

Tobacco Prevention and Cessation
Program
Arkansas Department of Health

<http://www.healthy.arkansas.gov>

Innovation in Arkansas

2009

- Arkansas Community Corrections (ACC) begins CTTS UMass and ACC Field Service curriculum

2011

- DIMENSIONS and UMass CTTS program started for behavioral health

2012

- The Smoking Cessation Leadership Center Leadership Academy with Arkansas

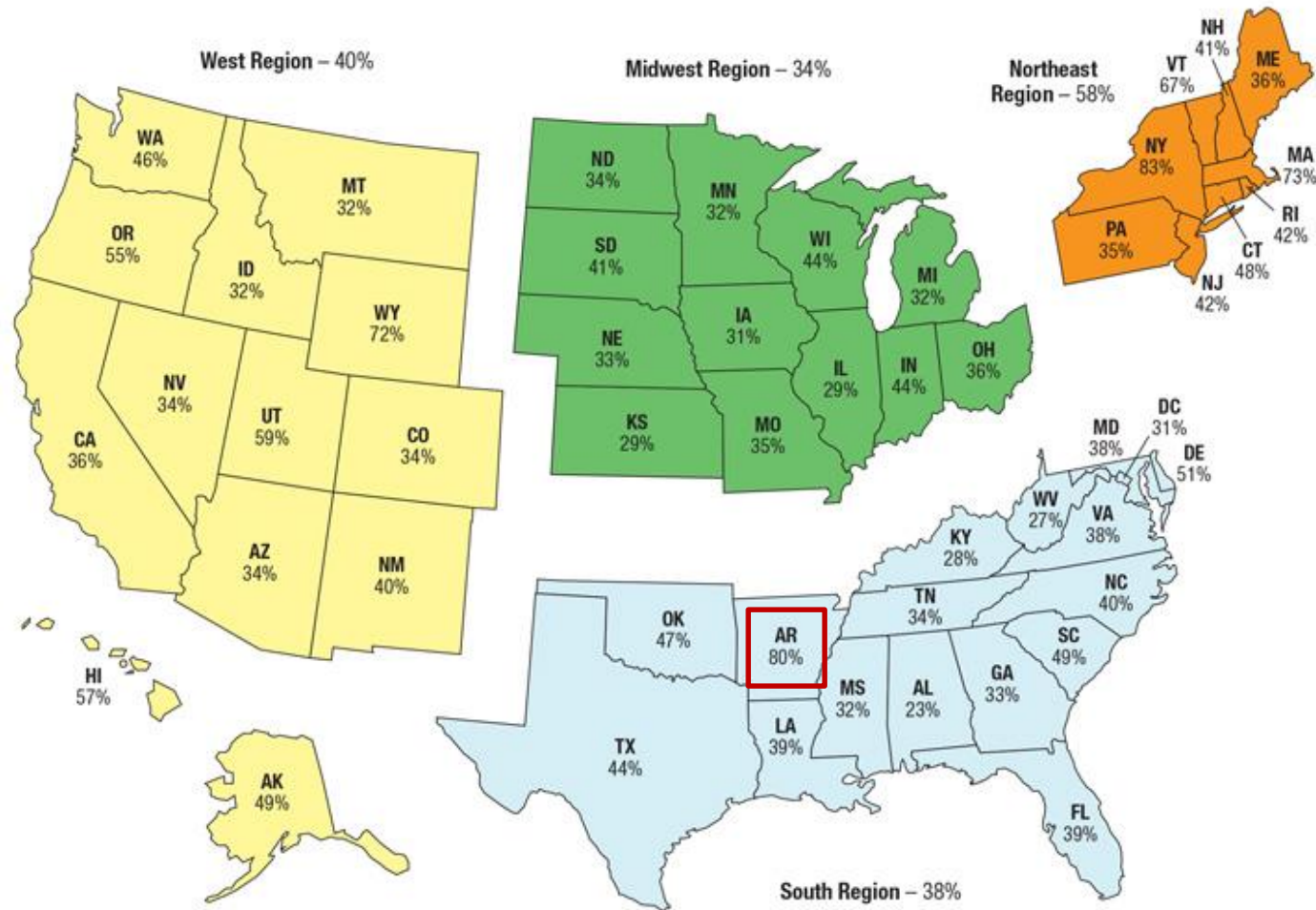
2013

- All ACC Field Services staff trained on DIMENSIONS
- MOA signed to train DOC, Substance Abuse Treatment Program (SATP) staff

2014

- DOC began identifying and documenting tobacco use for individuals enrolled in the SATP programs and offering cessation services using the DIMENSIONS program

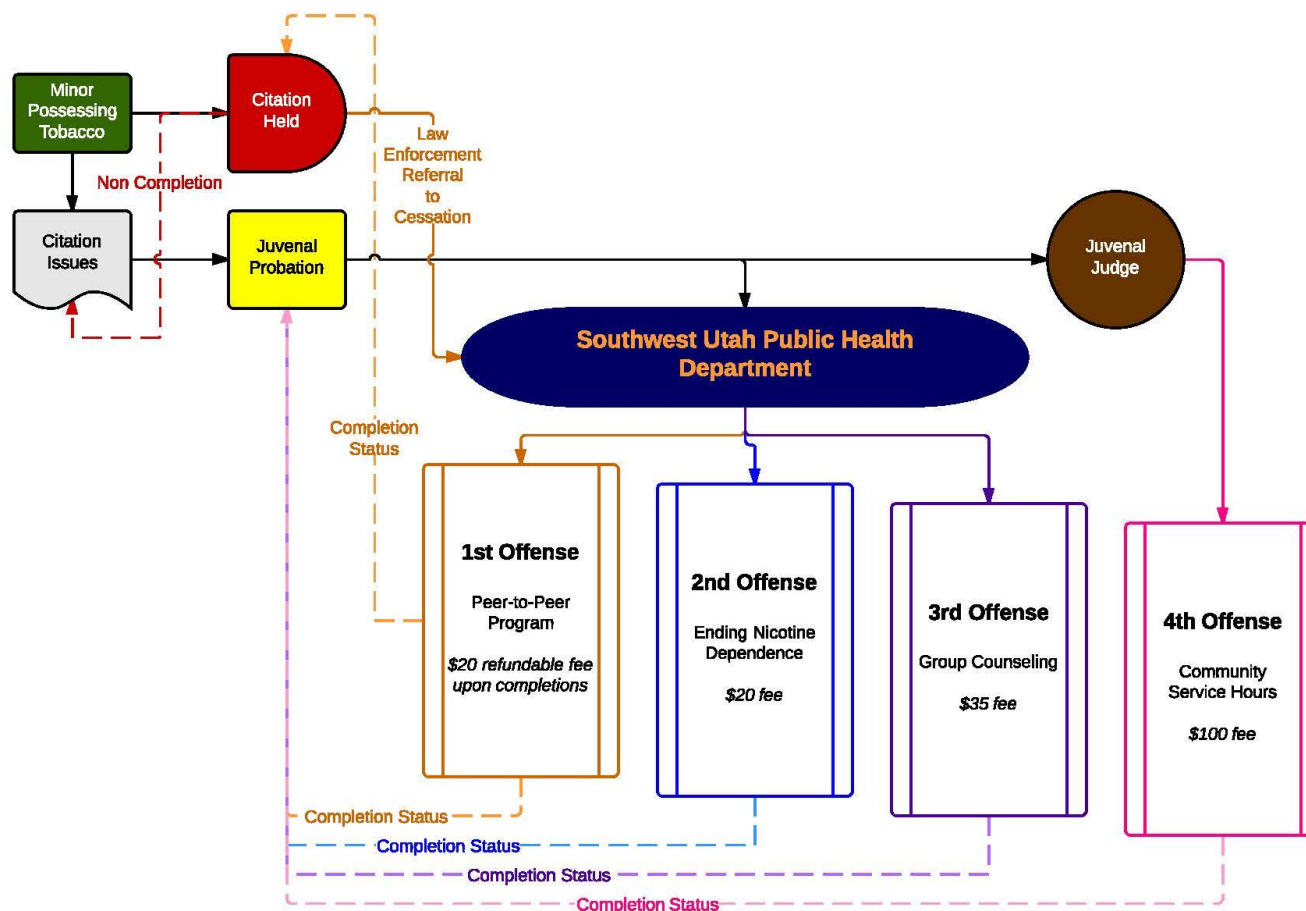
Tobacco Cessation Services Offered in Substance Abuse Treatment Facilities



Source: SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS), 2011.

Utah Youth Offender Program

Youth Tobacco Cessation Referral Process





Provider and System Wellness



Behavioral Health &
Wellness Program

University of Colorado Anschutz Medical Campus
School of Medicine

DIMENSIONS: Work & Well-Being Toolkit for Physicians

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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Free Access to...

Toolkits, training opportunities, virtual communities and other resources

Webinars & Presentations

State Strategy Sessions



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BHWP_UCD