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**SUPERIOR HEALTH**  
**Quality Alliance**

# **Exploring Best Practices Related to the ABCS of Heart Health: A Structured Collaborative Session 4: Tobacco Cessation**

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May 7, 2024

# Introductions

- Name
- Title
- Clinic/Organization, location
- What have you implemented from the topics we've discussed so far?

# Collaborative Schedule

## Final session

- June 4: 1-2 p.m. ET / Noon -1 p.m. CT – Cardiac Rehabilitation

# Objectives

- Review the epidemiology of tobacco and nicotine addiction.
- Understand how to assess a patient's readiness to quit.



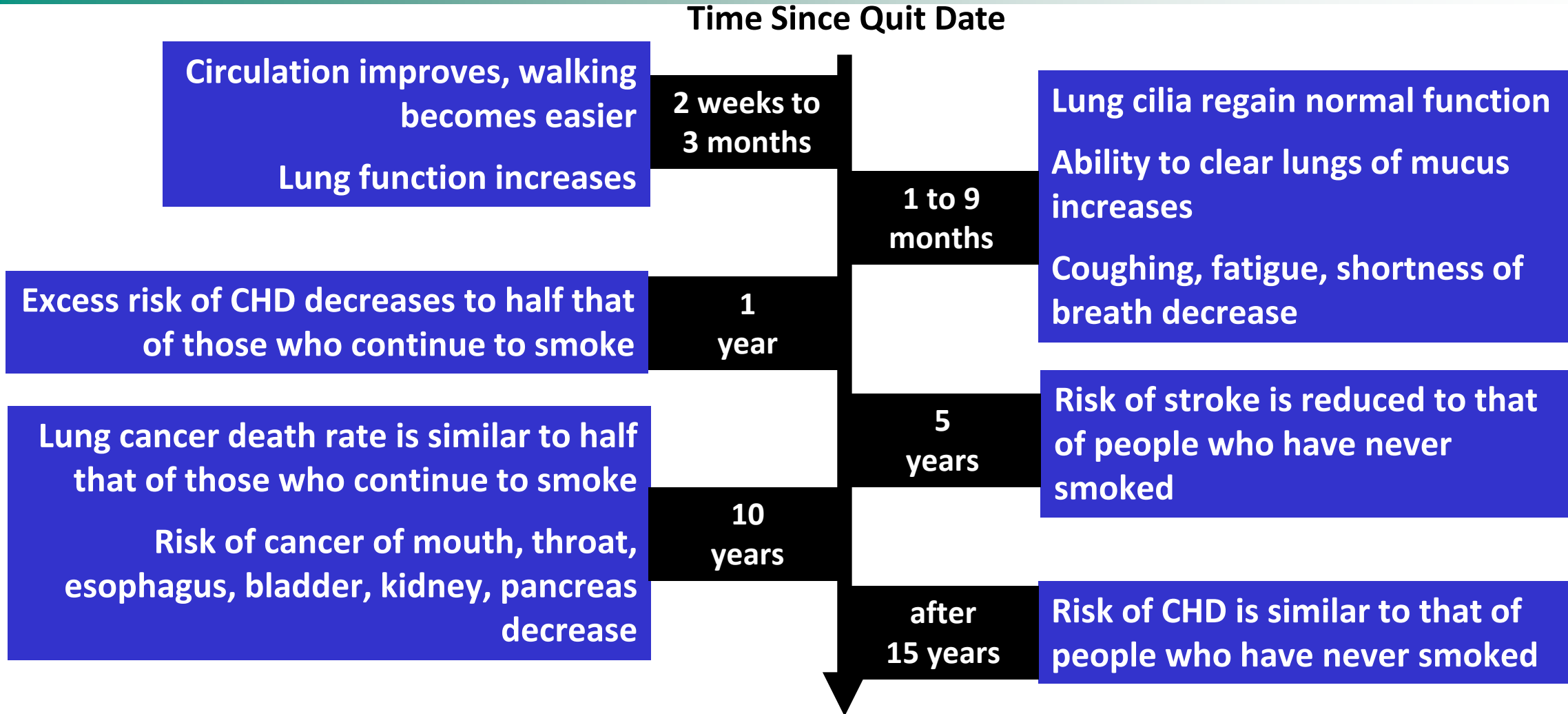
# WHY SHOULD CLINICIANS ADDRESS TOBACCO?

- Tobacco users expect to be encouraged to quit by health professionals.
- Screening for tobacco use and providing tobacco cessation counseling are positively associated with patient satisfaction (Barzilai et al., 2001; Conroy et al., 2005).

**Failure to address tobacco use tacitly implies that quitting is not important.**



# QUITTING: HEALTH BENEFITS





# SMOKING CESSATION: REDUCED RISK of DEATH

- Prospective study of 34,439 male British doctors
- Mortality was monitored for 50 years (1951–2001)



**On average, cigarette smokers die approximately 10 years younger than do nonsmokers.**

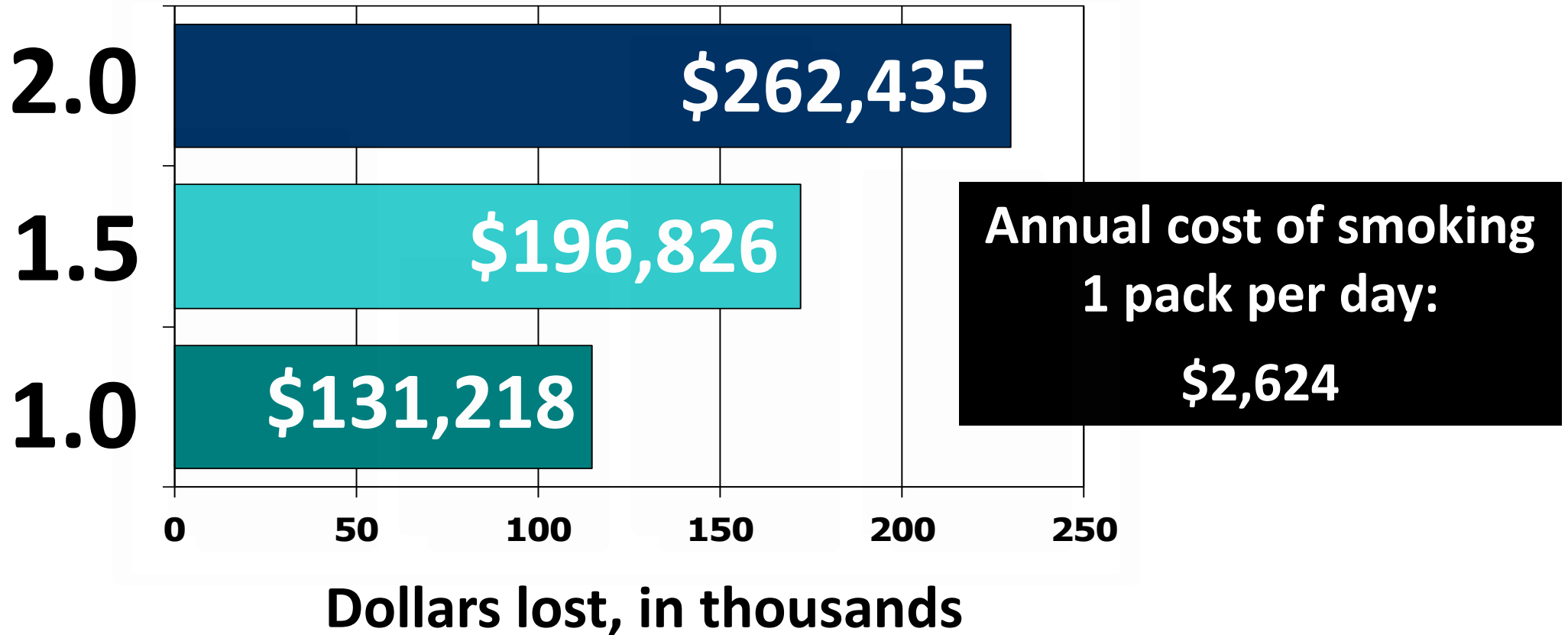
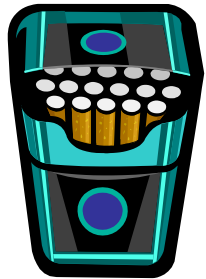
**Among those who continue smoking, at least half will die due to a tobacco-related disease.**



# FINANCIAL IMPACT of SMOKING

Buying cigarettes every day for 50 years at \$7.19 per pack\*  
(does not include interest)

Packs  
per  
day



\* Average national cost, as of December 2020. Campaign for Tobacco-Free Kids, 2020.





# HELPING PATIENTS QUIT IS a CLINICIAN'S RESPONSIBILITY

**TOBACCO USERS DON'T PLAN TO FAIL.  
MOST FAIL TO PLAN.**

Clinicians have a professional obligation to address tobacco use and can have an important role in helping patients plan for their quit attempts.

**THE DECISION TO QUIT LIES  
IN THE HANDS OF EACH PATIENT.**



# WHAT ARE “TOBACCO QUITLINES”?

- Tobacco cessation counseling, provided at no cost via telephone to all Americans.
- Staffed by highly trained specialists.
- Up to 4–6 personalized sessions (varies by state).
- Some state quitlines offer pharmacotherapy at no cost (or reduced cost).
- Up to 30% success rate for patients who complete sessions.

**Most health-care providers, and most patients, are not familiar with tobacco quitlines.**



## WHEN a PATIENT CALLS the QUITLINE

- Caller is routed to language-appropriate staff.
- Brief questionnaire.
  - Contact and demographic information.
  - Smoking behavior.
- Choice of services.
  - Individualized telephone counseling.
  - Quitting literature mailed within 24 hours.
  - Referral to local programs, as appropriate.



**Quitlines have broad reach and are recommended as an effective strategy in the 2008 Clinical Practice Guideline.**



## MAKE a COMMITMENT...

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### **Address tobacco use**

with all patients.

### **At a minimum,**

make a commitment to incorporate brief tobacco interventions as part of routine patient care.

### **Ask, Advise, and Refer.**



## WHAT IF...

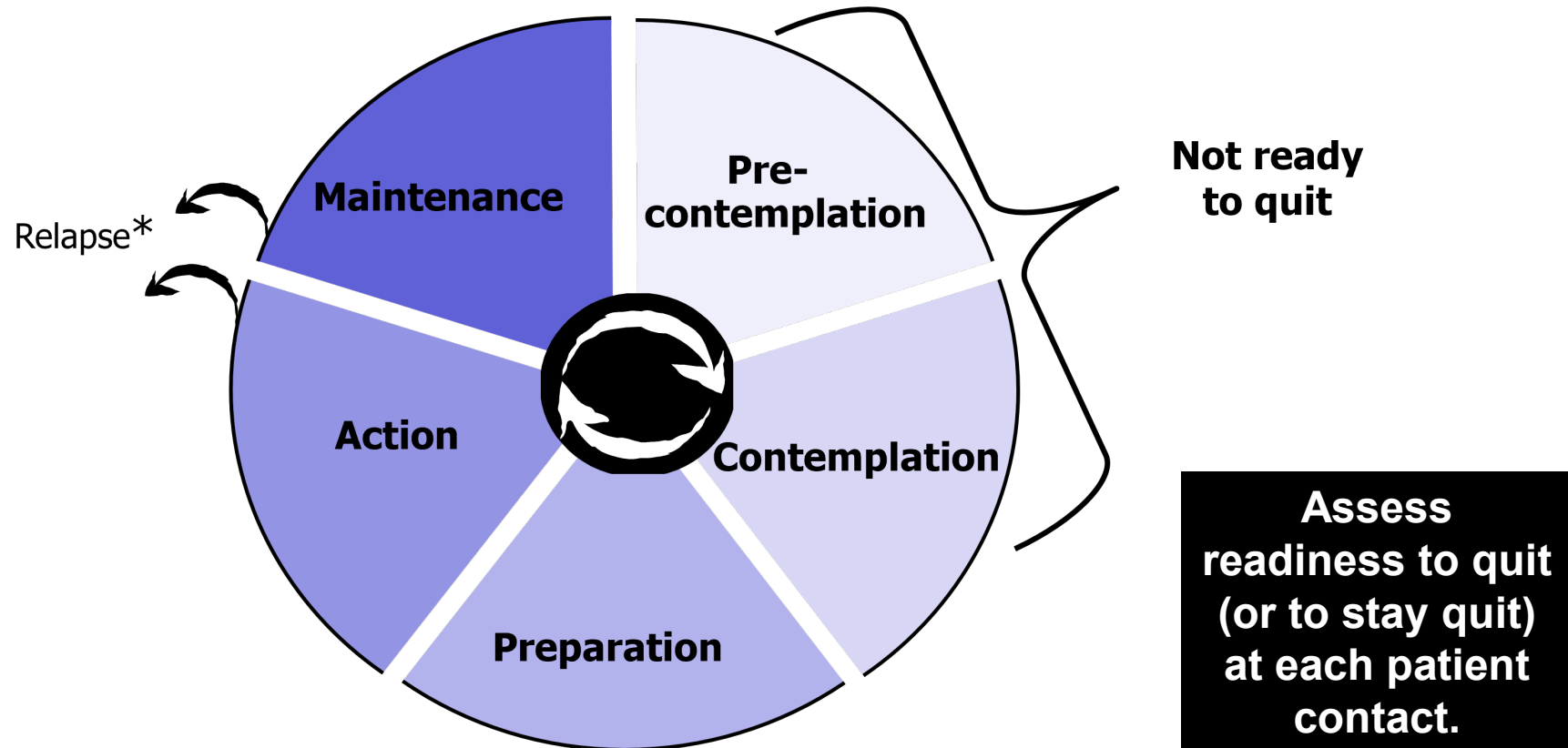
a patient asks *you*  
about your use of  
tobacco?





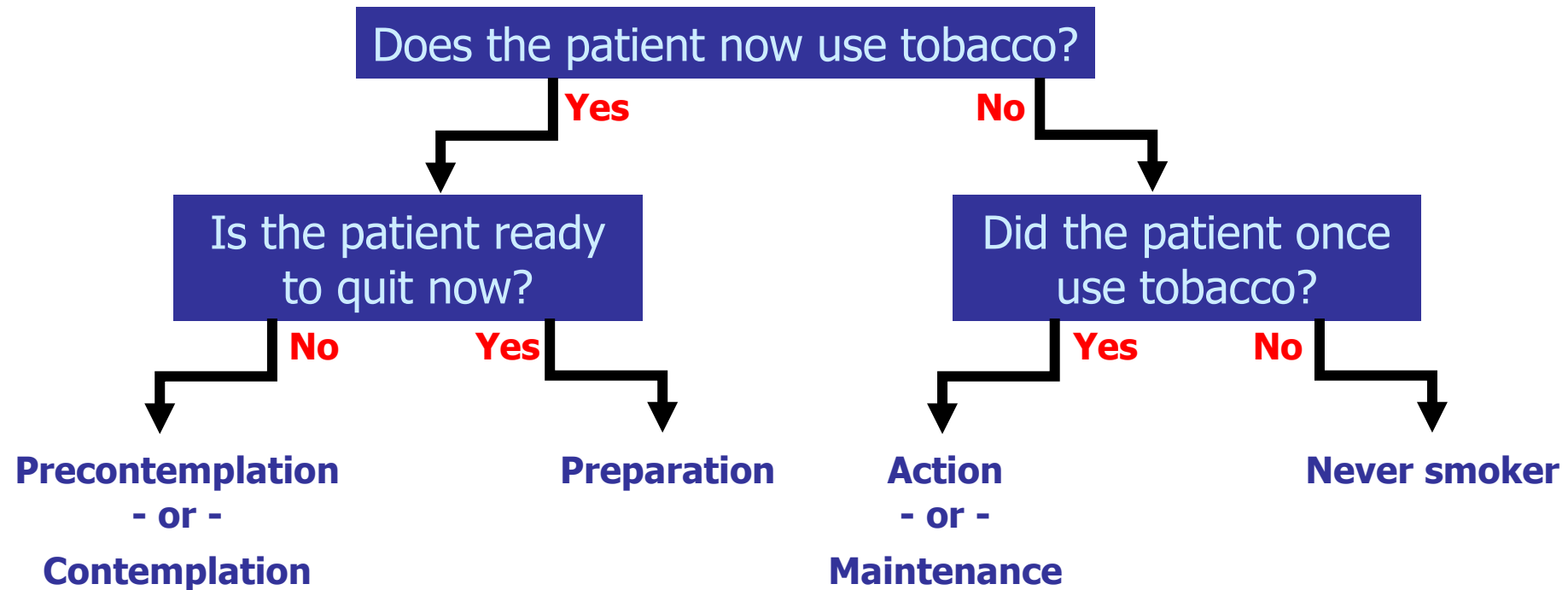
# ASSESSING READINESS to QUIT

For most patients, quitting is a cyclical process, and their readiness to quit (or stay quit) will change over time.





# IS a PATIENT READY to QUIT?





# ASSESSING READINESS to QUIT (cont'd)

## STAGE 1: Precontemplation

### **Not thinking about quitting in the next 6 months**

- Some patients are aware of the need to quit.
- These struggle with ambivalence about change.
- Patients are not ready to change, yet.
- Pros of continued tobacco use outweigh the cons.

**GOAL:** Move the patient into the contemplation stage.





# STAGE 1: PRECONTEMPLATION

## Counseling Strategies

### DOs

- Strongly advise to quit
- Provide information
- Ask noninvasive questions; identify reasons for tobacco use
  - “Envelope”
- Raise awareness of health consequences/concerns
- Demonstrate empathy, foster communication
- Leave decision up to patient

### DON'Ts

- Persuade
- “Cheerlead”
- Tell patient how bad tobacco is, in a judgmental manner
- Provide a treatment plan



# ASSESSING READINESS to QUIT (cont'd)

## STAGE 2: Contemplation

### **Considering quitting in the next 6 months but not in the next 30 days**

- Patients are aware of the need to quit.
- They are aware of the benefits of quitting.
- But they struggle with ambivalence about change.

**GOAL:** Move the patient into the preparation stage.



# STAGE 2: CONTEMPLATION

## Counseling Strategies

### DOs

- Strongly advise to quit
- Provide information
- Identify reasons for tobacco use
- Demonstrate empathy; increase motivation
- Encourage self-reevaluation of concerns
- Offer encouragement

### DON'Ts

- Persuade
- “Cheerlead”
- Tell patient how bad tobacco is, in a judgmental manner
- Provide a treatment plan



# NOT READY to QUIT Counseling Strategies

## Consider asking:

“Do you **ever** plan to quit?”

If NO

Advise patients to quit, and offer to assist (if or when they change their mind).

If YES

“What might be some of the benefits of quitting now, instead of later?”

Most patients will agree: there is no “good” time to quit, and there are benefits to quitting sooner as opposed to later.

“What would have to change for you to decide to quit sooner?”

Responses will reveal some of the barriers to quitting.



# ASSESSING READINESS to QUIT (cont'd)

## STAGE 3: Preparation

### **Ready to quit in the next 30 days**

- Patients are aware of the need to, and the benefits of, making the behavioral change.
- Patients are getting ready to take action.

**GOAL:** Achieve cessation.



# STAGE 3: PREPARATION

## Three Key Elements of Counseling

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- Assess tobacco use history.
- Discuss key issues.
- Facilitate quitting process.
  - Practical counseling (problem solving/skills training).
  - Social support delivered as part of treatment.



# STAGE 3: PREPARATION

## Assess Tobacco Use History

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- Praise the patient's readiness.
- Assess tobacco use history.
  - Current use: type(s) of tobacco, amount
  - Past use: duration, recent changes
  - Past quit attempts:
    - Number, date, length
    - Methods used, compliance, duration
    - Reasons for relapse



# STAGE 3: PREPARATION

## Discuss Key Issues

- Reasons/motivation to quit (or avoid relapse).
- Confidence in ability to quit (or avoid relapse).
- Triggers for tobacco use.
  - What situations lead to temptations to use tobacco?
  - What led to relapse in the past?
- Routines/situations associated with tobacco use.
  - When drinking coffee
  - While driving in the car
  - When bored or stressed
  - While watching television
  - While at a bar with friends
  - After meals
  - During breaks at work
  - While on the telephone
  - While with specific friends or family members who use tobacco





# STAGE 3: PREPARATION

## Discuss Key Issues (cont'd)

### Stress-Related Tobacco Use

#### THE MYTHS

- "Smoking gets rid of all my stress."
- "I can't relax without a cigarette."

#### THE FACTS

- There will always be stress in one's life.
- There are many ways to relax without a cigarette.

**Smokers confuse the relief of withdrawal with the feeling of relaxation.**

#### **STRESS MANAGEMENT SUGGESTIONS:**

Deep breathing, shifting focus, taking a break.



# STAGE 3: PREPARATION

## Facilitate Quitting Process

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- Discuss methods for quitting
  - Discuss pros and cons of available methods.
  - Pharmacotherapy: a treatment, not a crutch!
  - Importance of behavioral counseling.
- Set a quit date
- Recommend Tobacco Use Log
  - Helps patients to understand when and why they use tobacco.
  - Identifies activities or situations that trigger tobacco use.
  - Can be used to develop coping strategies to overcome the temptation to use tobacco.



# ASSESSING READINESS to QUIT (cont'd)

## STAGE 4: Action

### **Actively trying to quit for good.**

- Patients have quit using tobacco sometime in the past six months and are taking steps to increase their success.
- Withdrawal symptoms occur.
- Patients are at risk for relapse.

**GOAL:** Remain tobacco-free for at least 6 months.



# STAGE 4: ACTION

## Evaluate the Quit Attempt

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- Status of attempt
  - Ask about social support.
  - Identify ongoing temptations and triggers for relapse. (negative affect, smokers, eating, alcohol, cravings, stress)
  - Encourage healthy behaviors to replace tobacco use.
- Slips and relapse
  - Has the patient used tobacco at all—even a puff?
- Medication compliance, plans for termination
  - Is the regimen being followed?
  - Are withdrawal symptoms being alleviated?
  - How and when should pharmacotherapy be terminated?



# STAGE 4: ACTION

## Facilitate Quitting Process

### Relapse Prevention

- Congratulate success!
- Encourage continued abstinence
  - Discuss benefits of quitting, problems encountered, successes achieved, and potential barriers to continued abstinence.
  - Ask about strong or prolonged withdrawal symptoms (change dose, combine or extend use of medications).
  - Promote smoke-free environments.
- Social support
  - Discuss ongoing sources of support.
  - Schedule additional follow-up as needed; refer to support groups.

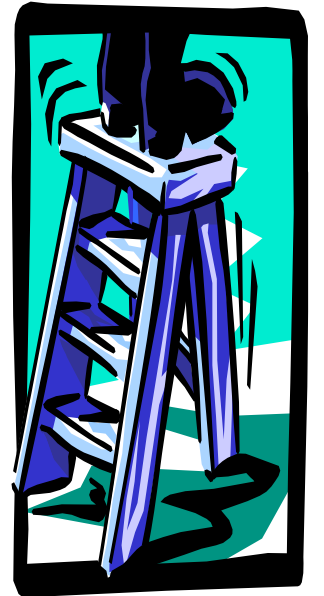


# ASSESSING READINESS to QUIT (cont'd)

## STAGE 5: Maintenance

### **Tobacco-free for 6 months**

- Patients remain vulnerable to relapse.
- Ongoing relapse prevention is needed.



**GOAL:** Remain tobacco-free for life.



# STAGE 5: MAINTENANCE

## Counseling Strategies

- Assess status of quit attempt.
- Slips and relapse.
- Medication compliance, plans for termination
  - Has pharmacotherapy been terminated?
- Continue to offer tips for relapse prevention.
- Encourage healthy behaviors.
- Congratulate continued success.

**Continue to assist throughout the quit attempt.**

# Questions?



# Next Steps

- Blood pressure devices
- 1:1 technical assistance

# Collaborative Schedule

## Final session

- June 4: 1-2 p.m. ET / Noon -1 p.m. CT – Cardiac Rehabilitation

# Continue the Conversation in Superior Health Connect



Connect is a shared learning environment for Superior Health participants to come together to foster and promote an all-teach-all-learn climate that provides the framework to improve and sustain mutual health care quality improvement initiatives locally, regionally, and nationally.

<https://superiorqio.mn.co/spaces/9165488/feed>

# Other Superior Health Services

## On-site Free Mobile Vaccination Clinic and Health Fairs

- COVID-19 vaccination clinic with health education topics including:
  - Self-measured blood pressure
  - Chronic kidney disease
  - Safe opioid use/substance use disorder and stigma
  - Dietary resources (i.e., CKD, DASH diet/diabetes)
  - Cancer screening
  - Mobility resources/falls
  - Tobacco cessation
  - And more!

For more information contact [immunizations@superiorhealthqa.org](mailto:immunizations@superiorhealthqa.org) and get your Health Fair Request started today!



## Quality Improvement Organizations

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## Quality Alliance

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