

**Open Forum**

**Discussion**

**July 26, 2007**

**Tobacco Cessation Pilot Site**

**Warm Springs Health &**

**Wellness Center**

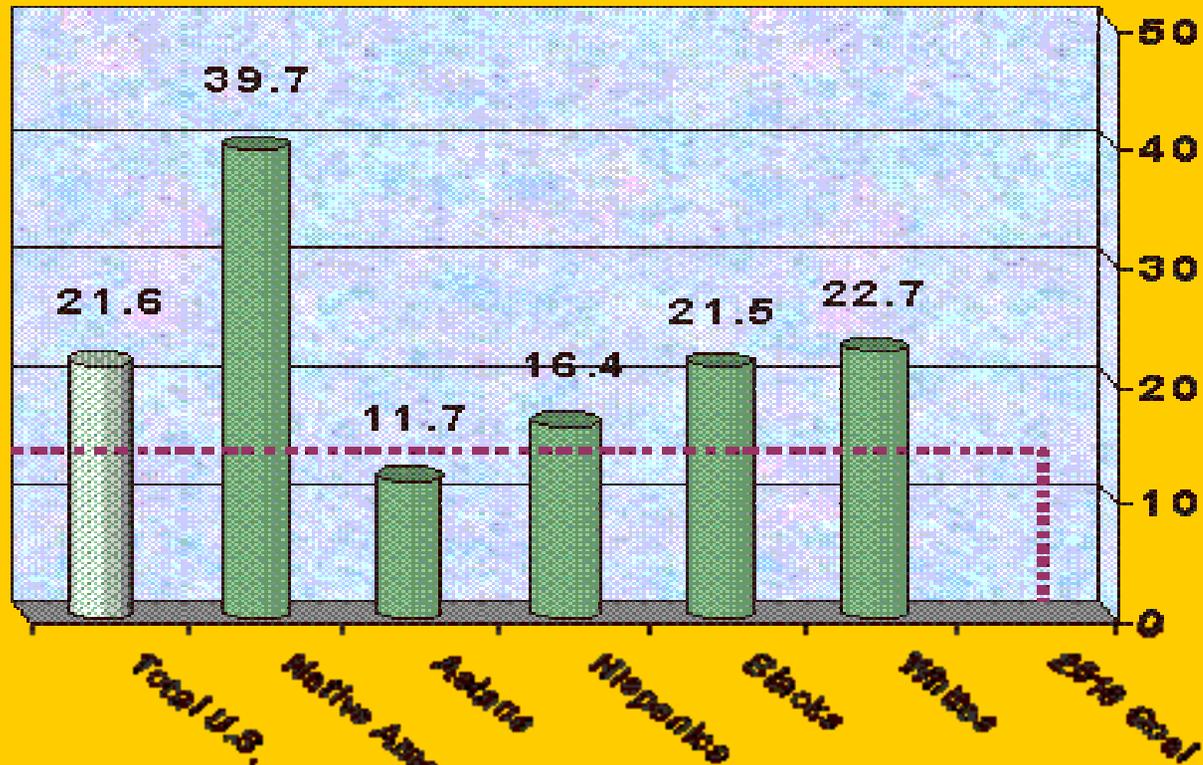
**CDR Jim Gemelas, RPh**

**Clinical Applications Coordinator**

# **IHS Tobacco Control Task Force**

**In the summer of 2004, an IHS- wide task force group was formed under the leadership of Dr. Nathaniel Cobb to develop, refine, and implement a Tobacco Control Strategic Plan**

# U.S. Adults Smoking Prevalence Percent by Race



American Indians and Alaska Natives (AI/AN) use tobacco at rates higher than any other racial or ethnic group in the United States, with predictable health outcomes. Data collected from: CDC. Cigarette Smoking Among Adults, 2003.

MMWR, 2005, 54 (20).

- Smoking rates vary greatly by region and state. They are highest in Alaska (45.1 %) and the Northern Plains (44.2 %) and the lowest in the Southwest (17.0 %).
- American Indian women had the highest rate of smoking during pregnancy (19.9 %) compared to 15.5 % of non-Hispanic White women and 9.1 % of non-Hispanic Black women.
- American Indian and Alaska Native youth also have the highest rates of current smoking compared to other racial/ethnic groups: 29.0% of AI/AN youths aged 12-17 smoked compared to 13.4% in whites

[1] Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Tobacco Information and Prevention Source (TIPS). American Indians and Alaska Natives and Tobacco Use. March 2004

[2] SAMHSA. Office of Applied Statistics, National Household Survey on Drug Abuse, 2000-2001.

[3] Morbidity and mortality in children associated with the use of tobacco products by other people. *Pediatrics* 97: 560 – 568, 1996. National Health Interview Survey (NHIS), CDC, NCHS. 1996

To accelerate progress toward the goals of the plan the Task Force have formed the following subcommittees:

1. Pilot Sites – Warm Springs, Ft Belknap, Pine Ridge, Mil Lacs (northern tier)
2. Protocol Development
3. Reimbursement and Budget Development
4. PR/ Training
5. Research
6. Data

# Pilot Site Criteria

- Description of Facility (Size, Staff, and Patient Population)
- Existing Tobacco Cessation Services at Site
- Administrative Support (Letters of support for Project)
- Data Tracking Infrastructure Plan (RPMS or other)
- Project Lead that can devote duty time to Project (Letter of support from Direct Supervisor)
- Other key staff that can devote duty time to project
- Monitoring and Evaluation Plan
- Collaboration Plan (Work with other Pilot Sites and/or external partners)
- Intervention Plan for the next 2-3 Years (Minimal, basic, or comprehensive level)

**Total Points            100**

# Pilot Site differences

- Warm Springs- Pharmacy clinic
- Pine Ridge -Public Health Nursing clinic
- Fort Belknap- Dental Hygenist
- Mil Lacs- clinic wide

# NCPS (National Clinical Pharmacy Specialist)

Pharmacy Intranet - Windows Internet Explorer

http://home.pharmacy.ihs.gov/index.cfm?module=gen\_one&id=10

INDIAN HEALTH SERVICE INTRANET

IHS HOME MY IHS PORTAL DIRECTORY / LOCATOR SITE MAP Search for:  go

RESOURCES FOR PHARMACY PROFESSIONALS

PHARMACY Internet

**IHS PHARMACY PROGRAM INTRANET**

**General Info**

**Clinical - NCPS (National Clinical Pharmacy Specialist) Information & Credentialing Committee**

Nationally Certified Pharmacists (4/2005) by [Area](#) and by [Name](#)

[NCPS Scope of Practice](#)

Apply to be National Clinical Pharmacy Specialist (NCPS) Certified/Recertified

[General Instructions for NCPS Applicants](#)

[Application Checklist](#)

[Application](#)

[Critical Elements of Protocols](#)

[Letter of Attestation](#)

[Patient Encounter Log](#)

[Recertification Instructions and Application](#)

If you are practicing as a non-physician primary care provider similar to a Nurse Practitioner and would like to apply to be credentialed as an IHS National Clinical Pharmacy Specialist - Pharmacist Practitioner (NCPS-PP), contact [CAPT Marty Smith](#) for the application. Refer to the [NCPS Scope of Practice](#) for further description of the NCPS-PP program.

Medical Programs Resources

Home  
News Archives  
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Site Admin

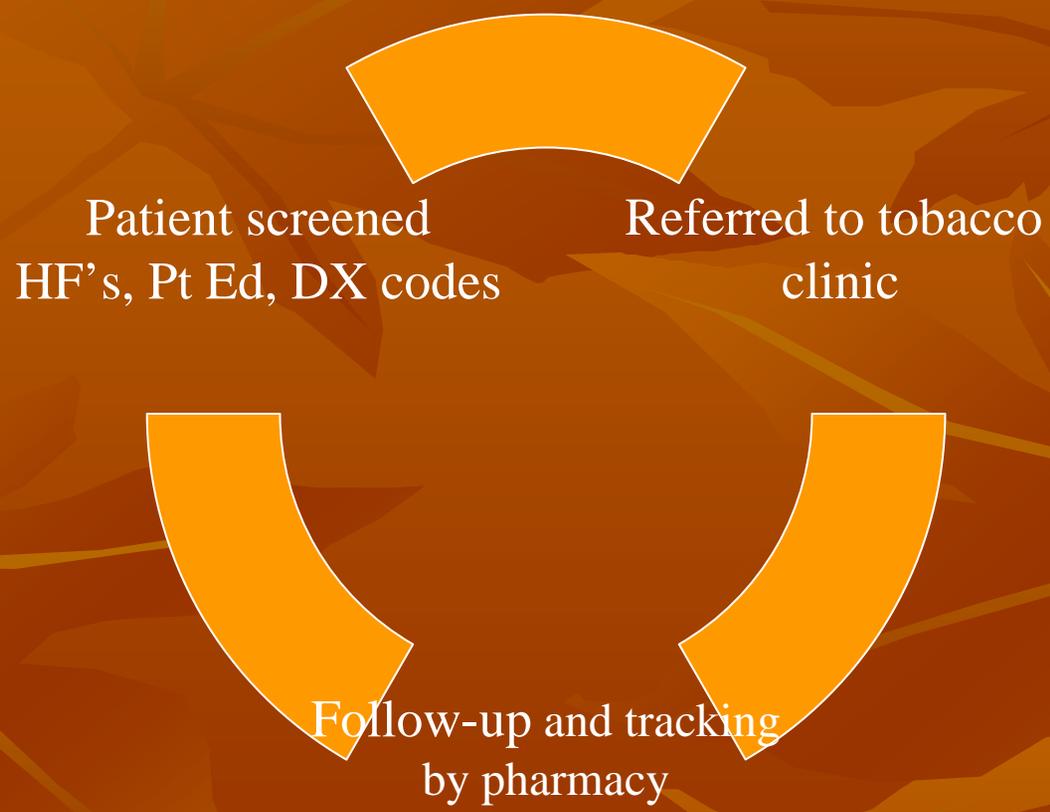
Need a plug-in?

Questions?  
Contact  
RADM Robert E. Pittman at  
(301) 443-1190

# Elements

- Key staff & roles
  - pharmacists, nursing aides, nurses, providers, Tribal Community Health Education Program
- Protocol & Standing Orders
- Pharmacotherapy on formulary
- RPMS Tobacco Cessation Clinic code 94 (scheduling package)
- Training:
  - 5 A's
  - Documentation of PT Ed and HF Codes - Mary Wachacha
- Use of EHR-Coding, Templates, Referrals, etc
- GPRA Data tracking/CRS

# Process



Patient screened  
HF's, Pt Ed, DX codes

Referred to tobacco  
clinic

Follow-up and tracking  
by pharmacy

# Process- screening & referral

- Patients are screened by CNA/RN for:
  - Tobacco use & exposure
  - Documentation of PT Ed Codes and HF Codes
  - Use of consult/referral in EHR
  - Providers may choose to manage patients themselves
  - Also referrals from other clinics (dental,etc)

# Health Factors

**Add Health Factor**

Items

- CEREMONIAL USE ONLY
- CESSATION-SMOKELESS
- CESSATION-SMOKER
- CURRENT SMOKELESS
- CURRENT SMOKER
- CURRENT SMOKER & SMOKELESS
- EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE
- NON-TOBACCO USER
- PREVIOUS SMOKELESS
- PREVIOUS SMOKER
- SMOKE FREE HOME
- SMOKER IN HOME

Level/Severity:  Quantity:

# Tobacco Education Codes

**Education Topic Selection** [X]

Select By:  Category List  Name Lookup  Disease & Topic Entry

tobacco

Education Topic
Tobacco Use-Complications
Tobacco Use-Cultural/spiritual Aspects Of Health
Tobacco Use-Disease Process
Tobacco Use-Exercise
Tobacco Use-Follow-up
Tobacco Use-Lifestyle Adaptations
Tobacco Use-Medications
Tobacco Use-Patient Literature
Tobacco Use-Quit
Tobacco Use-Readiness To Change
Tobacco Use-Screening
Tobacco Use-Second-hand Smoke
Tobacco Use-Stress Management

Select

Cancel

Display Outcome & Standard

# Tobacco DX Codes

**Diagnosis Lookup** ✖

Lookup Option  Lexicon  ICD

Search Value

Select from one of the following items

Code	Description
305.1	Tobacco Use Disorder

Return Search Text as Narrative

# Electronic Health Record

- Use of consults and notifications
- New patient template
- Follow-up template
- Consult Reports/tracking

# Referral/Consult (3 of 5 A's)

The patient is interested in tobacco cessation.

Intervention:

\* Yes  No - Has the patient been identified as a current tobacco user?

\* Yes  No - Has the patient been strongly urged to quit tobacco use?

\* Yes  No - Is the patient determined to make a quit attempt?

If any of the above answers is "NO" do not continue - Cancel out of Consult

Please verify that this is TEST,WOMAN's correct phone number:  
No Phone in record

CHET Second Wind Stop Smoking Program -  
This consists of 6 one-hour group sessions held at noon weekly (lunch provided). Upon referral, CHET will notify patient of next start date of program. Would the patient be interested in participating in this program to increase likelihood of success? \* Yes  No

\* Indicates a Required Field

# Tobacco Template

Template: PHARMACY TOBACCO CONSULT

Tobacco Cessation Initial Visit: ...

Tobacco Cessation Follow-Up: ...

All   None   \* Indicates a Required Field   Preview   OK   Cancel

# Initial Visit

Template: PHARMACY TOBACCO CONSULT

Tobacco Cessation Initial Visit: ...

SUBJECTIVE:  
Patient requests help with tobacco cessation.

OBJECTIVE:  
Patient presents to pharmacy by referral from a provider for help with tobacco cessation.

ALLERGIES:  
CODEINE, MOTRIN, ACETAMINOPHEN, CEPHALEXIN, AMOXICILLIN, ERYTHROMYCIN  
INDOMETHACIN, DARVON, BACTRIM, PRILOSEC, CIMETIDINE, DILTIAZEM, LISINAPRIL  
ASPIRIN, TOFU, STRAWBERRIES, RANITIDINE, PENICILLIN, MILK

This is the first attempt by DEMO,PATIENT BAEY to quit tobacco use.

DEMO,PATIENT BAEY has attempted to quit 0 time(s) in the past.  
Past cessation attempts include:

cold turkey

use of nicotine gum

use of nicotine patch

use of nicotine lozenge

use of bupropion

combination use of bupropion \_nicotine

gum

combination use of bupropion and

nicotine patch

herbal or non-formulary aids. .

The longest period of tobacco abstinence was 0 months .

DEMO,PATIENT BAEY currently smokes 1 packs each day

Patient has been using tobacco for 9 years .

The motivation for quitting is

personal health

health of children

New Year's resolution

media ads

Triggers for smoking are:  Driving  Alcohol  Coffee  Meals  Stress

FAGERSTROM TOLERANCE TEST:

All None \* Indicates a Required Field Preview OK Cancel

FAGERSTROM TOLERANCE TEST:

1. How soon after you wake do you smoke your first cigarette?
2. Do you find it difficult to refrain from smoking in place where it is forbidden (i.e., in church, at the movies)?
3. Which cigarette would you most hate to give up?
4. How many cigarettes per day do you smoke?
5. Do you smoke more frequently during the first hours after waking than during the rest of the day?
6. Do you smoke if you are so ill that you are in bed most of the day?

ASSESSMENT: Tobacco Use Disorder  
 Fagerstrom Score:

PLAN:

A Fagerstrom score of 6 or greater usually indicates a need for nicotine replacement therapy.

Please review the active problem list for possible contraindications/precautions to NRT or mitigation therapy such as: pregnancy, breast feeding, seizure disorder, anorexia, bulimia, depression, therapy with MAO inhibitors, patients within 2 weeks postmyocardial infarction, serious arrhythmias, serious or worsening angina pectoris.

Active Problems:

- IMPAIRED GLUCOSE TOLERANCE (Added on DEC 23, 2005)
- asdfsadfadsf (Added on FEB 01, 2006)

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ASPIRIN 325MG EC TAB (650-975mg dose) TAKE 2 TO 3 TABLETS BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED	ACTIVE
2) CAPTOPRIL 25MG TAB TAKE ONE-HALF TABLET BY MOUTH THREE TIMES A DAY FOR BLOOD PRESSURE	HOLD

All

None

\* Indicates a Required Field

Preview

OK

Cancel

Template: PHARMACY TOBACCO CONSULT

AT BEDTIME AS NEEDED FOR LEG CRAMPS. TAKE WITH FOOD OR MILK

15) TRIAMCINOLONE HEXACETONIDE 20MG/ML INJ INJECT 1 INBU ACTIVE  
1

16) VIAGRA 25 MG TAB N/F TAKE ONE TABLET BY MOUTH AS DIRECTED TO BE FILLED AT AN OUTSIDE PHARMACY ACTIVE

DEMO,PATIENT BABY has selected 20-Sep-2006 as the quit date.

The following methods were discussed as mechanisms to use in the avoidance of tobacco use especially when confronted with triggers:

- distraction
- pep talks
- relaxation techniques
- practicing reactions when temptations arise
- avoidance of alcohol
- temporary avoidance of others who smoke
- oral substitutes
- changing routines to displace the tobacco behavior
- exercise

DEMO,PATIENT BABY has requested support from pharmacy in the form of cessation counseling, but does not want NRT or mitigation therapy at this time.

DEMO,PATIENT BABY has no contraindications for

- cold turkey
- use of nicotine gum
- use of nicotine patch
- use of nicotine lozenge
- use of bupropion
- combination use of bupropion \_nicotine
- gum
- combination use of bupropion and
- nicotine patch
- herbal or non-formulary aids.

After discussion of tobacco history and any prior cessation attempts, DEMO,PATIENT BABY is agreeable to therapy with:

Nicotine Replacement Therapy:

Nicotine gum, using the "chew and park" method as needed for nicotine cravings.

Week 1-6 1 piece every 1 to 2 hours  
Week 7-9 1 piece every 2 to 4 hours

Select Date/Time

September 20, 2006

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Today

OK

Cancel

All

None

\* Indicates a Required Field

Preview

OK

Cancel

Template: PHARMACY TOBACCO CONSULT

- combination use of bupropion\_nicotine
- gum
- combination use of bupropion and
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After discussion of tobacco history and any prior cessation attempts,  
DEMO,PATIENT BABY is agreeable to therapy with:

- Nicotine Replacement Therapy:
  - Nicotine gum , using the "chew and park" method  
as needed for nicotine cravings.
    - Week 1-6 1 piece every 1 to 2 hours
    - Week 7-9 1 piece every 2 to 4 hours
    - Week 10-12 1 piece every 4 to 8 hours
  - Nicotine patch 21mg/day and tapering as necessary.
  - Nicotine Lozenge  as needed for cravings.  
(second line therapy per WS P&T due to cost)
- Mitigation Therapy:
  - Bupropion therapy: 150mg SR daily x 3 days then increasing to 150mg SR  
twice daily - to start medication 1 week prior to quit date.
  - Clonidine therapy: 0.1mg twice daily, can titrate up to 0.2mg twice  
daily if needed.
  - Nortriptyline therapy: 25mg at bedtime for 3 days then increasing to  
25mg twice daily for 3 days,  
then increasing to 25mg three times a day or 75mg at bedtime (can  
continue to taper up to 150mg/day, if  
needed). Therapy to start one week prior to quit date.
- Patient offered tobacco cessation support offered through the Oregon  
Tobacco Quit Line at  
1-877-270-STOP or through the Warm Springs Community Health Education Team  
(CHET)\public\hyperlinks\CHET.html  
at 553-3462.  
  
Patient  accepts this help.
- Patient  accepts nutrition referral through the Warm Spring Nutrition  
department.
- Patient will follow-up with the Pharmacy Tobacco Cessation Clinic on  
11-Oct-2006 ...  
Please remember to add the appt to the pharmacy tobacco scheduling package,  
add the appropriate  
education fields (Tobacco - \*\*), and bill for the service.
- Tobacco Cessation Follow-Up: ...

All

None

\* Indicates a Required Field

Preview

OK

Cancel

**Demo, Patient Baby**  
777777 23-Nov-2004 (1) F

**LOCKER EHR 20 06-Sep-2006 14:00**  
RUDD, STEPHEN M

Postings WA

File View Action Options

Last 15 Signed Notes PHARMACY ENCOUNTER Sep 12, 2006@15:59 Gemelas, James C Change...

- [-] New Note in Progress
    - [+] Sep 12, 06 PHARMA
  - [-] All signed notes
    - [+] Sep 12, 06 ENCOUN
    - [+] Sep 12, 06 DENTAL
    - [+] Sep 08, 06 PHN WEL
    - [+] Aug 30, 06 DENTAL
    - [+] Aug 29, 06 OPTOME
    - [+] Aug 04, 06 PHARMA
    - [+] Aug 04, 06 ENCOUN
    - [+] May 30, 06 ENCOUN
    - [+] May 26, 06 PHARMA
    - [+] May 26, 06 ENCOUN
    - [+] Apr 28, 06 RESCIND
    - [+] Apr 25, 06 PHARMA
    - [+] Apr 25, 06 PHARMA
    - [+] Apr 14, 06 RESCIND
    - [+] Apr 07, 06 HOSPITA
- Templates
- Reminders

Vst: 09/06/06 LOCKER EHR 20

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Past cessation attempts include: use of nicotine gum, use of nicotine patch.  
The longest period of tobacco abstinence was 1 months.  
DEMO, PATIENT BABY currently smokes 1 packs each day

Patient has been using tobacco for 9 years .

The motivation for quitting is personal health, health of children

Triggers for smoking are: Alcohol, Meals, Stress

FAGERSTROM TOLERANCE TEST:

1. How soon after you wake do you smoke your first cigarette?  
within 5 minutes (3 points)

Patient Educations: IM-FOLLOW-UP, IM-INFORMATION, IM-PATIENT LITERATURE, IM-PREVENTION, IM-COMPLICATIONS  
Health Factors: SMOKER IN HOME

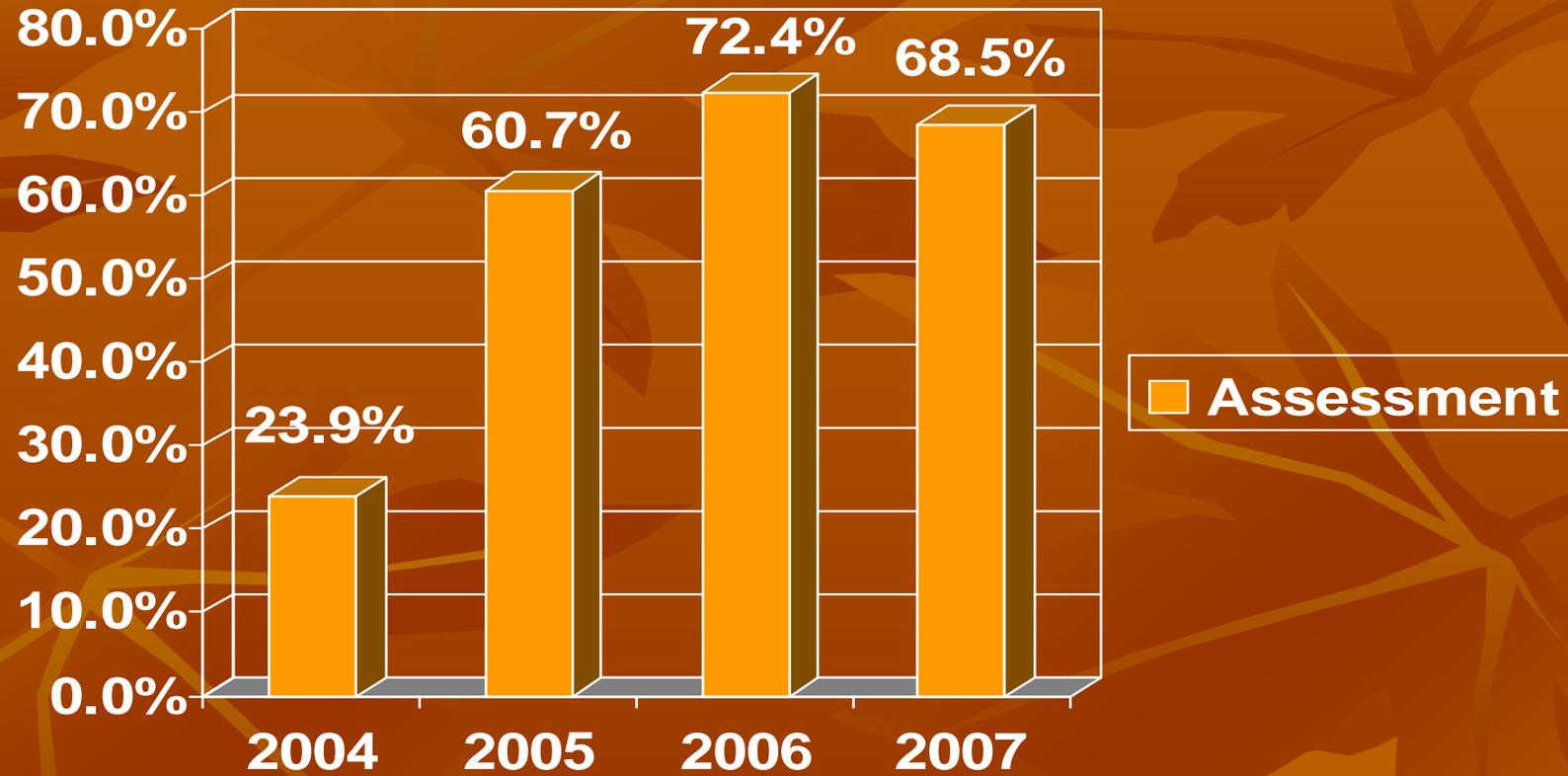
# Support

- Pharmacists follow-up every 2 weeks.
- Track at 26 and 52 weeks
- CHET – Second Wind Program
- Oregon Tobacco Quit Line
  - Free materials, access, and support

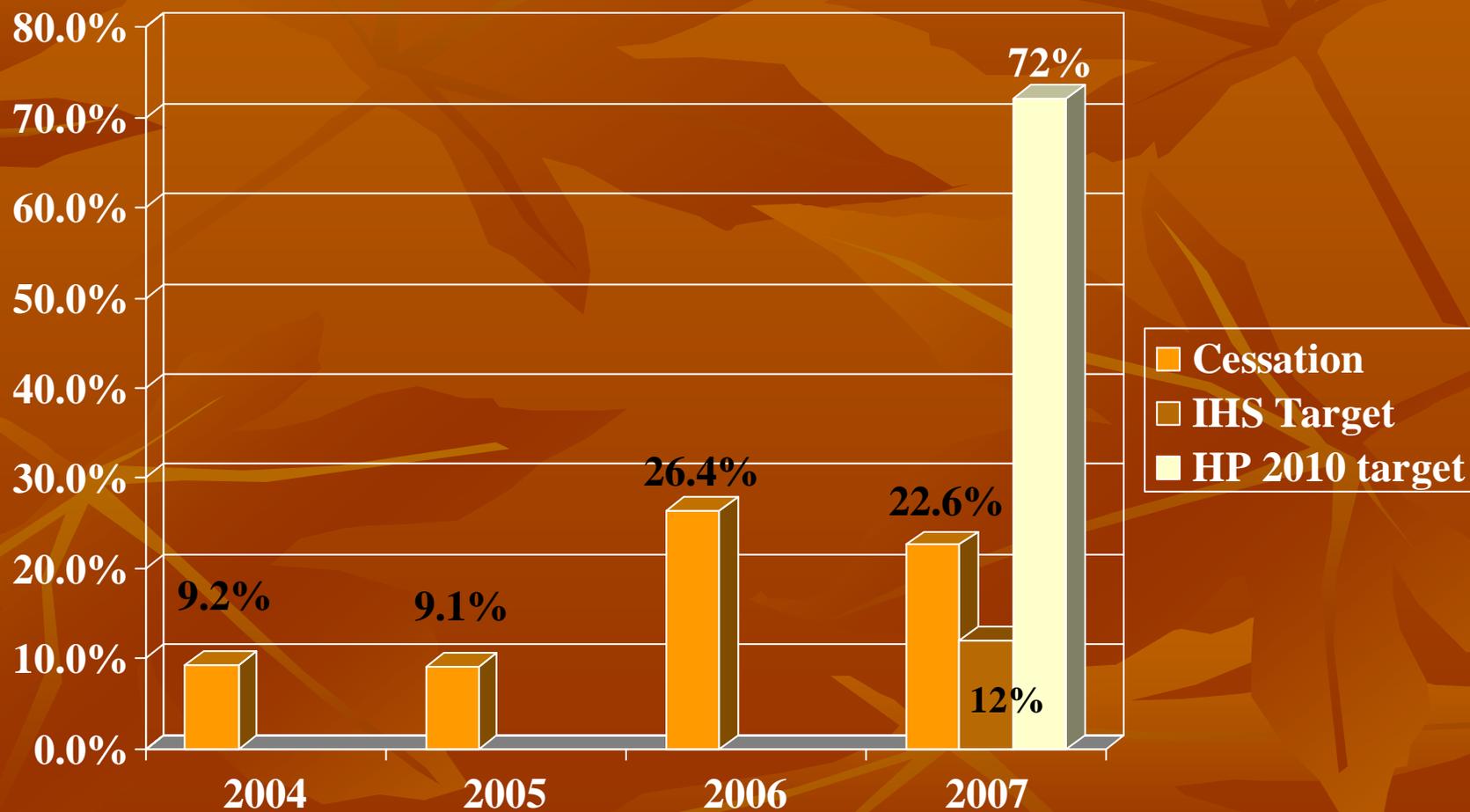
## 6 month data

- 54 referrals to pharmacy clinic
- 26 with quit dates
- Most had 2 or more visits

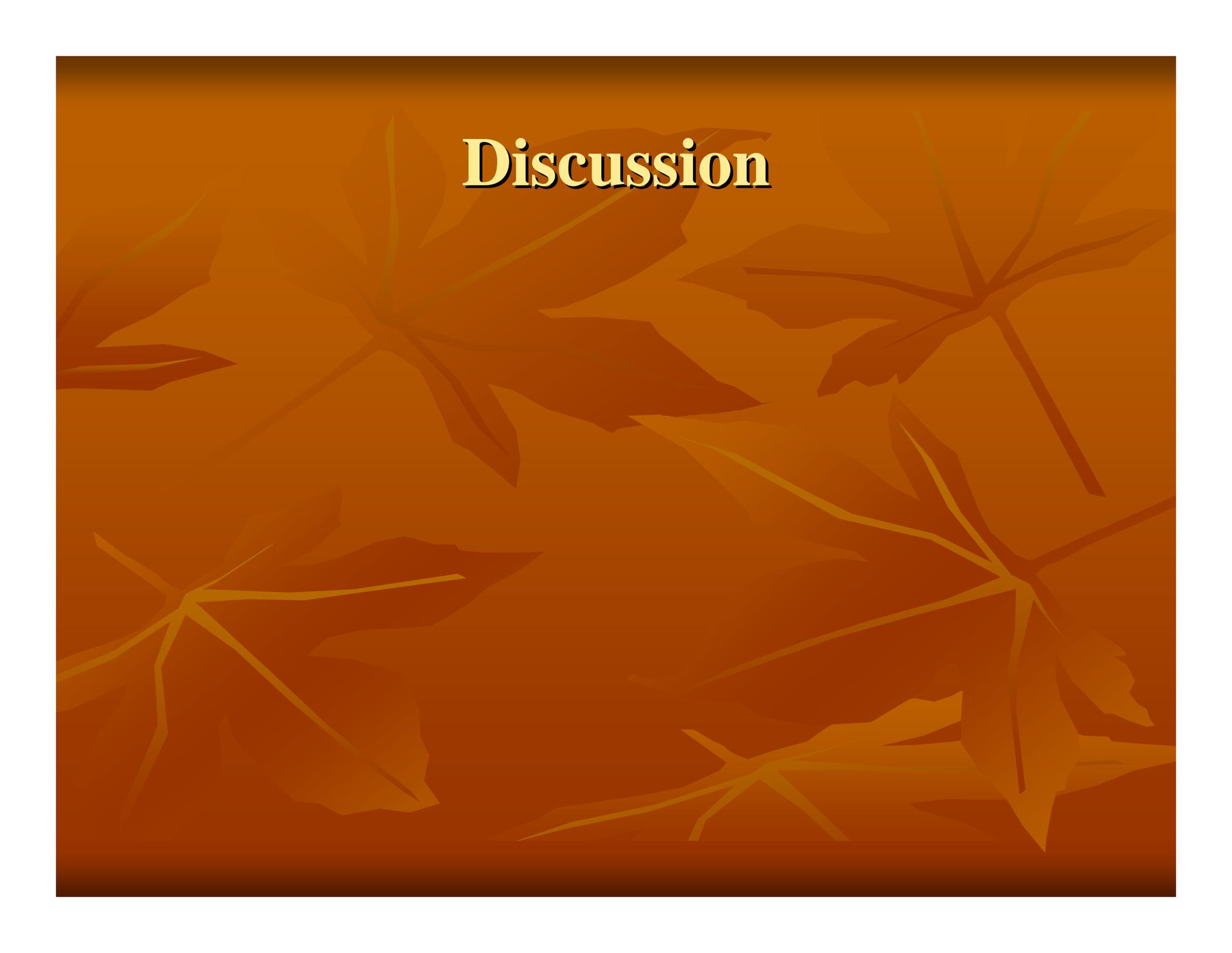
# Tobacco screening



# Tobacco Cessation Intervention



# Discussion

The background of the slide is a solid, warm brown color. Overlaid on this background is a repeating pattern of stylized, overlapping leaves. The leaves are rendered in various shades of brown, from light tan to dark chocolate, creating a textured, autumnal effect. The leaves are scattered across the page, with some appearing more prominent than others.

# Other activities

(time permitting)

- IHS tobacco free policy implementation
- WS Tribal Tobacco Free policy – update with Tribal resolution