Indian Health Servie Tobacco Taskforce: Using RPMS to Manage Tobacco Use Disorder

Background

Each year, 43,000 people die from tobacco related deaths

Treatment delivered by a variety of clinician types increases abstinence rates. All clinicians should provide smoking cessation interventions

All physicians should strongly advise every patient who smokes to quit because evidence shows that physician advice to quit smoking increases abstinence rates

Minimal interventions increase tobacco abstinence rates and increasing the amount of time spent with the patient increases quit rates.

Clinicians should encourage all patients attempting to quit to use effective medications for tobacco dependence treatment as appropriate

Quitlines are effective when used alone or in combination with other treatment approaches

Intervention (3-10 minutes)

A brief intervention using the 5 A's at every visit can increase a patient's likelihood of quitting by at least 60% minutes!

ASK

Ask the patient if they smoke or use any tobacco products.
Ask the patient if they are exposed to tobacco smoke at home or work

Document using HEALTH FACTORS

ADVISE

Advise the patient who uses tobacco products to quit
Encourage the patients who don't use tobacco products to not start

Document using patient education: TO-QT-3min

ASSESS

Assess the patient's wilingess to quit.
Engage those who don't use tobacco to not start

If willing to quit: TO-QT-3min-GS-Quit date 5/13
If not willing to quit: TO-QT-3min-GNS

ASSIST

Assist the patient in quitting

If not ready to quit: Provide brochures and other **educational materials (TO-L)** and **Provide quit line information (TO-HELP) 1-800-QUITNOW** (1-800-7848-669)
If ready to quit: Be sure a quit date is set, Identify social support, Discuss problem solving suggestions, Consider pharmacotherapy,
Provide self-help materials (TO-L), Refer to intensive services (TO-IR)

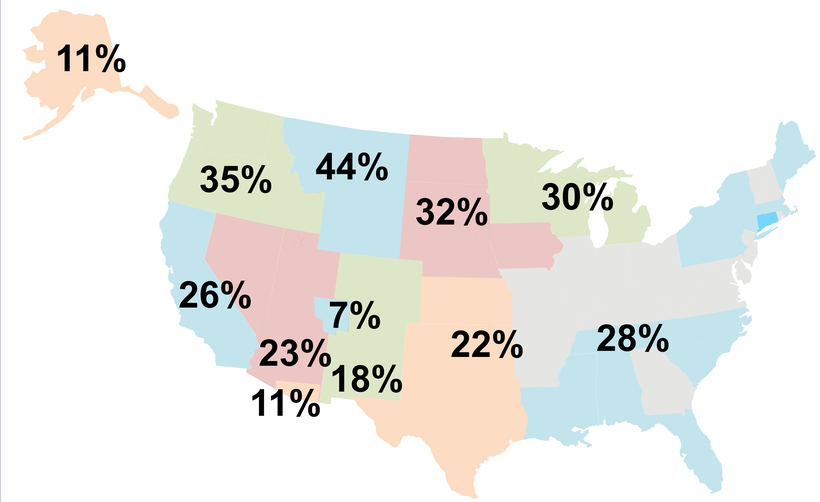
ARRANGE

Arrange for follow up

Only 7% of peole ahieve long-term success without followup support
Follow up within 1 week of the quit date and continue to provide reinforcement, motivation, and improve problem solving skills

Results

Percentage of tobacco users who received a tobacco cessation interventions documented by area in FY08

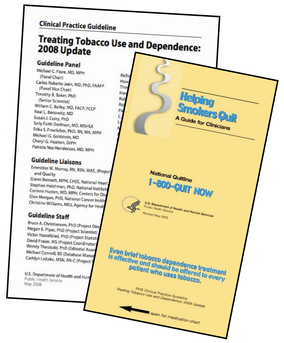


Aggregated results from the 2008 ONM report on the tobacco cessation measure

Treatment is Effective

Individual counseling improves quite rates by 70%
Group counseling improves quit rates by 30%
Telephone counseling improves quit rates by 20%

Tobacco use disorder guidelines can be obtained online at: http://www.surgeongeneral.gov/tobacco/



Documenting tobacco use with Health Factors

Health Factor	Description
Current Smoker	Currently smokes tobacco (cigarettes, cigars, pipe, etc.)
Current Smokeless	Currently uses smokeless tobacco (chew, dip, snuff, etc.)
Current Smoker & Smokeless	Currently uses both smoke and smokeless tobacco
Cessation Smoker	Is transitioning from a Current Smoker to a Previous Smoker. The time period between the stop date and the present date is less than 6 months.
Cessation Smokeless	Is transitioning from a Current Smokeless tobacco user to a Previous smokeless tobacco user. The time period between stopping smokeless tobacco and the present date is less than 6 months.
Previous Smoker	Has quit smoking tobacco for 6 months or more
Previous Smokeless	Has quit smokeless tobacco for 6 months or more
Non-tobacco User	Does not and has never used tobacco products

Documenting tobacco exposure with Health Factors

Health Factor	Description
Smoker in the home	Is exposed to secondhand smoke at home
Smoke free home	No exposure to tobacco smoke at home
Exposure to environmental tobacco smoke	Is exposed to secondhand smoke at work or outside the home
Ceremonial Use only	Uses tobacco for ceremonial or religious purposes only
Tobacco Smoke	The patient's asthma status worsens when exposed to tobacco smoke.

Documenting tobacco patient education

Education Code	Education Subtopic	Education Code	Education Subtopic
TO-C	Complications	TO-M	Medications
TO-CUL	Culture	TO-MNT	Medical Nutrtion Therapy
TO-DP	Disease Process	TO-N	Nutrition
TO-EX	Exercise	TO-P	Prevention
TO-FU	Follow up	TO-HELP	Help Line (Quit Line)
TO-HY	Hygeine	TO-QT	Quit
TO-IR	Information and Referral	TO-S	Safety
TO-L	Literature	TO-SHS	Second Hand Smoke
TO-LA	Lifestyle Adaptation	TO-SM	Stress Management