

IHS Advancement in Diabetes Helping People be Successful with Tobacco Free Living

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Smoking Issues and AI/AN People

Starting Off This Two-Part Tobacco Webinar Series

- Million Hearts Initiative
- GPRA and Diabetes Audit Data on Smoking and cessation intervention
- A key context for smoking: Adverse Childhood Experiences

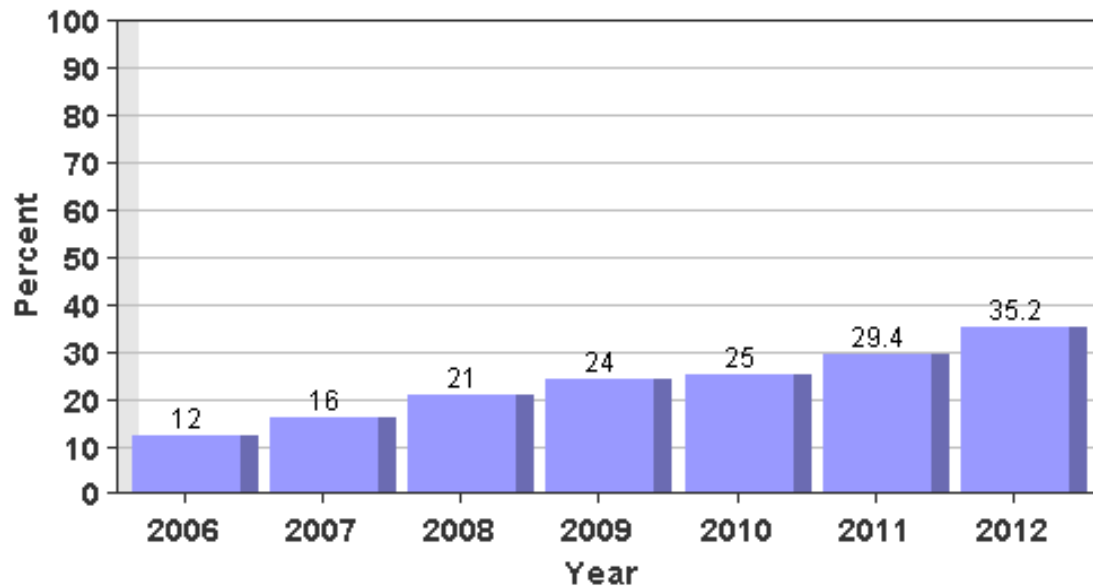
Million Hearts Initiative

- HHS initiative co-led by CDC and CMS
 - Many IHS agencies involved, including IHS
 - Private partners include AHA, YMCA
- Goal: Prevention of 1 million heart attacks and strokes by 2017
- ABCS:
 - Appropriate **A**spirin Therapy
 - **B**lood Pressure Control*
 - **C**holesterol Management
 - **S**moking Cessation*

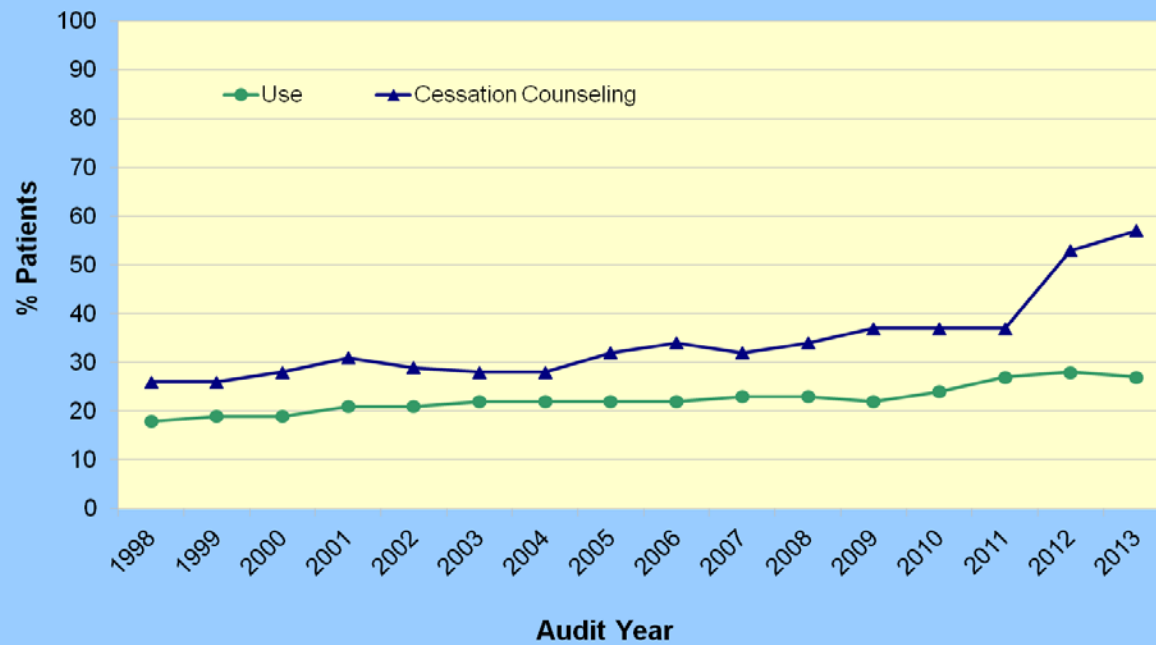
*IHS reporting data to MHI

IHS GPRA

Percentage of IHS AI/AN Tobacco-using Patients who Received Tobacco Cessation Intervention
(IHS 2013 goal is to establish a new baseline of tobacco-using patients who receive tobacco cessation)
NOTE: A higher score is better



Tobacco Use and Cessation Counseling 1998-2013



“Growing up in such conditions could teach the child of parents with lower SES that the world is a hostile, depressing, and alienating place, and the child could also learn that smoking and consumption of larger amounts of alcohol and food help reduce the resulting distress.”

Redford Williams, *JAMA* 1998;21:1746

Adverse Childhood Experiences (ACE)

- Physical, emotional, sexual abuse; mentally ill, substance abusing, incarcerated family member; seeing mother beaten; parents divorced/separated
 - Overall Exposure: 86% (among seven tribes)

	Non-Native	Native
Physical Abuse-M	30%	40%
Physical Abuse-F	27	42
Sexual Abuse-M	16	24
Sexual Abuse-F	25	31
Emotional Abuse	11	30
Household alcohol	27	65
Four or More ACEs	6	33

Am J Prev Med 2003;25:238-244

ACEs and Adult Education

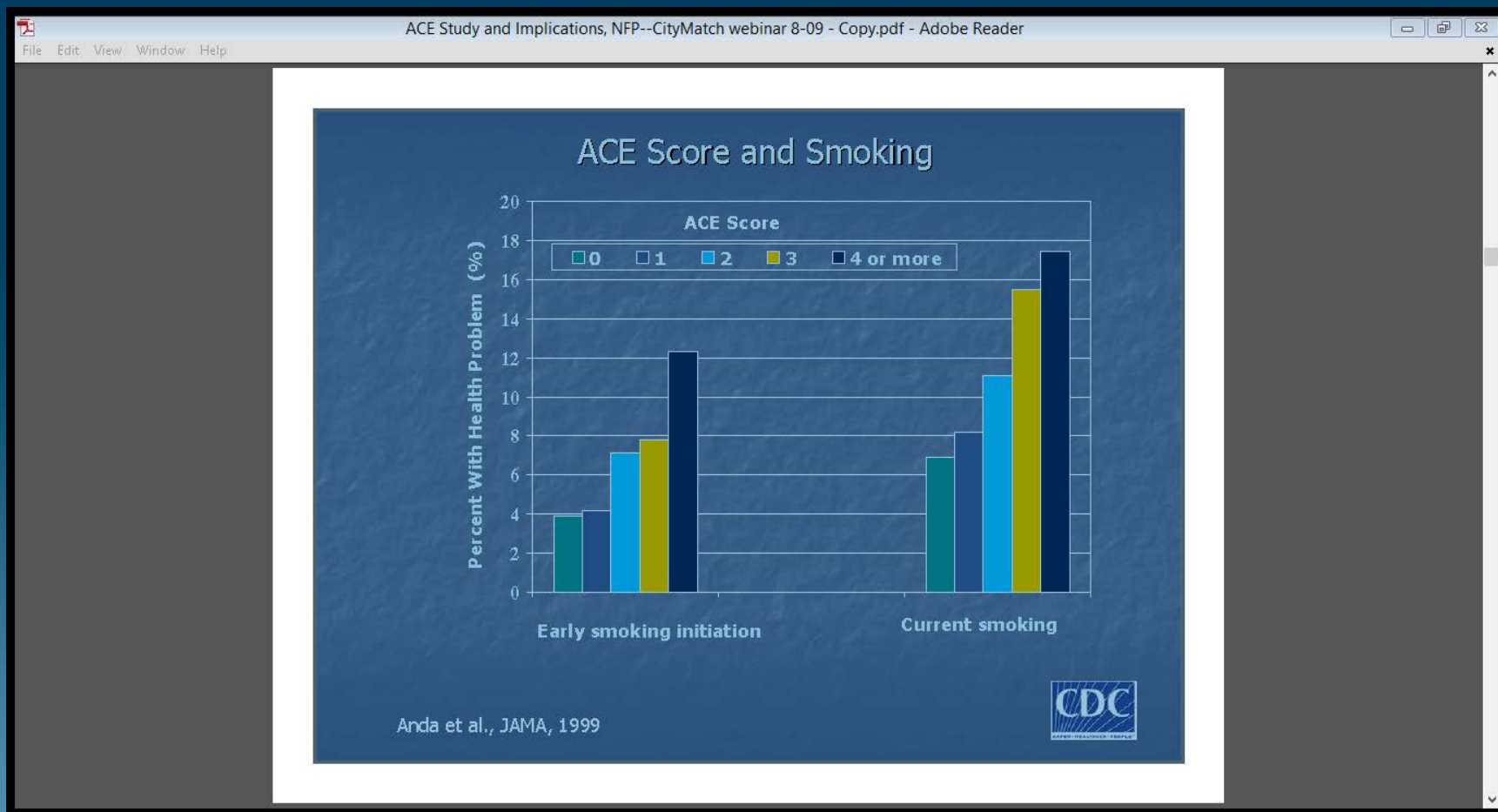
- ACE Score greater than or equal to (\geq)4
 - 4-12x risk for alcoholism, drug abuse, depression, and suicide attempt
 - **2-4x risk for smoking**, teen pregnancy, STDs, multiple sexual partners
 - 1.4-1.6x risk for severe obesity
 - Strong graded relationship at **all** levels of ACEs for almost all outcomes, including heart disease

Am J Prev Med 1998;14:245-258 and Circulation 2004;110:1761-6

- Across 10 countries, adults who experience greater than or equal to (\geq) childhood adversities
 - Hazard ratios 1.59 for diabetes, 2.19 for heart disease
 - **Risk similar to the association between cholesterol and heart disease**
 - **Both in magnitude as well as population prevalence**

Arch Gen Psychiatry 2011;68:838-844

ACE Score and Smoking



“Current smokers who consciously or unconsciously use nicotine as a pharmacological tool to alleviate the long-term emotional and psychobiological wounds of adverse childhood experiences may need special assistance to help them quit. Such assistance includes recognition of the use of nicotine to modulate problems with affect, treatment of the residua of these ACEs, and the use of nicotine or antidepressant therapy.”



JAMA 1999;282 (17):1652

If Health Risk Behaviors are Actually Stress-Relievers:

- Then stopping them without healing the underlying stress issues and/or identifying other coping strategies only further increases the stress.
- May help explain the high long-term failure rates of conventional behavior change programs.



Indian Health Service Division of Diabetes Treatment and prevention

Thank you!

The Journey to Success

Evidence *into* Action

Implementing Tobacco Control into the Primary Healthcare Setting

IHS Division of Diabetes Webinar
2014

Advancements in Diabetes Seminars

Traditional Tobacco

- Elders teach tobacco is the first plant given to Native People.
- Strictly used for spiritual, cultural, and ceremonial use.
- When smoked in a traditional pipe, it is usually inhaled in the mouth only and released to the air. The smoke is meant to carry the prayers to the Creator.

Commercial Tobacco

- Manufactured tobacco
- Sold for a profit
- Used to recreation and habitual use



Traditional vs. Commercial Tobacco

Traditional Tobacco

- Traditional Stories
- Tobacco has Sacred Properties
- Contains the Power to Heal if Used Properly
- Contains the Power to Harm if Used Improperly

Commercial Tobacco

- Cigarettes and Cigars
- Chewing Tobacco
- Pipe Tobacco
- Contains Nicotine
- Health Hazard to Native People



Three Levels of Tobacco Interventions

- ***Minimal*** Intervention
- ***Brief*** Intervention
- ***Intensive*** Intervention

Minimal Intervention

- Less than three minutes
- Information is provided through educational materials
- Usually no significant personal interaction
- Advantage: broad distribution and inexpensive

Brief Interventions

- 3 - 10 minutes
- Use ***5 A Model*** when counseling:
 - **Ask if they use tobacco**
 - **Advise to quite**
 - **Assess willingness to make quit attempt**
 - **Assist in making quit attempt**
 - **Arrange for follow up contact**
- Pharmacotherapy

Intensive Interventions

- Four or more visits with total contact time greater than (>) 40 minutes
- More effective than brief intervention
- Multiple providers
- Motivational Interviewing, problem solving, social support, coping skills
- Pharmacotherapy

Intensity of Intervention

Level of Intervention

- Minimal intervention
(less than (<) 3 minutes)
- Low intensity intervention
(3-10 minutes)
- High intensity intervention
(greater than (>)10 minutes)

Increased Quit Rates

- Up 30%
- Up 60%
- Up 130%

The Five A's

Framework for Tobacco Use Intervention

- **Ask** **about tobacco use** **(Nurse/HTech)**
- **Advise** **all users to quit** **(Nurse/Htech)**
- **Assess** **willingness to quit** **(Nurse/Htech)**
- **Assist** **to increase readiness** **(Provider/RN)**
 to access treatment **(Referral)**
- **Arrange** **Tx and follow-up** **(TTS/Provider)**

Ask and Advise

ASK:

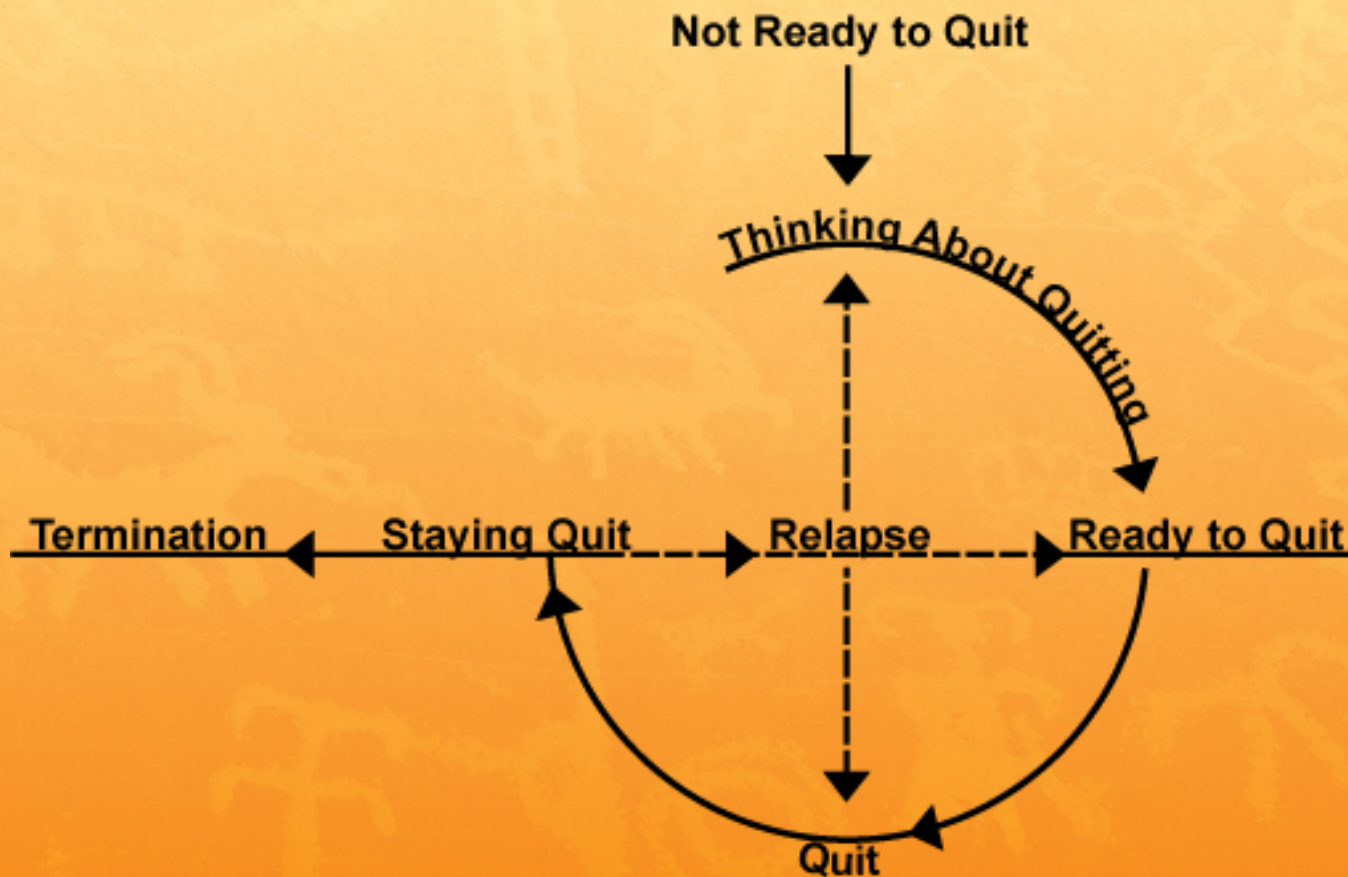
- Implement a system to identify all tobacco users in your healthcare setting.
- Ask **EVERY** patient at **EVERY** visit about tobacco use and exposure and document status.
- Keep it simple. Three important questions:
 - “Do you smoke or chew tobacco?”
 - “Have you ever used commercial tobacco?”
 - Are you exposed to someone else’s smoke at home or at work?

ADVISE:

- Advise your patient in a clear, strong, personalized manner to stop using commercial tobacco.

Assess Readiness to Change

“Are you ready to set a Quit Date in the next 30 days?”



(Adapted from Prochaska et al., 2002)

An Experience from Whiteriver Service Unit

- 2010 documentation of tobacco counseling was 11% (GPRA goal greater than (>) 30%)
- Pharmacy, Healthy Heart, and senior member of Med Staff collaborated to improve intervention rates

An Experience from Whiteriver Service Unit (cont.)

- Over two year period
 - 39 members of the medical team certified as Basic Tobacco Intervention Specialists
 - Templates utilized by Health Techs to make tobacco intervention like a vital sign
 - Pharmacy started a cessation clinic (open enrollment)
 - Education given to community through town hall meeting and radio shows

Health Tech Screening Template

DEMO PATIENT, ADULT, a 49 year old MALE presents to Outpatient Clinic on 01/28/14 15:07 for appointment with Choose Provider From Drop Down List .

** Please hit the PWH button now. You must electronically generate one, even if the patient does not want a copy**

The patient was offered a printed copy of the Patient Wellness Handout and it was Refused .

The patient can be shown the Patient Wellness Handout after you hit the PWH button. If the patient would like a copy they should request it from the clerk or health tech at the end of the visit if they are not getting meds. If getting meds, direct them to pharmacy

Vitals: (Check here if vitals already entered)

TEMPERATURE: 99 F [37.2 C] (Jan 16, 2014@11:40)

BLOOD PRESSURE: 130/120 (Jan 16, 2014@11:40)

PULSE: 98 (Jan 16, 2014@11:40)

RESPIRATION: 99 (Jan 16, 2014@11:40)

Last 1 O2: 98 (Jan 16, 2014@11:40) Qualifiers:

Last 1 RATE: 1 (Jan 16, 2014@11:40) NC simple mask NRB

WT: 264.55 lb [120.11 kg] (Jan 16, 2014@11:40)

IMP:

-- Tobacco Use Screening

-- Alcohol screening --

-- Depression screening --

-- Intimate partner violence screening --

Medication Reconciliation

Are you taking any new medications or over-the-counter medications that you did not get from the pharmacy in Whiteriver or Cibecue?

The patient denies any new or over-the-counter medications added since last visit in Whiteriver or Cibecue.

The Patient states they are on new or over-the-counter medications since last visit in Whiteriver or Cibecue.

Add RN as additional signer if documenting other meds that need to be added to med list

Allergy Review:

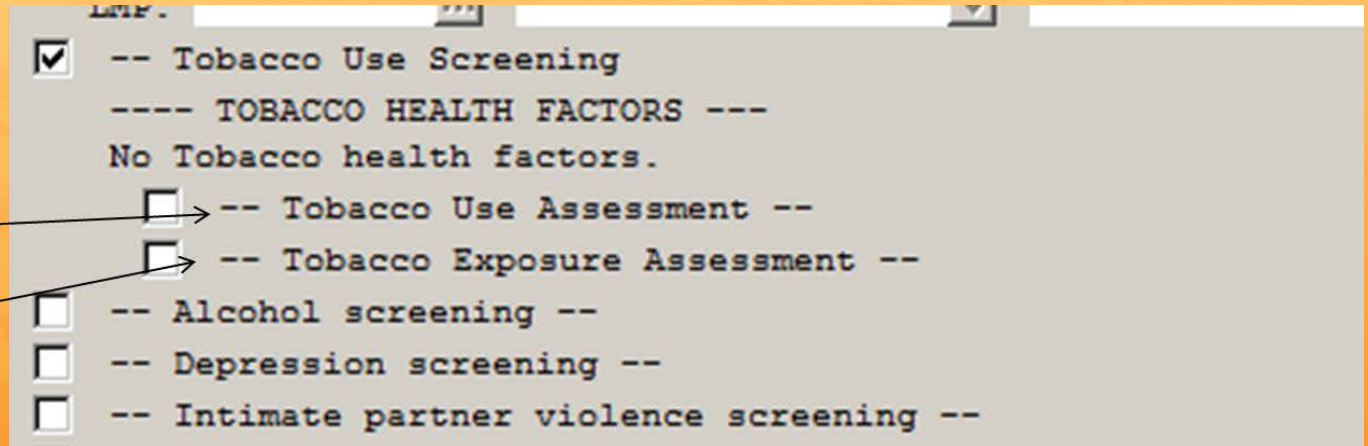
The following Allergies/Adverse Reactions were reviewed:
AMOXICILLIN, SULFACETAMIDE SODIUM, IBUPROFEN, ASPIRIN
NON-STEROIDAL ANTI-INFLAMMATORY ANALGESICS, PENICILLIN G BENZ 600000 SYRINGE

New Allergy/Adverse Reaction were entered on cover sheet for:

Tobacco screening in health tech screening template

EHR Screening Template

ASSESS use
or
exposure



 -- Tobacco Use Screening
---- TOBACCO HEALTH FACTORS ---
No Tobacco health factors.
 -- Tobacco Use Assessment --
 -- Tobacco Exposure Assessment --
 -- Alcohol screening --
 -- Depression screening --
 -- Intimate partner violence screening --

EHR Screening Template (cont.)

-- Tobacco Use Screening
---- TOBACCO HEALTH FACTORS ----
No Tobacco health factors.

-- Tobacco Use Assessment --

Patient has never smoked or used smokeless tobacco.
 Ceremonial tobacco use only.
 Current or former smoker; never used smokeless tobacco.
 -- Patient currently smokes every day.

Tobacco Use-Quit education provided at this encounter.
Level of Understanding: +
Education duration:
Readiness to Learn:
Comment:

Tobacco Use-Help line education provided at this encounter.
 Tobacco Use-Complications education provided at this encounter.
 Tobacco Use-Literature education provided at this encounter.
 Ordered tobacco cessation consult
 per standing order
 per provider order
 per provider referral

-- Patient currently smokes some days, but not every day.
 -- Patient quit smoking < 6 months ago
 -- Patient quit smoking over 6 months ago.
 Current or former smokeless tobacco user; never smoked.
 Current or former smoker and smokeless tobacco user.

-- Tobacco Exposure Assessment --
 Smoke free home.

Tobacco use-Second hand smoke education provided at this encounter.
Level of Understanding: +
Education duration:

Health factor →

Education →

Referral →

EHR Screening Template (cont.)

Pharmacy referral template

Reason for Request: PHARMACY CDTM CONSULT

Pharmacy Collaborative Drug Therapy Management Clinic Referral

***Criteria (acknowledge both): Over 18 years old Not pregnant

***Please indicate the disease state(s) for which you are referring:

diabetes hypertension dyslipidemia tobacco cessation

other (please clarify in comments)

Patient background and associated goals of therapy:

* Indicates a Required Field

Preview OK Cancel

Level of Understanding: Good
Education duration: 2
Readiness to Learn: RECEPTIVE
Comment: at the casino

EHR Screening Template (cont.)

Demo, Patient Bcma Golf
 999996 07-Apr-1982 (31) F

CHART REVIEW 28-Jan-2014 15:54 Physician, Elsewhere
 YOUNG, LISA, A Chart Review

Postings A Pharm Ed Visit Summary

Vitals Display Superbill ICD Picklist Exams Health Factors Personal Health Reprod. Hx Infant Feeding Family Hx Procedure Hx Pt Ed PWH Asthma Action Plan Problem List Nds Rvwd Advs React Nds Rvwd Medications Nds Rvwd

Education

Visit Date	Education Topic	Comprehension	Status	Objectives	Comment
01/28/2014	Tobacco Use-Second-Hand/third-Hand Smoke	GOOD			at the casino
01/28/2014	Tobacco Use-Quit	GOOD			ready to quit

↑
Education

Health Factors

Visit Date	Health Factor	Category	Comment
01/28/2014	Exposure To Environmental Tobacco Smoke	Tobacco	
01/28/2014	Never Used Smokeless Tobacco	Tobacco	
01/28/2014	Current Smoker, Every Day	Tobacco	

↑
Health Factor

An Experience from Whiteriver Service Unit

	Dec 2010	Nov 2011	Dec 2011	June 2012	Jan 2014
% of tobacco users*	10%		14%	16.4%**	11.4%**
% of users counseled* (GPRA goal equal to or greater than (=>)30%)	11%	24%	44%	67%	92%
% of users counseled in Healthy Heart (GPRA goal equal to or greater than (=>) 30%)	50%	64%			100%
# of healthcare professionals certified in tobacco intervention	23	24	39	63	

* % of users in the Diabetes Registry

**Increase in tobacco use due to improved screening efforts

An Experience from Whiteriver Service Unit (cont.)

- Lessons learned
 - You must ask! You must document!
 - Having a cessation clinic for referrals improves success and lightens the load of the already busy primary care provider
 - Certifying front line healthcare personnel is key to improve intervention rates and GPRA

Brief Tobacco Dependence Interventions can be Applied to Many Community Environments...



Strategies to Reduce Tobacco Use

- ***Screen everyone for tobacco use***
 - Change patient forms to include screening tools and use them
- ***Educate providers***
 - To screen at each visit and talk to patients regarding tobacco
- ***Help people quit***
 - Offer cessation services
 - Cover cost of cessation services
- ***Change policies***
 - Tobacco-free campus
 - Offer employee cessation services

Outline of February 25th Presentation

Part 2:

- Techniques/interventions/counseling for helping people be successful with quitting
- Overview of medications to aid in quitting
- Other tobacco issues such as electronic cigarettes and chewing tobacco

The University of Arizona HealthCare Partnership Tobacco Dependence Treatment Continuing Education Programs Enabling Resources *for Native Communities*

Smoking Checklist

Basic Tobacco Intervention Skills for Native Communities

Basic Tobacco Intervention Skills CERTIFICATION for Native Communities

SMOOTHER MANAGER

Self-Management Trifold

Smokeless Tobacco Self-Management Trifold

Strength to Quit Packet Guide

Smokeless Tobacco Packet Guide

Provider Tool

Smokeless Tobacco Provider tool

IHS Fieldbook

Commercial Tobacco Use Survey

Antenatal & Child Health Companion Guide

Lifesaver Flyer

Posters

Table Texts

Speaker's Kit

Tobacco Dependence Reimbursement Guide

to order resources:
nativeamericanprograms.org
to download resources:
healthcarepartnership.org/natamer-resources.html

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to view and download resources, please visit: www.healthcarepartnership.org Copyright © 2013 The University of Arizona

BELIEVING *that the nation can reduce our greatest preventable public health problem, tobacco dependence...*

OUR CHALLENGE *is preventing missed opportunities to fully involve health and human service providers in tobacco dependence treatment.*