It’s All Acute to Me: Expanding Opportunities for Cessation Counseling Beyond Primary Care
At the conclusion of this activity, participants should be able to:

• Identify issues associated with tobacco use and exposure in pediatric patients

• Discuss opportunities for smoking cessation counseling outside of the primary care setting

• Demonstrate how to effectively hold conversations about quitting tobacco use with parents

• Increase referrals to their state quitline

• Develop strategies for implementing an institutional partnership with a quitline
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It’s All Acute to Me: Expanding Opportunities for Cessation Counseling Beyond Primary Care

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Division of Hospital Medicine
July 23, 2014
Top 3 Reasons to Use the Inpatient Setting to Address Smoking Cessation
Top 3 Reasons to Use the Inpatient Setting to Address Smoking Cessation

1) Tobacco use and exposure is a pediatric problem.
Top 3 Reasons to Use the Inpatient Setting to Address Smoking Cessation

1) Tobacco use is a pediatric problem.
   - 6.7% middle school students are current tobacco users
   - 23% high school students are current tobacco users
   - 90% smokers began smoking before they are 18 years of age

CDC; 2012 SGR
Top 3 Reasons to Use the Inpatient Setting to Address Smoking Cessation

1) Second and thirdhand smoke exposure is a pediatric problem.
   - 54% children 3-11 years of age are exposed to tobacco smoke
   - 40% of children live with a household smoker

MMWR Smoking-attributable mortality. 2008
Top 3 Reasons to Use the Inpatient Setting to Address Smoking Cessation

1) Tobacco use and exposure is a pediatric problem.

2) Patients are frequently seen in acute care settings with tobacco-related diseases.
Top 3 Reasons to Use the Inpatient Setting to Address Smoking Cessation

2) Patients are frequently seen in acute care settings with tobacco-related diseases.

– The top 3 inpatient diagnoses are caused and worsened by secondhand smoke
  • Bronchiolitis
  • Asthma
  • Pneumonia
Joint Commission Tobacco Measures

• Screening of all inpatients 18 years and older for tobacco use (Meaningful Use requires 13 years and older)
• Offer smoking cessation counseling and medications for patients 18 years and older
• Offer outpatient smoking counseling and prescription at hospital discharge
• Contact patient within 30 days of discharge for follow-up information on tobacco use status

http://www.jointcommission.org/tobacco_treatment/
Top 3 Reasons to Use the Inpatient Setting to Address Smoking Cessation

1) Tobacco use and exposure is a pediatric problem.

2) Patients are frequently seen in acute care settings with tobacco-related diseases.

3) Smoking cessation counseling and pharmacotherapy is effective!
Smoking Cessation Interventions

- Every person who uses tobacco should be offered treatment
- Parental smoking cessation interventions are effective and are recommended by the AAP and AMA

Fiore et al. Treating Tobacco Use and Dependence 2008; Rosen et al., 2012
Smoking Cessation Interventions

- Effective interventions include:
  - Behavioral support i.e. counseling (brief or intensive)
  - Pharmacotherapy i.e. Nicotine Replacement Therapy (NRT)
- Combination of counseling and NRT is the most effective
, 35, a Bullitt Avenue resident, worries about the effect on her unborn child from the sound of jackhammers.
The 5 As

1. Ask
2. Advise
3. Assess
4. Assist
5. Arrange

"2As and an R"

1. Ask
2. Assist
3. Refer
2 As and an R

- **Ask/Identify** everyone about tobacco use and exposure every time
- **Assist** everyone to quit and recommend evidence-based therapies
- **Refer** smokers to local resources and/or the 1-800-QUIT-NOW line
Ask/Identify
Case #1

You assume care for a 3 month old infant “Tyler” admitted last night with bronchiolitis. The History documents “no smoke exposure” but the room smells heavily of tobacco smoke and you see a pack of cigarettes on the bedside table.
Ask/Identify
Case #1

• ASK using depersonalized language
  – “Does anyone who lives with your child smoke cigarettes?”
  – “Who is it?” and “Where do they smoke?”

• Avoid leading or judgmental questions
  • “You don’t smoke, do you?”
  • “Does your child have any smoke exposure?”
Ask/Identify Interventions

- Embed the right questions into the nursing and physician documentation
  - If your institution documents on paper
    - Add to standard HPI template
  - If your institution has Electronic Health Records
    - Add to nurse intake form
    - Physician history template
    - Add to order sets (example: status asthmaticus)
Polling Question

What types of smoking cessation resources are provided to patients/clients, parents, and families?
Assist
Case #2

You are caring for a 15 month old toddler “Harrison” admitted for the 2nd time with bronchiolitis. The mother states she quit smoking during her pregnancy because her OB told her it was bad for the fetus but restarted smoking cigarettes after the baby was born.
Assist: 3 Step Approach
Case #2

1. Advise the parent or caretaker to quit and ask for their buy-in

2. Offer evidence based therapies
   - Counseling
   - Nicotine Replacement Therapy

3. Advocate for smoke free cars and homes
• At the beginning of an encounter:
  – “I want to make sure that I am thinking of everything to try to prevent Harrison from getting sick again. I understand you smoke. Do you mind if I share with you some information to try to prevent Harrison from wheezing again/developing asthma, etc etc.”
Assist: Step 1
Case #2

• Advise the parent or caretaker to quit

• Provide a clear personal message
  – “Quitting is most important thing you can do to improve Harrison’s health and your health.”
Assist: Step 2
Case #2

• Offer evidence based interventions

• Counseling (brief or intensive)
  – Discuss personalized reasons to quit (health, money, cosmetic)
  – Brainstorm ways to overcome urges
  – Set a quit date

• Nicotine Replacement Therapy (NRT)
Assist: Nicotine Replacement Therapy
Case #2

• Safer form of nicotine than combustible cigarettes
• Doubles the chance a smoker will have a successful quit attempt
• Available over the counter
  – Nicotine patch to avoid withdrawal (maintenance)
  – Nicotine gum for urges (rescue)
Assist: Nicotine Replacement Therapy
Case #2

• Nicotine patch to avoid withdrawal
  – Available in 21 mg, 14 mg, and 7 mg patches
  – Change once daily
  – Start with the 21 mg patch if smokes more than 10 cigarettes (1/2 pack) cigarettes a day
  – Start with the 14 mg patch if smokes 10 cigarettes or less a day
Assist: Nicotine Replacement Therapy
Case #2

- Nicotine gum for urges
  - Available in 2 and 4 mg strengths
  - Can chew a piece of gum every hour (up to 24 pieces/day)
  - If a smoker smokes a cigarette within 30 minutes of waking, recommend 4 mg strength, otherwise 2 mg gum
• Discuss smoke free cars and homes
  —“I’m glad that you planning to cut down even if you aren’t ready to quit. The next most important step is to make sure no one ever smokes inside the house or car. I can help you with that.”
Assist Interventions

• Delegate others to reinforce message
  – Empower other healthcare providers (pharmacy, nursing, respiratory therapy, social work)

• Systems change
  – Add to electronic or paper order sets
  – Educational materials automatically given (video, brochures)
Assist: 3 Step Approach
Case #2

1. Advise the parent or caretaker to quit and get their buy-in
2. Offer evidence based therapies
3. Advocate for smoke free cars and homes
Assist: Documentation

Case #2

• Include secondhand smoke exposure:
  – In your documentation
  – As a Diagnosis
  – On a Problem List or Visit Summary

• Document your efforts:
  – Counseling performed
  – Pharmacotherapies recommended and prescribed
  – How receptive the family was to your advice
“I discussed the effects of SHS and advised the mother that quitting smoking will improve her and her child’s health. She was ready to quit, and I recommended nicotine replacement therapy in the form of a nicotine patch and gum. I wrote her a prescription and referred her to the 1-800-QUIT-NOW line. I advised smoke-free cars and vehicles.”
“I discussed the effects of SHS and advised the mother that quitting smoking will improve her and her child’s health. She was interested in quitting but not ready. I recommended calling the 1-800-QUIT-NOW line and nicotine replacement therapy when she was ready and gave her written materials to review. She agreed to making her home and vehicle smoke-free.”
Refer
Case #3

You are caring for a 6 month old infant “Anderson” admitted with bronchiolitis. The mother attends school during the day and lives with the infant’s grandparents. The mother reports the grandparents smoke cigarettes inside the house and are not interested in quitting.
Refer
Case #3

• Empower other healthcare providers (pharmacy, nursing, respiratory therapy, social work)
• Provide written smoking cessation information
• Recommend the 1-800-QUIT-NOW line
• Recommend the smoker to text the word “QUIT” to iquit (4-7848) for motivational messages
The 5 As

- Ask
- Advise
- Assess
- Assist
- Arrange

“2As and an R”

- Ask
- Refer
- Assist

American Academy of Pediatrics
Julius B. Richmond Center of Excellence
Smoking Cessation in the Inpatient Setting

• What works?
  – Interventions (counseling, follow-up)
  – Target populations (asthmatics, newborns)

• Where to intervene?
Smoking Cessation in the Inpatient Setting

- Newborn nursery/NICU
  - 10 – 11% of women smoked during last trimester
  - 54% quit during pregnancy
  - 44% relapsed 6 months post partum

→ *Opportunity for intervention*

CDC; 2006 PRAMS data
Smoking Cessation in the Inpatient Setting

• Emergency Department
  – > 25 million children seen in ED yearly
  – 96% treated and sent home
  – Majority of ED visits by SES disadvantaged
  – Respiratory disorders

→ Opportunity for intervention
Smoking Cessation in the Emergency Department

• What works?
  – Brief motivational interviewing
  – Referral to quitline
  – Counseling with “booster” phone calls
Polling Question

Do you regularly refer patients/clients, parents, and families to your state quitline?
Quitlines

- Telephone-based tobacco cessation
  - Counseling
    - Reactive, proactive
  - Internet-based services
  - Medications, vouchers
Quitlines

• Quitlines work!

• Recommendation of HHS
Quitlines

CDC recommendations:

• “Comprehensive state tobacco control program cessation activities can focus on three broad goals: (1) promoting health systems change; (2) expanding insurance coverage of proven cessation treatments; and (3) supporting state quitline capacity. “

Best Practices for Tobacco Control Programs, 2014
Looking for data about quitlines? Each year NAQC collects information from quitlines across North America. Survey topics include the types of services offered, financing, and utilization of services. This survey data is available on our Quitline Facts page.

You can also view summarized content from all the quitline profiles included in the map above. Choose one of the following topics:

- Free and Discounted Cessation Medication
- Quitline Administration and Financing

http://www.naquitline.org/
## New York

**Quitline: New York State Smokers' Quitline**
- Began Operations: June 2000
- Website: [http://www.nysmokefree.com/](http://www.nysmokefree.com/)

**Standard Hours of Operation**
- Monday: 09:00 AM - 09:00 PM
- Tuesday: 09:00 AM - 09:00 PM
- Wednesday: 09:00 AM - 09:00 PM
- Thursday: 09:00 AM - 09:00 PM
- Friday: 09:00 AM - 05:00 PM
- Saturday: 09:00 AM - 05:00 PM
- Sunday: 09:00 AM - 05:00 PM
- Closed on: Easter, Memorial Day, Independence Day, Thanksgiving, Christmas

**Telephone Numbers**
<table>
<thead>
<tr>
<th>Line</th>
<th>Phone Number</th>
<th>Language/Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(888) NY-QUITS</td>
<td>English</td>
</tr>
<tr>
<td>2</td>
<td>(888) NY-QUITS</td>
<td>Other than English</td>
</tr>
<tr>
<td>3</td>
<td>(888) QUIT-FAX</td>
<td>Fax</td>
</tr>
</tbody>
</table>

**Supported Languages**
- Counseling offered in: English, Spanish
- Third-party counseling: Mandarin, Cantonese, Korean, Vietnamese, French, Russian, AT&T services with translation in over 140 languages
- Deaf/Hard of hearing: Direct TTY machine

### Services Offered

#### Phone Counseling
- Types:
  - brief intervention
  - multi-session (client-initiated)
- Length of standard first session: 20 min
- Length of standard follow-up session: 10 min
- Counseling session topics:
  - tobacco history
  - setting a quit date
  - relapse prevention
  - use of cessation medication
  - other

#### Web-Based Services
- quitline information
- self-help tools
- interactive counseling

#### Eligibility Criteria
- To receive counseling: NYS resident
- To receive medication: Age 18+; NYS resident; 10 cig/day or more; No

#### Eligibility Criteria
- Youth, under 18
- Youth, 18-25

### Cessation Medications
- Free Medications
  - patch
  - lozenge
  - inhaler
  - bupropion

- Discounted Medications
  - patch
  - lozenge
  - inhaler
  - bupropion

### Distribution Methods
- voucher
- by mail

### Other Services
- voicemail with callbacks
- referral to other health services
- recorded self-help messages
- mailed info or self-help resources

### Specialized Materials
- Youth, under 18
- Youth, 18-25

### Specialized Materials
- Youth, under 18
- Youth, 18-25
**Missouri**

**Quitline: Missouri Tobacco Quitline**

- **Began Operations:** June 2005
- **Website:** [http://health.mo.gov/living/wellness/tobacco/smokingandtobacco/tobaccocontrol.php#quitline](http://health.mo.gov/living/wellness/tobacco/smokingandtobacco/tobaccocontrol.php#quitline)

**Standard Hours of Operation**

- **Monday:** 12:00 AM - 11:59 PM
- **Tuesday:** 12:00 AM - 11:59 PM
- **Wednesday:** 12:00 AM - 11:59 PM
- **Thursday:** 12:00 AM - 11:59 PM
- **Friday:** 12:00 AM - 11:59 PM
- **Saturday:** 12:00 AM - 11:59 PM
- **Sunday:** 12:00 AM - 11:59 PM
- **Closed on:** Independence Day, Thanksgiving and Christmas.

**Telephone Numbers**

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<th>Line</th>
<th>Phone Number</th>
<th>Language/Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(800) QUIT-NOW</td>
<td>English/Spanish</td>
</tr>
</tbody>
</table>

**Supported Languages**

- Counseling offered in: English, Spanish, other languages through phone translation service
- Third-party counseling: Deaf/Hard of hearing: Direct TTY machine

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**Services Offered**

**Phone Counseling**

- Types:
  - [x] brief intervention
  - [x] multi-session (client-initiated)
  - [x] multi-session (counselor-initiated)
- Length of standard first session: 30 min
- Length of standard follow-up session: 15 min
- Counseling session topics:
  - [x] tobacco history
  - [x] setting a quit date
  - [x] relapse prevention
  - [x] use of cessation medication
  - [x] other
- Web-Based Services:
  - [x] quitline information
  - [x] self-help tools
  - [x] interactive counseling
  - [ ] cessation information
  - [ ] automated e-mail messages
  - [ ] chat rooms

**Cessation Medications**

- **Free Medications**
  - [x] patch
  - [x] lozenge
  - [x] inhaler
  - [x] bupropion
- **Discounted Medications**
  - [ ] patch
  - [ ] lozenge
  - [ ] inhaler
  - [ ] bupropion
- **Distribution Methods**
  - [ ] voucher
  - [ ] by mail
- **Other Services**
  - [x] voicemail with callbacks
  - [x] referral to other health services
  - [x] recorded self-help messages
  - [x] mailed info or self-help resources

**Eligibility Criteria**

To receive counseling: All tobacco users one call; multiple calls for Medicaid,

**Specialized Materials**
Quitline Referrals

- Refer-to-quit
- Fax-to-quit
- Electronic referrals

→ *Build it into the system*
Partnering with Your Quitline

• Emphasis on “Health systems change”

• Utilize the EHR
  – Meaningful use
  – Counseling
  – Reminders
  – Direct referral to the quitline
Partnering with Your Quitline

• Increase in utilization of quitline with direct referral system
  – Wisconsin
  – Massachusetts
Opt-to-Quit™

• Program of NYS Smoker’s Quitline
  – developed by Roswell Park Cancer Institute, Buffalo, NY

• Systematizes referral to NYS Quitline
  – Smokers opt out
  – Referral through EHR, via fax or other data sharing, streamlining the process

http://www.nysmokefree.com
At Stony Brook Children's we believe the best thing you can do for your child's health and your own health is to stop smoking.
As a service to you, if you agree, we will forward your contact information to the New York State Smokers' Quitline, so they can contact you to describe and offer you their free stop smoking services.
By providing this information to us, you consent and permit Stony Brook Children's and its staff to share your name, phone number and contact information with NY State Opt to Quit line who will contact you.
If at any time you wish to opt out of this service you simply have to notify the Opt-to-Quit representative.

Referral to Opt-to-Quit Offered | Accepts Opt-to-Quit Referral | Date of Birth
--- | --- | ---
Yes | Yes
No | No

Parent/Caregiver Last Name | Parent/Caregiver
--- | ---

Address | Preferred Phone | Alternate Phone | Best Time to Call
--- | --- | --- | ---

E-Mail Address | Comments
--- | ---
Challenges in Implementation

• Opt-to-Quit™ and the Electronic Record
  – Challenges of a Children’s Hospital
  – HIPAA
  – Legal issues
  – Data transfer
Challenges in Implementation

• Culture change
  – Staff commitment to a new process
  – Referring *all* smokers in a family
Challenges in Implementation

• Survey of Nurses
  – All see themselves as advocate (97%)
  – All reported that they ask about smoking
  – Increase in referrals for smoking cessation

• Families and relatives
Challenges in Implementation

• Barriers to change
  – Time
  – Uncomfortable topic
    » “not my job”
  – Smokers themselves
Overcoming Challenges in Implementation

• Education
• Streamline the process
• Involve the stakeholders
• Address staff needs
In Summary

• Different units of a hospital provide opportunities to refer smokers for quitline services
• Standardizing the process improves referrals
• Integrating quitline referral into the EHR is goal
• Partner with your quitline!
Questions?

Submit questions into the box in the control panel. If we aren’t able to answer your question live, we will send a response to you after the webinar ends.
AAP Richmond Center

• Visit us: [www.aap.org/richmondcenter](http://www.aap.org/richmondcenter)
  – State-specific resources
  – Downloadable PowerPoint presentations
  – Funding opportunities
  – Tobacco control listserv

• Tobacco Prevention Policy Tool

• Contact us: [richmondcenter@aap.org](mailto:richmondcenter@aap.org)

[www.facebook.com/aaprichmondcenter](http://www.facebook.com/aaprichmondcenter)
As Seen on TV: Integrating Tobacco Education Campaigns into Your Clinical Practice

- Hosted by AAP, moderated by AAFP
- Presenters:
  - Tips From Former Smokers- CDC
  - The Real Cost- FDA
  - Dr. Judy Groner- AAP
- Thursday, August 7th, 2-3pm ET
- Register: https://www3.gotomeeting.com/register/401142758
Link to post-webinar evaluation:

- https://www.surveymonkey.com/s/AcuteCounseling