Opportunities and Challenges for Healthcare Providers in Tobacco Dependence Treatment

Reducing Tobacco-Related Cancer Incidence and Mortality

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Overview
Translating Evidence into Practice

Evidence for efficacy of healthcare provider intervention
How well are we doing?
Identifying barriers and challenges
Identifying resources and opportunities
Metrics for good practice
Health disparities & geographic differences and treatment
**Clinicians can make a difference!**

Table 6.12 Effectiveness of and estimated abstinence rates for interventions delivered by various numbers of clinician types (n = 37 studies) 

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<th>No Clinician</th>
<th>1 Clinician type</th>
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*Est OR (95% C.I.)
Est Abstinence Rate (95% C.I.)*

*Treating Tobacco Use and Dependence: 2008 Update
http://www.ncbi.nlm.nih.gov/books/NBK63943/table/A29546/?report=objectonly*
NURSES CAN MAKE a DIFFERENCE

Nursing intervention for smoking cessation vs. usual care

$n = 31$ studies; 15,205 participants

Compared to smokers who receive usual care, smokers who receive assistance from a nurse have a 28% greater probability of successfully quitting for 5 or more months.

How well are healthcare professionals treating tobacco dependence?

Growing number of studies of healthcare professionals in different settings and with different populations.
Sel-report survey Data from Physicians and Nurses: Ask, Advise & Assess

Interventions: Assist, Arrange, & Refer to a Quitline

Tong et al., 2010; Sarna et al., 2009; Sarna et al., 2012
Consistent RN self-reported performance for all aspects of the 5As as recommended by the Guideline

Personal barriers associated with limiting interventions

Smoking status of the provider matters

- Smokers may be less likely to intervene
- Former smokers may rely on their personal experiences not evidence
- Never smokers may not appreciate the power of the addiction

Tobacco-related illness/death among provider’s family members

Tong et al., 2010; Sarna et al., 2009; Sarna et al., Barriers to tobacco cessation in clinical practice. *Nurs Outlook*, 2000, 49:166-72.
Smoking among healthcare providers is a health risk and affects their interventions with patients who smoke.
Decline in smoking by doctors and nurses in the U.S.:
Tobacco Use Supplement-Current Population Survey

Support for students & clinicians who use tobacco

- Onsite
- Access to other resources

Smoke-free campus increasing quit attempts

Sarna et al., Are health care professionals still smoking? Data from the 2003 and 2006/2007 Tobacco Use Supplement-Current population Surveys. 2010, Nicotine & Tob Res. 12:1167-71
Professional barriers

Lack of knowledge & skills
1. Lack of awareness of the PHS Clinical Practice Guideline
2. Lack of awareness of the quitline

Attitudes/beliefs of patient’s willingness to quit and duty to perform the intervention

Myths and misperceptions of tobacco dependence
1. Concerns causing stigma, guilt, and stress

Schroeder. An update about tobacco and cancer. *Journal of Cancer Education*, 2012; Tong et al. 2010,
Lack of knowledge and skills: Pre-licensure education

Curricula coverage in medical and nursing schools

1. Adequate coverage of most health risks
2. Less on tobacco dependence treatment
   • Lack of clinical opportunities for practice and evaluation
3. Limited content on benefits of quitting

Education of Practitioners in Tobacco Dependence Makes a Difference!

Increases confidence and skills

Impacts practice
1. Improves frequency of intervention
2. Less evidence that improves patient outcomes

Variety of methods
1. Classroom
   - Model patients, clinical simulation
2. Web-based

Lack of knowledge and skills: Pre-licensure education

How can this change?

1. Influence licensure examinations?
2. Influence specialty certification
3. Necessary for accreditation of health professional schools?
Many Educational Resources for Healthcare Professionals: Focus on Cancer

Rx for Change: Clinician-Assisted Tobacco Cessation Program

- 2-hour program funded by the Walther Cancer Institute Foundation
- Requires registration for CE/CME

2012: ASCO is evaluating a new online Tobacco Cessation Guide for Clinicians.
Tools exist to make evidence-based tobacco dependence treatment easier

The 5 A’s

- **Ask**
- **Advise**
- **Assess**
- **Assist**
- **Arrange**

Implement a system in your clinic that ensures tobacco-use status is obtained and recorded at every patient visit.

Resources (continued)

Smoking Cessation Leadership Center, including resources for mental health issues and tobacco
1. http://smokingcessationleadership.ucsf.edu/

Agency for Healthcare Research and Quality: Clinical Practice Guideline and pocket guide

National Cancer Institute’s online quit program

American Cancer Society patient and provider materials
Other Barriers Limiting Interventions

- Providers unclear on their roles and policies
- Competing priorities (time)
- Financial incentive (reimbursement)
- Cancer Centers: lack of expectations for tobacco dependence after cancer diagnosis/treatment as quality care

Schroeder, 2012.
Policies Supporting Role Expectations for Tobacco Dependence Treatment by Oncology Healthcare Providers

**ASCO Policy on tobacco control:**


**Oncology Nursing Society Policy on Tobacco Control**

1. [http://www.ons.org/Publications/Positions/Tobacco](http://www.ons.org/Publications/Positions/Tobacco/acc)
Competition priorities: Values and Priorities

What are the expectations for “good” care?
1. How do we recognize best practices?
2. How do we recognize champions?

What are minimal expectations?
1. Referral to a quitline?

Financial benefits to the provider increase use of behavioral interventions for smokers, including referral rates & recording smoking status.

Using Metrics to Measure Good Care

The Joint Commission
1. How will the new metrics change practice?

NCI Designated Cancer Centers
1. Must tobacco dependence treatment programs/protocols be present?

American Nurses Credential Center’s Magnet® Recognition Program designation
1. Should having tobacco dependence treatment be a expectation?

Electronic Medical Record
1. Opportunities and challenges
2. Mixed evidence

Data suggesting differential access to treatment, receipt and intensity of intervention

- Black and Hispanic smokers less likely to receive treatment than Whites

Tobacco and cancer health disparities

- Low SES

Institutional Challenges: Tobacco dependence treatment at NCI Cancer Centers

Some models of quality tobacco dependence treatment

For most, still not standard of care:

1. <10% of NCI-funded clinical trials assess smoking status
2. Survey of 58 NCI cancer centers showed that only 60% offered some form of tobacco dependence treatment
3. <50% routinely assessed tobacco use

19.3% Current Smokers in the US
46 million Smokers: Geographic Variation

Behavioral Risk Factor Survey, 2010
http://www.cdc.gov/VitalSigns/AdultSmoking/index.html#StateInfo
15.5% of cancer survivors are current smokers: Geographic Variation

FIGURE 1. Prevalence of current cigarette smoking among cancer survivors aged ≥18 years — Behavioral Risk Factor Surveillance System, United States, 2009

Abbreviations: GU = Guam; PR = Puerto Rico; VI = US Virgin Islands.
* The sample size of the numerator was <50 or the half-width of the confidence interval was >10.

12 million cancer survivors
7.2% US population

MMWR, Jan 12, 2012
Are there different expectations and practices across the country?

Differences in smoking rates, policies, expenditures for tobacco control and resources

CDC state highlights for tobacco use and policies

Are there geographical differences in healthcare provider interventions?

1. Increased referral to a quitline by California nurses compared to nurses in Indiana and West VA (OR 2.82, 95% CI 1.36, 5.88)

Sarna et al., 2012
Next Steps
Challenges and Opportunities