Implementation of Smoking Cessation in Clinic Settings

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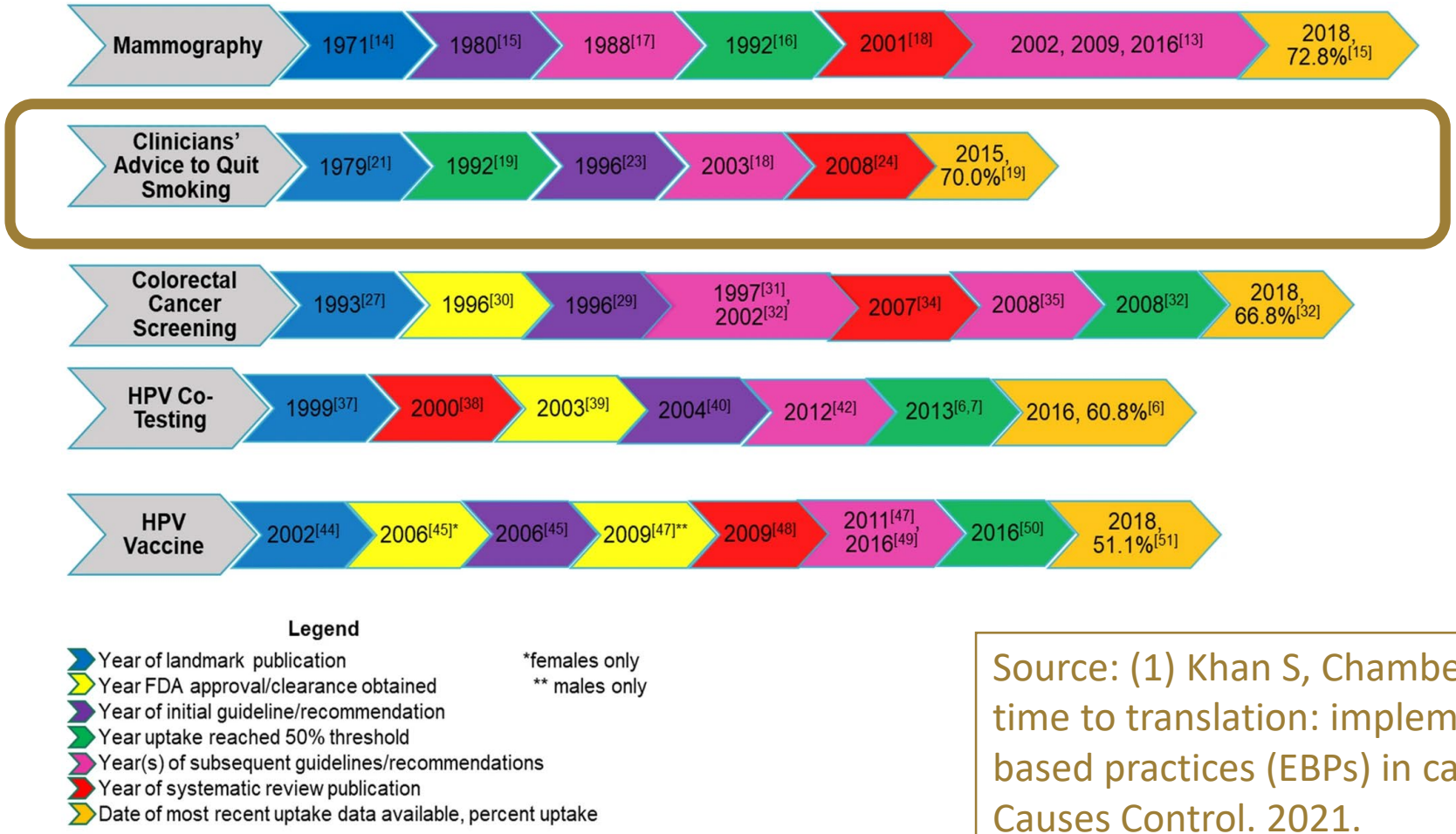
The academic core of Atrium Health

There is a gap between evidence and practice translation in cancer prevention and early detection services.



Note: References cited in the figure reflect data sources used to define each step of the translational pathway

Source: (1) Khan S, Chambers D, Neta G. Revisiting time to translation: implementation of evidence-based practices (EBPs) in cancer control. Cancer Causes Control. 2021.

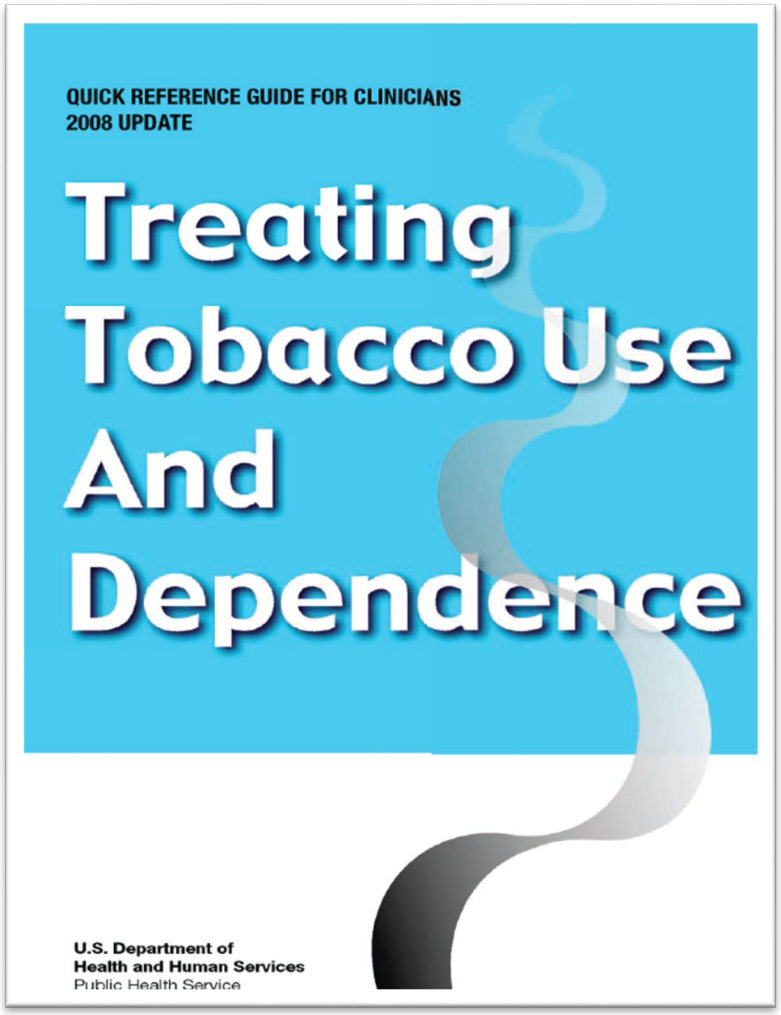
Fast Facts

- *68% of adult smokers (22.7 million) want to quit smoking.[2]*
- *55% of adult smokers (21.5 million) tried to quit in the past year.[3]*
- *57%-70% of adult smokers who saw a health professional in the past year received advice to quit.[1,2]*
- *31% of adult smokes report using counseling or medication when trying to quit (only 4.7% use both)[2]*

Most smokers want to quit, but many adults do not receive advice from a health professional. An even larger proportion fail to receive evidence-based tobacco use treatment.

The Evidence Exists…The "PHS Guidelines"

- For more than 20 years….
- Evidence that provider & health care systems interventions work
  - Increased quit attempts
  - Improved abstinence
  - Cost effective



The 5As for Treating Tobacco Use & Dependence

Ask, Advise, Assess: relatively easy, takes <2 minutes

Assist, Arrange: a range of options, varying degrees of effort, time commitment & effectiveness

To optimize implementation, design with context in mind:

1. Decide what is feasible and acceptable.
2. Engage various staff/decision makers in strategic planning & implementing change.
3. Design for sustainability.

It's not what to do, but how to do it.

HOW BEST TO GET EBI INTO PRACTICE AND POLICY ESPECIALLY FOR THOSE WHO NEED THEM MOST

Implementation Science is…

- …the scientific study of the use of strategies to adopt, integrate, and sustain evidence-based health interventions into clinical and community settings in order to improve patient outcomes and benefit population health. (NIH PAR-18-007)

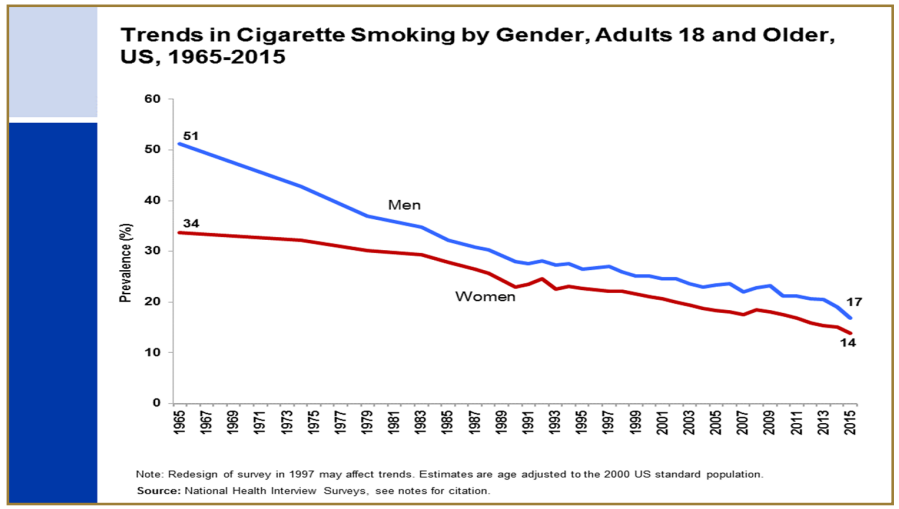
- The goal is to increase:
  - Reach
  - Adoption
  - Sustainability

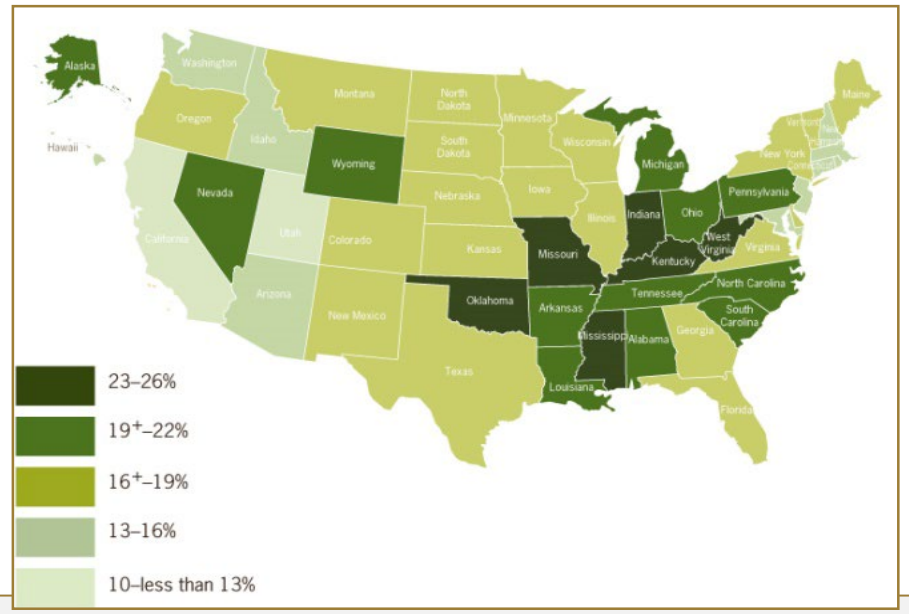
To **op·ti·mize** is to…

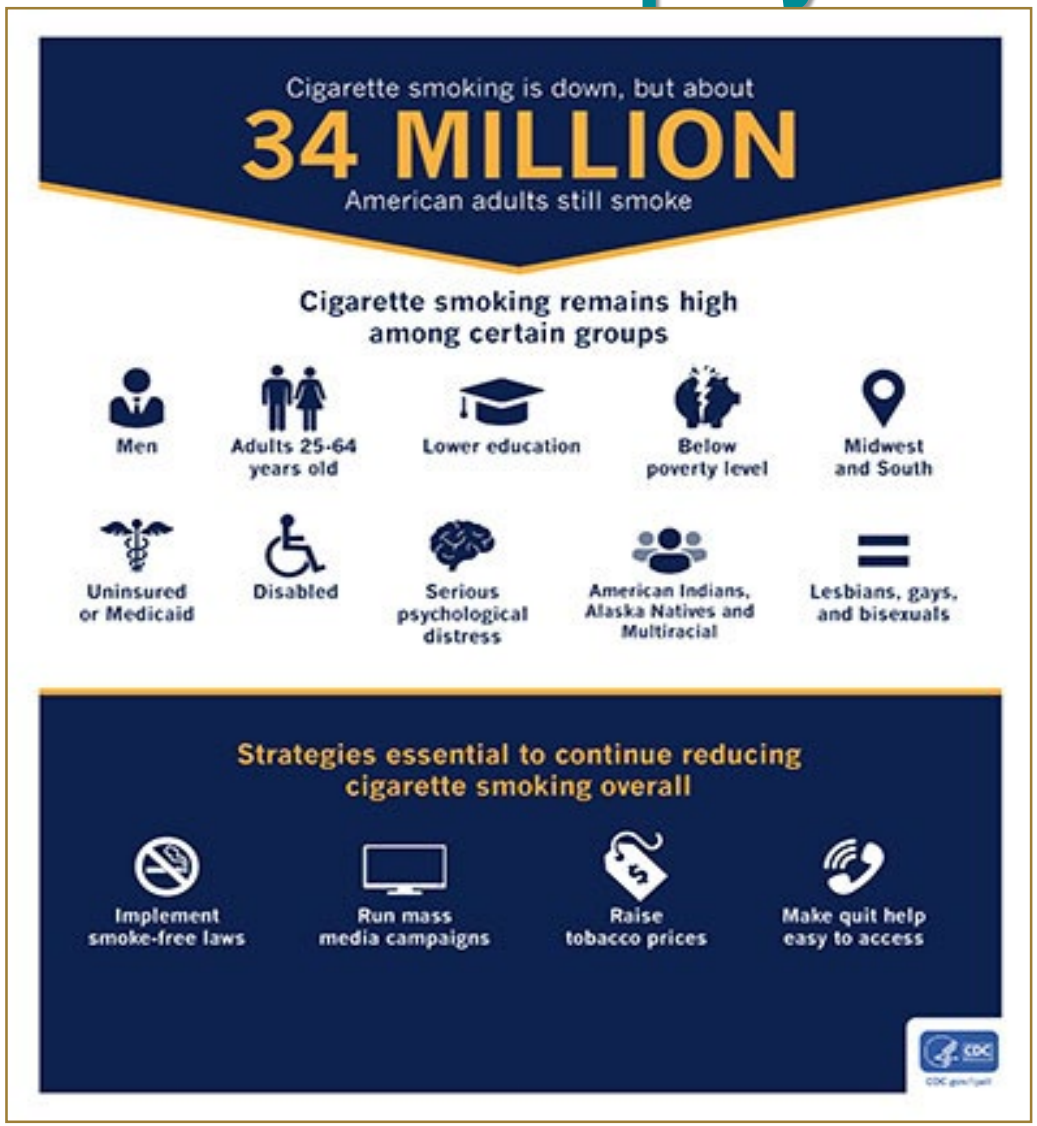
*Verb (***make the best or most effective use of a situation, opportunity, or resource.)**

- *By identifying feasible and appropriate strategies for the clinical context*

Reach is Critical and Essential for Equity



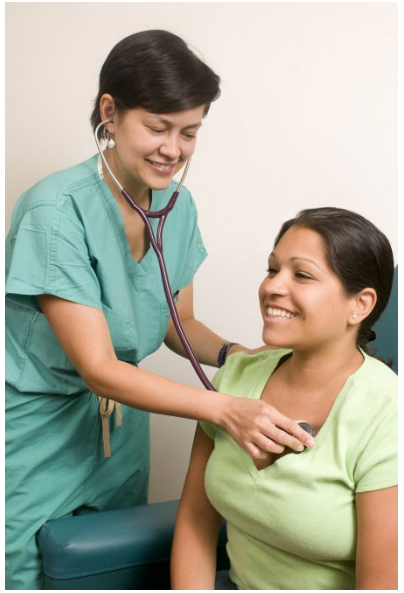




Source: Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion

Ask & Advise

- *"Do you use any kind of tobacco products?"*
  - Anyone can ask
  - Repetition is good, especially for tobacco users!
- Advice should be clear, strong, personalized to the patient/clinical encounter



You've made a great decision coming in for lung cancer screening. While screening is important, it cannot prevent you from getting lung cancer or other lung diseases. However, quitting smoking can! Quitting smoking is one of the most important thing you can do for your health

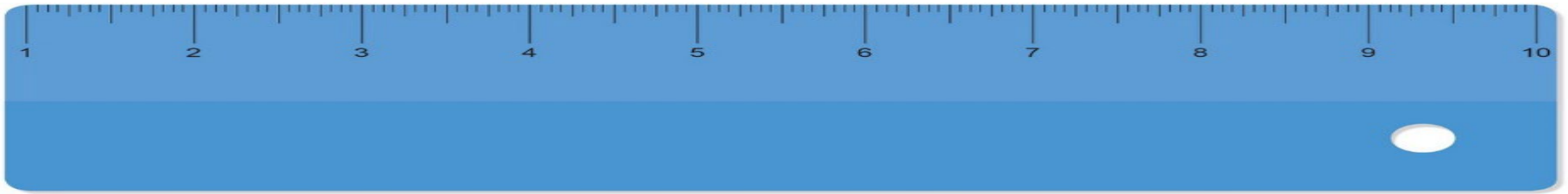
Assess: Use Readiness Rulers

- **On a scale from 1-10…..**

How <u>important</u> is it for you to quit smoking?

How <u>confident</u> are you that you will succeed?

How <u>ready</u> are you to quit smoking?



Assist: Determine what is feasible & appropriate

Ask+Advise+Refer (Opt In)

Ask+Advise+Refer (Opt Out)

Assist


Feasible
Appropriat
Level of investment
LOW
Brochures, Fact Sheets, Posters
"Opt In" Referral to Evidence-Based Support
"Opt Out" Referral to Evidence-Based Support
MED
Develop a Quit Plan
Pharmacotherapy
HIGH
Counseling

Implementation Plan
Align with What is Feasible & Appropriate

- 6 categories of implementation strategies
  - ✓Strategies to build buy in (e.g., planning, engagement)
  - ✓Training (e.g., workshops, didactic, case-based)
  - ✓Modifying incentives (e.g., financing)
  - ✓Revising professional roles (e.g., restructuring)
  - ✓Audit & feedback (e.g., managing quality)
  - ✓Creating credentialing or licensure standards (e.g., policy)

Source: Powell et al. A compilation of strategies for implementing clinical innovations in health and mental health. Med Care Res Rev 2012;69(2) 123-157

Pre-Implementation Planning

1. Does your clinic have the willingness and capacity to help patients quit smoking via prescribing and/or counseling?

2. Does your health system have centralized tobacco use treatment service? Do you know how to access it? Do you know what they offer?

3. Are you aware of publicly available, free, and evidence-based cessation support and how to access it?
    - Web-based and Text Services:
        - Smokefree.gov
        - smokefreeTXT/SmokefreeMom (pregnancy)/SmokefreeTXT, etc.
    - Telephone-based:
        - 1-800-QUIT-NOW (1-800-784-8669)

Strategic Planning

- **Who to Invite:** Clinic personnel, *tobacco use treatment personnel*, pharmacy, IT, marketing, decision makers
- **What:** Identifying what is feasible & appropriate given resources
- **How:** Discuss how you will implement the cessation strategies
- **When:** Decide when will you implement
- **Who** is responsible?
- **Self-monitoring**: create a system for feedback

Capacity Building

- **Health Professionals:** Build skills & confidence
  - **Ask, advise, assess**
  - **Assist:** refer, quit plan, prescribe
    - Understand resistance ≠ failure.
- **Identify a clinic champion**
- The **physical environment** should reinforce commitment to cessation (e.g., brochures, posters)
- **Prompts** (self-admin, electronic, personal)
- **Document quit date, assistance provided**
- **Integrate the As** into workflow

Make the right choice, the easy choice…

- Clinic and Health System
  - Make the As routine practice and operationalize them through an SOP
  - Commit to ensuring you have resources to help your patients quit smoking
    - In house or refer
    - Promising data on NRT sampling[10,11]
  - Ensure all staff are trained and know their role in helping patients quit
  - If you must refer, use *opt out* versus *opt in*
  - Engage IT in developing electronic reminders, prompts, and prescriptions
  - Create a health systems/centralized tobacco use treatment service for clinics where point-of-care isn't feasible

- Big "P" policies
  - Proactive quitlines (offer follow-up counseling calls)
  - Optimal insurance coverage to reduce tobacco users' out-of-pocket costs for evidence-based cessation services
  - Mass health communication strategies that promote free, publicly available services
  - Environments that support cessation include enforced clean air laws and tobacco taxation

"To him who devotes his life to science, nothing can give more happiness than increasing the number of discoveries, but his cup of joy is full when the results of his studies immediately find practical applications."

—Louis Pasteur

Thank you.

Citations

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