

# **Opportunities and Challenges for Healthcare Providers in Tobacco Dependence Treatment**

**Reducing Tobacco-Related Cancer  
Incidence and Mortality**

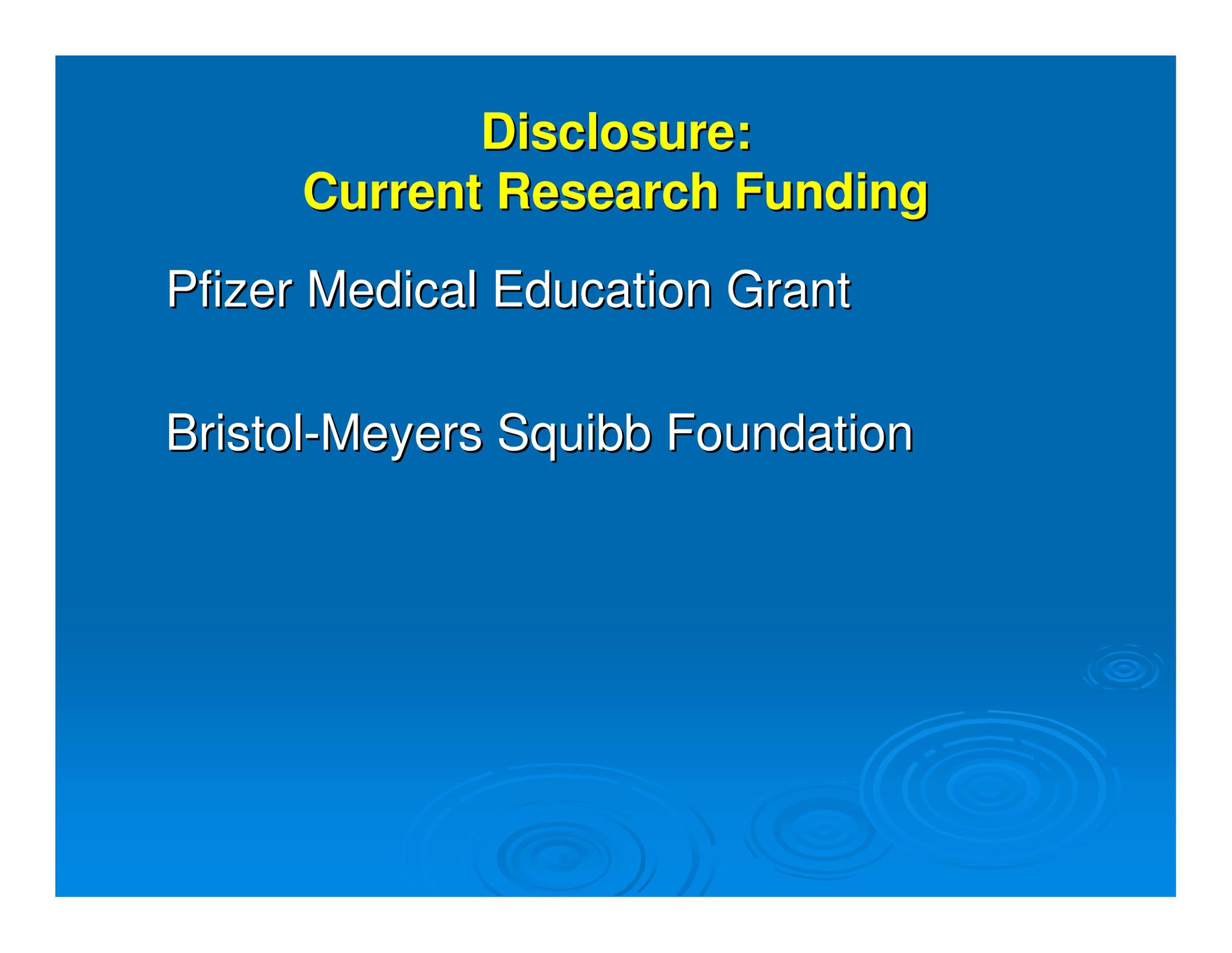
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**Linda Sarna DNSc, RN, AOCN, FAAN  
Professor and Lulu Wolf Hassenplug Endowed Chair  
School of Nursing, University of California, Los Angeles**

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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

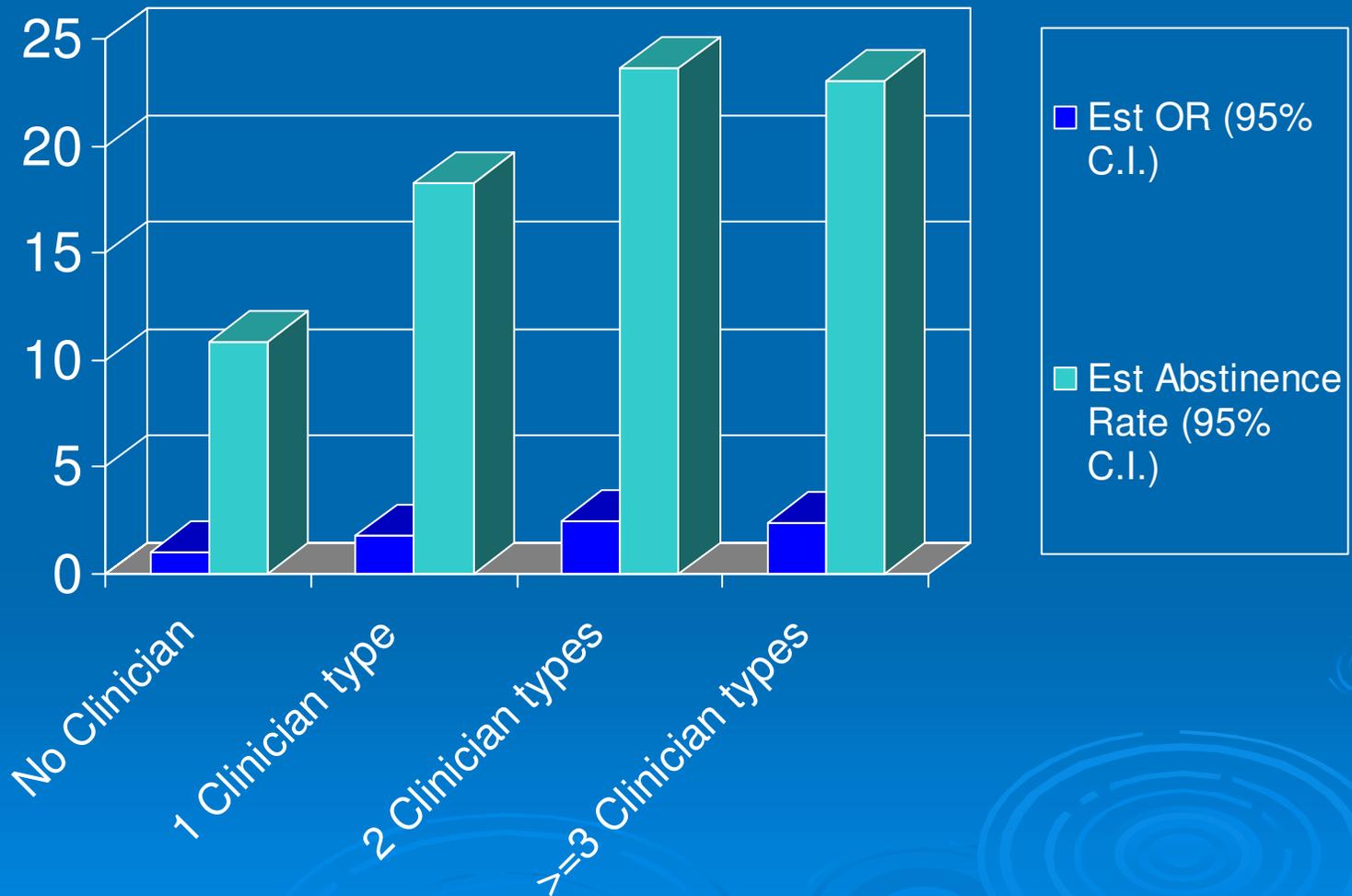
Metrics for good practice

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) <sup>a</sup>

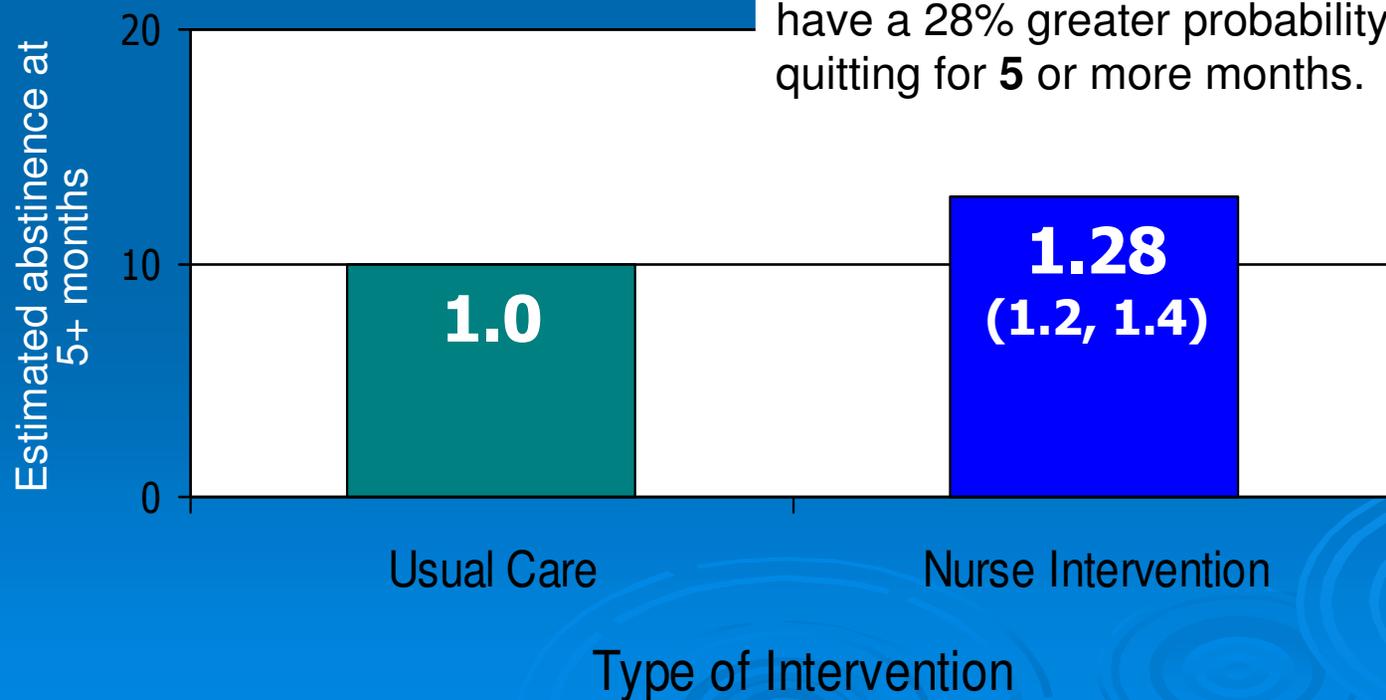


# NURSES CAN MAKE a DIFFERENCE

## 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.

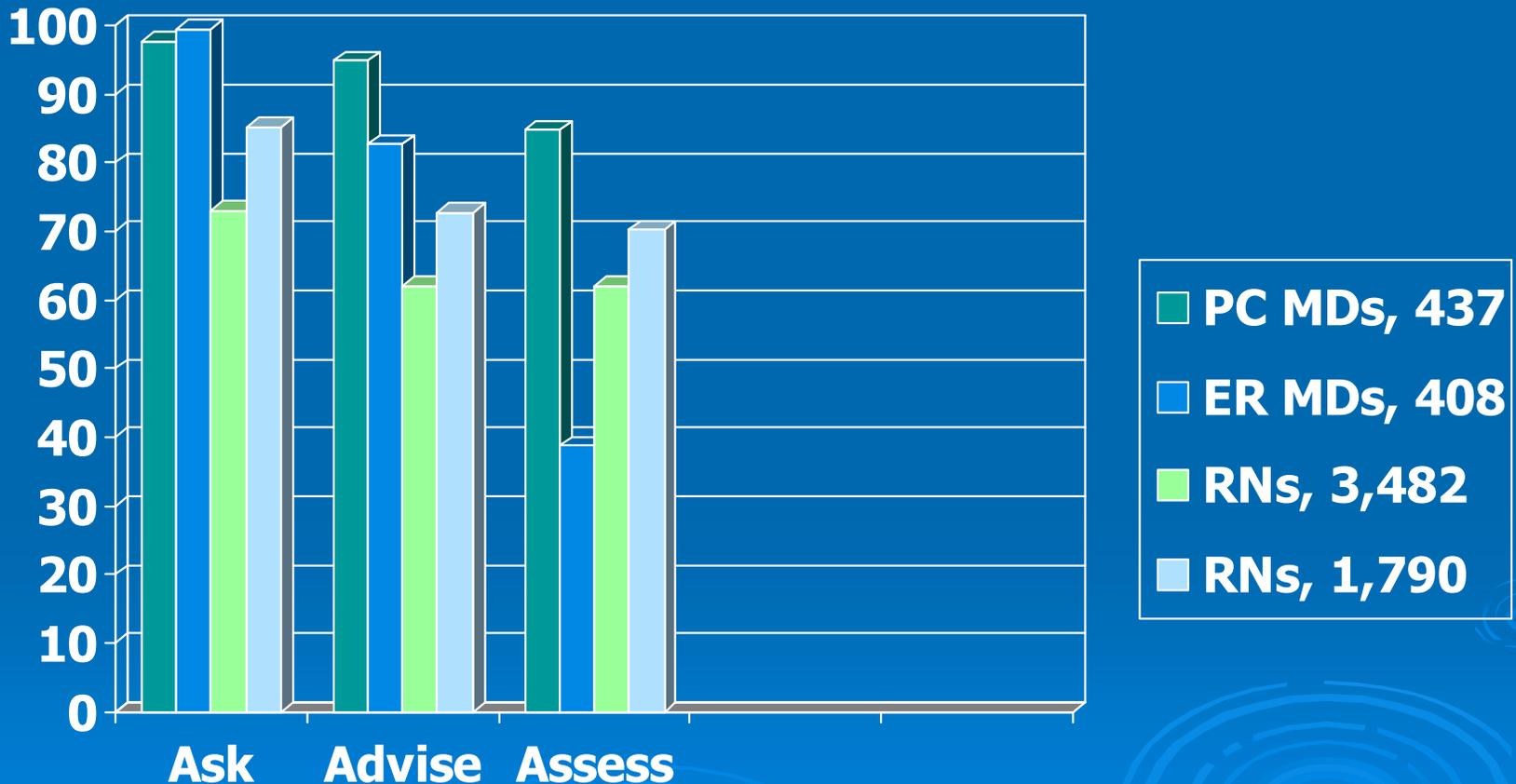


# How well are healthcare professionals treating tobacco dependence?

Growing number of studies of healthcare professionals in different settings and with different populations

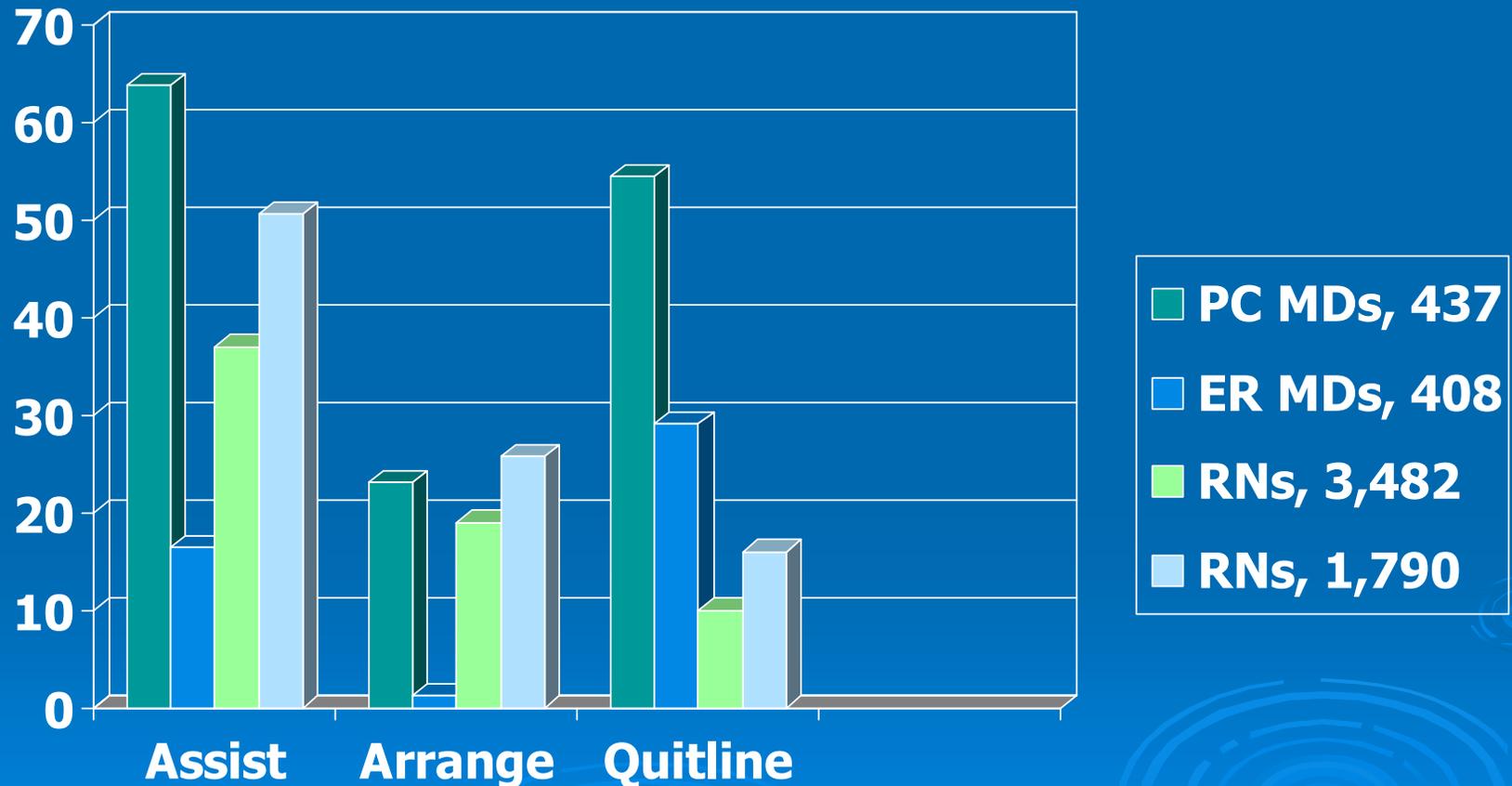


# Self-report survey Data from Physicians and Nurses: Ask, Advise & Assess



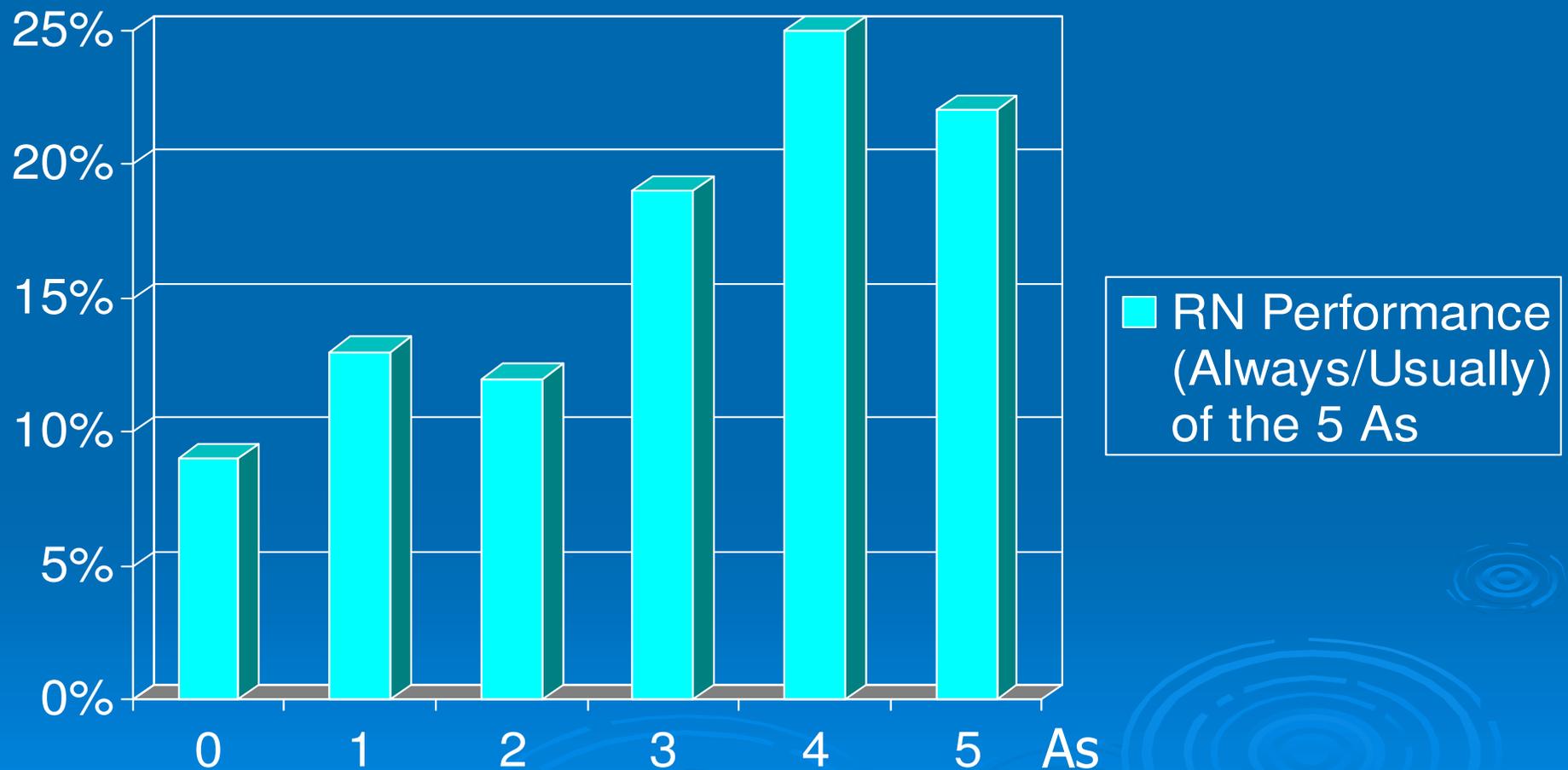
Tong et al., National Survey of US health professionals' smoking prevalence, cessation practices, and beliefs. *Nicotine & Tob Res*, 2010, 7:724-33. Sarna et al., Frequency of nurses' smoking cessation interventions: report from a national survey. *J of Clin Nurs*, 2009, 18:2066-77; Sarna et al., Nurses' treatment of tobacco Dependence in hospitalized smokers in three states. *Res Nurs Health*, 2012, 35:250-64.

# 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*



Sarna, Bialous, Ong, Wells, & Kotlerman. (2012). Nurses' treatment of tobacco dependence in hospitalized smokers in three states. *Research in Nursing & Health*, 35: 250–264. DOI: 10.1002/nur.21476

# 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.

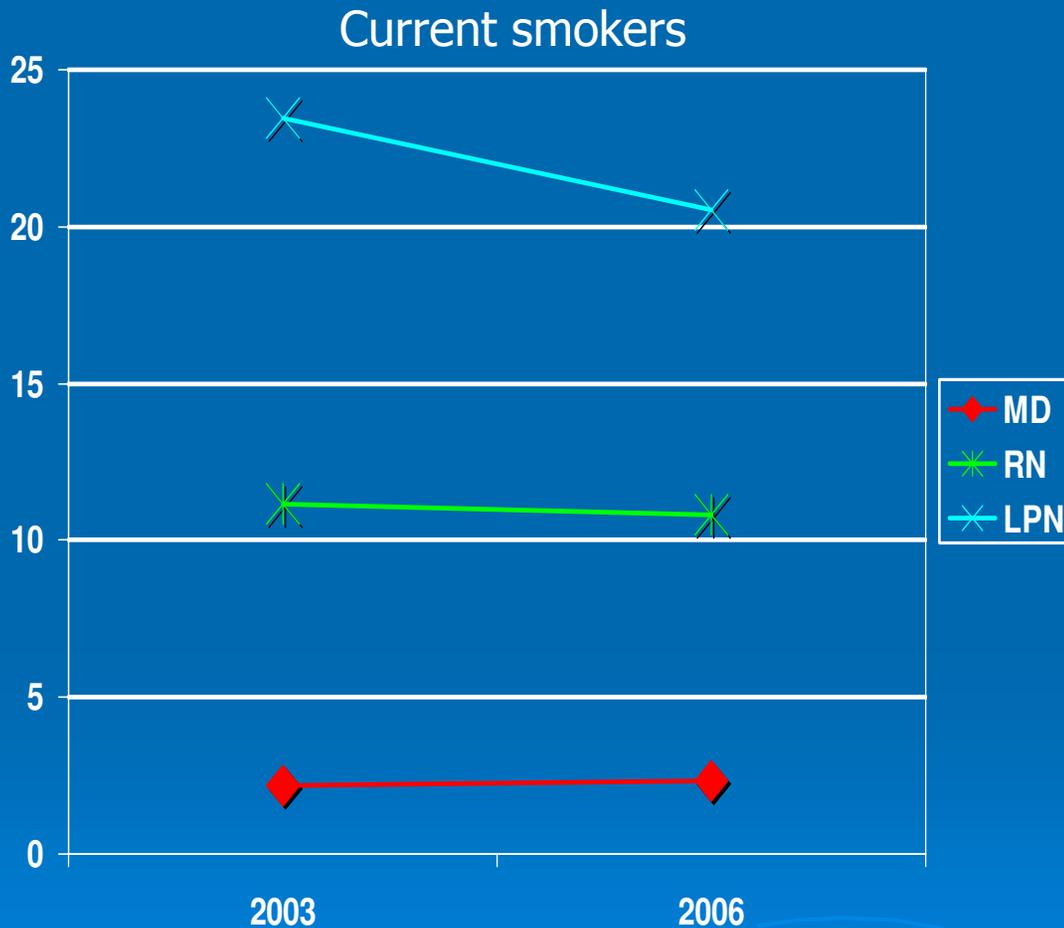
**Smoking among healthcare providers is a health risk and affects their interventions with patients who smoke**



1947

# Decline in smoking by doctors and nurses in the U.S.:

## Tobacco Use Supplement-Current Population Survey



Support for students & clinicians who use tobacco

- 1 Onsite
- 1 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
- 1 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

# Lack of knowledge and skills: Pre-licensure education

## Curricula coverage in medical and nursing schools

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

Ferry, Grissino & Runfola. Tobacco dependence curricula in US undergraduate medical education. *JAMA* 1999, 282: 825-9; Sarna et al., Tobacco dependence curricula in U.S. Baccalaureate and graduate nursing education. *Nurs Outlook* 2004,52: 95-101.

# Education of Practitioners in Tobacco Dependence Makes a Difference!

Increases confidence and skills

Impacts practice

- 1 Improves frequency of intervention
- 1 Less evidence that improves patient outcomes

Variety of methods

- 1 Classroom
  - Model patients, clinical simulation
- 1 Web-based

Lancaster, Silagy, & Fowler, Training health professionals in smoking cessation. *Cochrane Database Syst Rev*, 2000. CD000214; Sarna, Bialous, & Wewers, Promoting Tobacco dependence treatment in nursing education. *Drug Alcohol Rev*, 28:5-7-16

# Lack of knowledge and skills: Pre-licensure education

How can this change?

- 1 Influence licensure examinations?
- 1 Influence specialty certification
- 1 Necessary for accreditation of health professional schools?

# Many Educational Resources for Healthcare Professionals: Focus on Cancer

## Rx for Change: Clinician-Assisted Tobacco Cessation Program

- 1 2-hour program funded by the Walther Cancer Institute Foundation
- 1 Requires registration for CE/CME

<http://olr.cmeenterprise.com/8199/default.aspx?id=>

# 2012: ASCO is evaluating a new online Tobacco Cessation Guide for Clinicians

The screenshot shows a web browser window displaying the ASCO Tobacco Cessation Guide. The browser tabs include 'Tobacco Cessation Guide - ASCO', 'ROWE.ASCO.ORG', and 'Courtney Tyne - Outlook Web App'. The address bar shows the URL 'www.asco.org/ASCOv2/Practice/Cancer+Prevention/Tobacco+Control+%26+Cessation/Tobacco+Cessation+Guide'. The page title is 'Tobacco Cessation Guide - ASCO'. The breadcrumb trail is 'ASCO Home > Practice & Guidelines > Quality Care > Cancer Prevention > Tobacco Control & Cessation > Tobacco Cessation Guide'. The main content area is titled 'ASCO's TOBACCO CESSATION GUIDE For Oncology Providers'. It features a table of contents with four sections: 1. TALKING TO PATIENTS ABOUT TOBACCO USE, 2. MOTIVATING PATIENTS TO STOP USING TOBACCO, 3. TREATING NICOTINE DEPENDENCE IN PATIENTS WITH CANCER, and 4. INCORPORATING TOBACCO DEPENDENCE TREATMENT INTO YOUR PRACTICE. Each section includes a list of key questions and a 'Read This Section >>' link. A sidebar on the left contains a navigation menu with categories like 'Practice & Guidelines', 'Quality Care', 'Cancer Prevention', 'State Affiliates', 'Public Policy', 'Research Resources', and 'Education & Training'. A right sidebar contains 'Download Now:' links for the complete guide and assessment tools, and 'Also See:' links for acknowledgements and references. A 'Give Feedback' button is visible in the bottom right corner.

**ASCO's TOBACCO CESSATION GUIDE**  
For Oncology Providers

|    |  |  |
|----|--|--|
| 1. | <b>TALKING TO PATIENTS ABOUT TOBACCO USE</b> <ul style="list-style-type: none"><li>• Why do I need to talk to my patients about their tobacco use?</li><li>• What do I need to find out from my patients about their tobacco use?</li><li>• How can I help my patients stop using tobacco?</li></ul> <a href="#">Read This Section &gt;&gt;</a>  | <b>Download Now:</b> <ul style="list-style-type: none"><li>• Complete Guide</li><li>• Assessment of Tobacco Use History</li><li>• Assessment of Tobacco Use During Routine Patient Encounters</li><li>• Patient-Focused Cessation Resources</li></ul> <b>Also See:</b> <ul style="list-style-type: none"><li>• Acknowledgements &amp; References</li></ul> |
| 2. | <b>MOTIVATING PATIENTS TO STOP USING TOBACCO</b> <ul style="list-style-type: none"><li>• What should I tell patients about tobacco use and their treatment?</li><li>• When is the best time to talk to patients about their tobacco use?</li><li>• What do I say to patients who tell me they're not ready to stop using tobacco?</li></ul> <a href="#">Read This Section &gt;&gt;</a> |  |
| 3. | <b>TREATING NICOTINE DEPENDENCE IN PATIENTS WITH CANCER</b> <ul style="list-style-type: none"><li>• How can I help patients understand their dependence on tobacco?</li><li>• How can I use evidence-based treatments?</li><li>• How can I tailor my advice and treatments to meet patients' needs?</li></ul> <a href="#">Read This Section &gt;&gt;</a>                               |  |
| 4. | <b>INCORPORATING TOBACCO DEPENDENCE TREATMENT INTO YOUR PRACTICE</b> <ul style="list-style-type: none"><li>• Can I get reimbursed for offering tobacco cessation treatments?</li><li>• What resources are available to help me support my patients' efforts to stop using tobacco?</li></ul> <a href="#">Read This Section &gt;&gt;</a>  |  |

[Give Feedback](#) ASCO

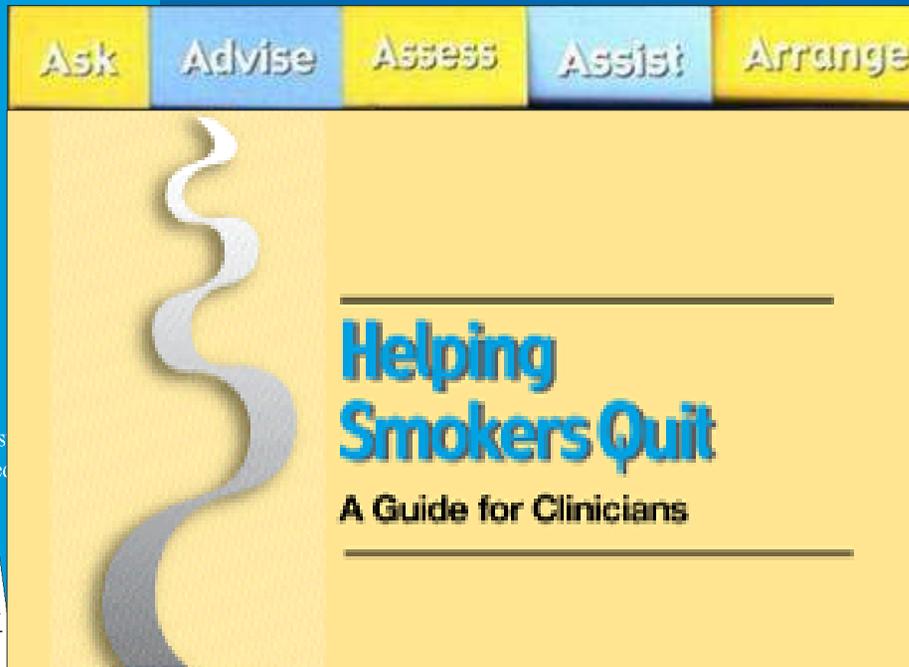
# Tools exist to make evidence-based tobacco dependence treatment easier

Ask

Ask about tobacco use at every visit.

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

| VITAL SIGNS             |   |
|-------------------------|---|
| Blood Pressure: _____   | Weight: _____   |
| Pulse: _____            | Temperature: _____  |
| Respiratory Rate: _____ | Tobacco Use: <input type="radio"/> Current <input type="radio"/> Former <input type="radio"/> Never |
|                         | (circle one)  |



## The 5 A's

- Ask
- Advice
- Assess
- Assist
- Arrange

## 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

1 <http://www.ahrq.gov/path/tobacco.htm>

National Cancer Institute's online quit program

1 <http://www.smokefree.gov/>

American Cancer Society patient and provider materials

1 [http://www.cancer.org/docroot/PED/ped\\_10.asp](http://www.cancer.org/docroot/PED/ped_10.asp)

# 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

# Policies Supporting Role Expectations for Tobacco Dependence Treatment by Oncology Healthcare Providers

## **ASCO Policy on tobacco control:**

- <http://www.asco.org/asco/downloads/TobaccoControl.pdf>

## **Oncology Nursing Society Policy on Tobacco Control**

- <http://www.ons.org/Publications/Positions/Tobacco/>

# Competing priorities: Values and Priorities

## What are the expectations for “good” care?

- 1 How do we recognize best practices?
- 1 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**

Reda et al. Healthcare financing systems for increasing the use of tobacco dependence treatment. *Cochrane Database Syst Rev*, 2009, CD004305; Sivey et al. The effect of financial incentives on the quality of health care provided by primary care physicians (Review) *The Cochrane Collaboration*, 2011, Issue 9.

# 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**
- 1 **Mixed evidence**

# Using Metrics to Measure Good Care Monitoring Disparities

**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**

Cokkinides, Halpern, Barbeau, Ward, & Thun. Racial and ethnic disparities in smoking-cessation interventions: analysis of the 2005 National Health Interview Survey. *Am J Prev Med*, 2008, 34:404-12; Vidrine, Reitzel, Wetter. The role of tobacco in cancer health disparities. *Curr Oncol Rep*, 2009, 11:475-81.

# Institutional Challenges: Tobacco dependence treatment at NCI Cancer Centers

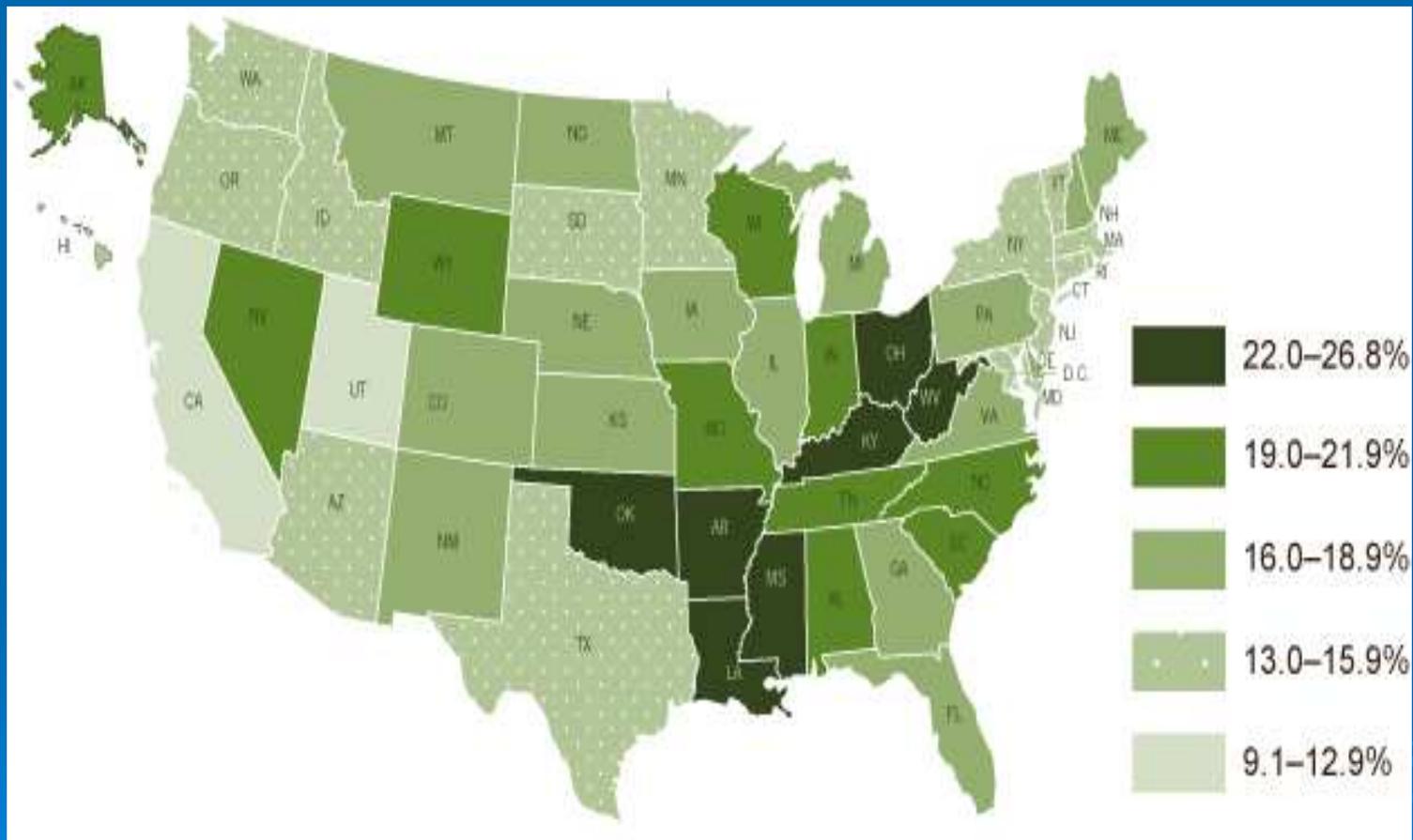
Some models of quality tobacco dependence treatment

For most, still not standard of care:

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

Morgan et al, National Cancer Institute Conference on Treating Tobacco Dependence at Cancer Centers. *J of Oncology Practice*, 2011, 7:178-182.

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

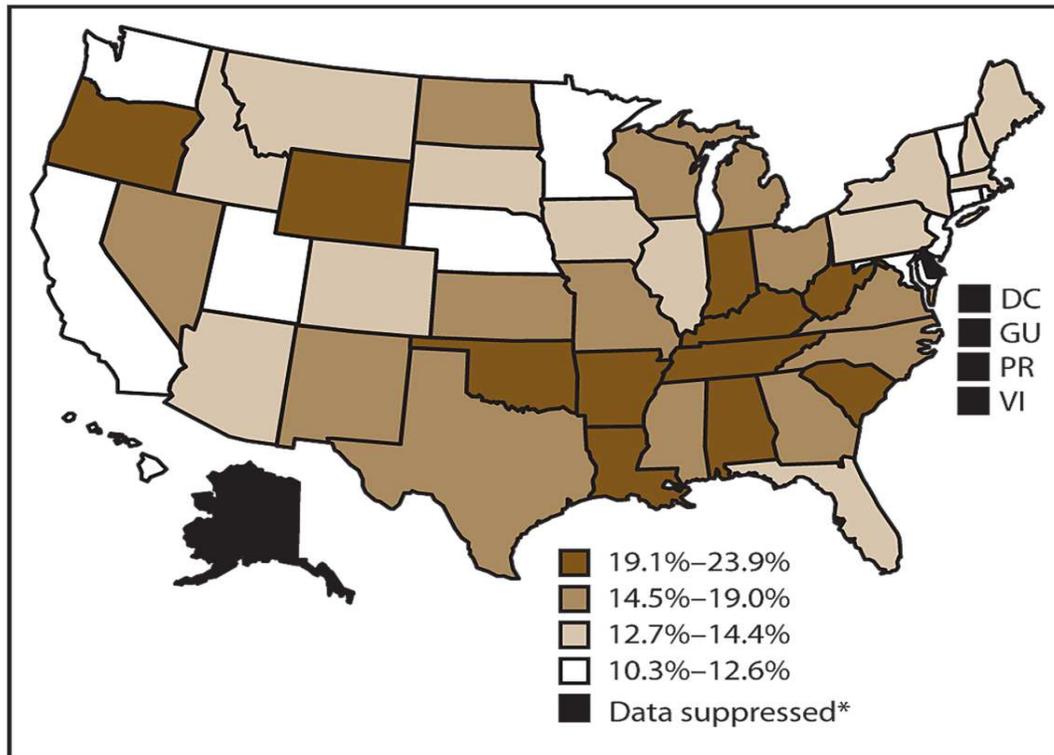


Behavioral Risk Factor Survey, 2010

<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  $\geq 18$  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

# 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

[http://www.cdc.gov/tobacco/data\\_statistics/state\\_data/state\\_highlights/2010/map/index.htm](http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/map/index.htm)

## 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)

# Next Steps Challenges and Opportunities

