

1 Hour Session and Learning Collaborative

The Brief Tobacco Intervention: 5As

October 22, 2020

12:00pm-1:00pm

1:00pm-1:30pm (LC Participants Only)

**Learning Collaborative
Participants Please remain on the
WebEx following presentation**



OneCare Vermont

onecarevt.org



WebEx Details

Please use Mozilla's Firefox or Google's Chrome to access the WebEx application. If you do not have one of these browsers installed, you will need to download one of them.

WebEx Details:

1. Open FireFox or Google Chrome
2. Enter: www.webex.com or click link:
<https://onecarevt.webex.com/onecarevt/j.php?MTID=m5024baec80cbf7b929b1895c0a56909e>
3. Click on "Join" in the upper right hand corner
4. Enter Meeting Number: 172 146 0299
5. Enter Meeting Password: OCVT
6. Enter Your Name and Enter Your Email Address
7. Call 1-415-655-0001 & 172 146 0299



Monitoring Form

Date: 10/22/2020

Title of Program: OneCare Vermont – The Brief Tobacco Intervention: 5As

Where: via WebEx

Please list speaker/moderator:

Norman Ward, MD; Sarah Cosgrove, RCP, MTTs, AE-C, Community Health Team, CHT Education Coordinator

Please list all planning committee members:

Norman Ward, MD; Susan Shane, MD; Jennifer Gordon, LICSW; Emily Martin, RN; Tawnya Safer, BS

Purpose Statement/Goal of this activity:

Learning objectives (do not use “understand”):

1. Understand the incidence rates of tobacco use in the US and Vermont
2. Overview of the 5As in tobacco use intervention

Does the speaker or any of the planners have anything to disclose? ☐Yes ☒No

If yes, please list all potential conflicts of interest: If yes, were the potential conflicts resolved: ☐Yes ☒No

Did this activity receive any commercial support (grants or in-kind)? ☐Yes ☒No

If yes, please list all organizations and support type:

In support of improving patient care, The Robert Larner College of Medicine at The University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

The University of Vermont designates this live activity for a maximum of 1AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This program has been reviewed and is acceptable for up to 1 Nursing Contact Hours.

As a Jointly Accredited Organization, The Robert Larner College of Medicine at the University of Vermont is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. The University of Vermont maintains responsibility for this course. Social workers completing this course receive 1 continuing education credits.

This activity was planned by and for the healthcare team, and learners will receive 1Interprofessional Continuing Education (IPCE) credit for learning and change.



Important Reminder:
All WebEx Participants
will be muted during
this session. Please
put any questions in
the chat box and Dr.
Levine will answer if
time permits.



Welcome

Norman Ward, MD
Chief Medical Officer

Agenda

	Presenter	Time
Noon- 12:05pm	Norman Ward, MD Chief Medical Officer, OneCare Vermont Introduction & Session Logistics	15 Minutes
12:15pm- 12:45pm	Sarah Cosgrove, RCP, MTTs, AE-C Community Health Team Rutland Regional	30 Minutes
12:45pm- 1:00pm	Q&A	15 Minutes

Presenter Bio(s)

Sarah Cosgrove, RCP, CTTs-M, AE-C- Sarah is the CHT Education Coordinator for the Community Health Team at Rutland Regional Medical Center. Sarah is a licensed Respiratory Therapist, Health Coach, certified master level Tobacco Treatment Specialist and certified Asthma Educator. In these roles, Sarah has conducted training and provided mentoring for Tobacco treatment specialists and Asthma Educators over the past 12 years. She is also the Regional Coordinator for Tobacco Cessation services in the Rutland hospital service area where she works in the community, 1:1 and with groups. Sarah is a University of Massachusetts certified trainer for Tobacco Treatment specialists working with the VT department of Vermont as a content expert. She assisted in the development of Vermont training for the American Cancer Society's Fresh start Tobacco cessation groups, conducting trainings across the state. In addition, Sarah also works as the Asthma educator as part of the In Home Visiting Asthma program providing individualized education to patients with asthma and identifying environmental triggers in the home.



Session Goal & Learning Objectives

Session Goal:

Session Learning Objectives:

1. Recognize the incidence rates of tobacco use in the US and Vermont
2. Overview of the 5As in tobacco use intervention



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One Care

The Brief Tobacco Intervention: 5As

Sarah Cosgrove

Respiratory Therapist & Master level Tobacco Treatment
Specialist

**Tobacco Use is the #1 cause of
PREVENTABLE death &
disease in the WORLD**

Smoking is a
risk factor
for 7 of the
8 leading
causes of
death

- Heart Disease **24%**
- Cancer (*Lung Cancer 82%, other cancers 20%*)
- Accidents (unintentional injuries)
- Chronic Obstructive Pulmonary Diseases (COPD & Asthma) **61%**
- Stroke (Cerebrovascular disease) **16.25%**
- Alzheimer's Disease
- Diabetes (**12.1%**)
- Influenza & Pneumonia

Risks from Smoking

Smoking can damage every part of the body

Cancers

Head or Neck

Lung

Leukemia

Stomach

Kidney

Pancreas

Colon

Bladder

Cervix

Chronic Diseases

Stroke

Blindness

Gum infection

Aortic rupture

Heart disease

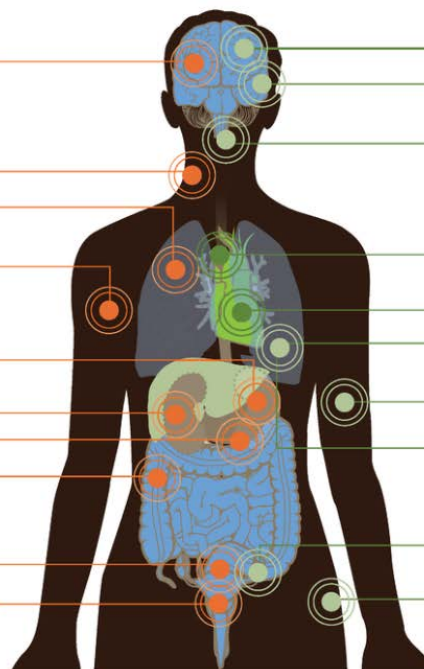
Pneumonia

Hardening of the arteries

Chronic lung disease
& asthma

Reduced fertility

Hip fracture



Learning Collaborative Measures and Data Collection

Teams will be asked to track and report data on the core performance measure:

- % of patients 18+ who were screened for tobacco use at least 1 time in 24 months and, if identified to be a tobacco user, received cessation intervention

Additionally, each team can select from the following operational best practice measures:

- % of patients with asthma or COPD who have a current (< 12 months old) written asthma or COPD management plan from a doctor or health care professional
- % of patients with asthma or COPD who are advised to change their environment to address and reduce environmental triggers
- % of patients with asthma or COPD who demonstrate proper inhaler use
- % of patients with asthma who have well controlled asthma or COPD as determined using ACT, TRACK, CAT or other evidence based tool or method
- % of patients with asthma or COPD who attest to second hand smoke in the household

Long term goal for all measures is 90% compliance

Helping
Smokers quit

**Even brief tobacco
dependence
treatment is effective
and should be offered
to every patient who
uses a tobacco
product**





THE BRIEF TOBACCO INTERVENTION: THE 5As

ASK

"Do you currently smoke or use other forms of tobacco?"

ADVISE

"Quitting tobacco is one of the best things you can do for your health. I strongly encourage you to quit."

ASSESS

"Are you interested in quitting tobacco?"

ASSIST

IF READY TO QUIT: Provide brief counseling and medication (if appropriate). Refer patients to other support resources that can complement your care like 802quits.org and **1-800-QUIT-NOW (784-8669)**. For tips on how to offer brief counseling, see www.ahrq.gov/path/tobacco.htm.

IF NOT READY TO QUIT: Strongly encourage patients to consider quitting by using personalized motivational messages. Let them know you are there to help them when they are ready.

ARRANGE

Follow up regularly with patients who are trying to quit.



Who, when & Where??

This protocol is to be used by ...

- **ALL doctors and dentists**, from primary care level to specialist, and SUPER specialist level, **during routine clinical work.**
- Nurses
- Respiratory Therapists
- Medical Assistants
- Care Managers
- Community Health Workers in the community

This protocol is to be used...

- **ALL health care facilities**
- Primary & Dental practices
- In patient care units & special care units
- Private- owned health facilities
- Home visits
- Free Clinics
- WIC Clinics

Health Care Professionals

All Health Care providers should :

- Serve as tobacco- free role models for the general public
- Address tobacco dependence as part of your standard of care practice
- Assess exposure to second-hand smoke and provide information about avoiding all exposure

If all primary care providers routinely ask about Tobacco use and advise tobacco users to stop....

- potential to reach 80 % of all tobacco users per year

- trigger 40 % of patients to make a quit attempt

- help 2-3 % of those receiving just brief intervention advice to quit successfully



**"Trust Me,
I'm a
Doctor"**

We ALL
Play a role



https://802quits.org/

802quits.org

ged bookmarks prevention New Tab Smoking Cessation... Provider & Partner... Workshops SMP Ac... Mail - Sarah Cosgro... Sign in - Google Ac... Sign In - Zoom Psychological First... Mentor Portal



REASONS TO QUIT ▾

I WANT TO QUIT ▾

STAYING QUIT ▾

ENROLL >

FOR PROVIDERS >

**WHEREVER YOU ARE ON
YOUR PATH TO QUITTING,
HELP IS HERE.**

WANT TO QUIT TOBACCO?

MAKE YOUR QUIT PLAN >

GET HELP QUITTING >

FREE NICOTINE REPLACEMENT >

TRYING TO STAY QUIT?

FUN QUIT TOOLS >

HOW TO MANAGE CRAVINGS >

HANDLING SLIPS >

Free tools and support for



THE BRIEF TOBACCO INTERVENTION: THE 5As

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ASK

Ask about tobacco use at every visit

- Implement a system in your clinic or office that ensures tobacco use status is obtained and recorded at every visit
- Let the patient know that asking this question is part of the process and they will be asked every visit as part of their vital signs
- Be sure to ask about E cigarette and vaping use in addition to cigarettes, cigars, pipe, chew tobacco

YOU NEED TO BE SPECIFIC

Vital signs

VITAL SIGNS

Blood Pressure: _____ Weight: _____

Pulse: _____

Temperature: _____

Respiratory Rate: _____

Tobacco Use: _____

Current Former Never
(circle one)

“ Do you , or does someone in your household, ever smoke or use any types of tobacco or nicotine, such as E – Cigarettes or vaping?

“ Which kinds and how frequently?”

“ If you don’t mind my asking, do you or others in your household smoke?”

Why are you asking??



“We care about your health, and we have the resources to help our patients quit”

“This medication _____ is used to treat medical conditions that are linked with or caused by smoking”

“This medication _____ is known to interact with tobacco smoke”

“Your (illness) is caused by (or exacerbated) by smoking . Quitting will greatly improve your chances of not getting worse”.

ADVISE

Advise all tobacco users to quit

- Use a clear, strong, and personalized manner, urge every tobacco user to quit:

“As your medical provider, I urge you to quit using tobacco. It is the single best thing you can make in your health. I think it would make a big difference.”

“Quitting is the single most important thing you can do to improve your health”

Link worsening of medical conditions with advice to quit:

ADVISE

“ Quitting tobacco is the most important thing you can do to protect your health, and I can help”

“It is important that you quit smoking/using chewing tobacco now, and I can help you. Occasional or light smoking is still dangerous.”

“As your clinician, I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future. The clinic staff and I will help you.”

Practice Advising

- 68 year- old female , Recent dx of COPD, positive smoking hx, 400 pack years ($\frac{1}{2}$ pack /day * 40 years) , being seen for Respiratory infection
- 16-year-old male, Athlete, Exercise Induced Asthma, Vaping- JUUL 3-4 days a week, increased SOB and needing to use inhaler more
- 2 year- old female, RSV hx, frequent ear infections, runny nose, not sleeping at night, being seen for frequent cough, you smell cigarette smoke on child , mother denies smoking in home

ASSESS READINES S TO QUIT

Ask every tobacco user if they are willing to quit at this time

- If willing to quit-
 - *provide resources and assistance*
- If unwilling to quit at this time-
 - *help motivate Identify reasons to quit in a supportive manner*
 - *Build confidence about quitting*

For former tobacco users, ask how recently she or he quit and whether they are experiencing any challenges to remaining tobacco free.

ASSESS READINESS TO QUIT

- “Have you ever tried to quit or thought about quitting?”
- Tell me about your previous quit attempts. What did you learn from them? “What is holding you back from trying again?”
- “What do you think would help you quit, and what can I do to help you?”
- “When you think you would like to try quitting?”

ASSIST

Those who
want to quit

Assist to create a quit plan:

As part of a patient's preparation for quitting, encourage them to take the following steps (STAR):

- **S**et a quit date, ideally within 2 weeks.
- **T**ell your family, friends, and coworkers
- **A**nticipate challenges, particularly during the first few weeks
- **R**emove tobacco products from environment

Give 802 Quits Resources flier and local workshop schedule

ASSIST

Consider NRT

Recommend FDA-approved medications

FDA-approved medications include the following:

- **Short-acting:** Nicotine gum, nicotine lozenge, nicotine inhaler, nicotine nasal spray
- **Long-acting:** Nicotine patch, nicotine patch and Wellbutrin in combination, Combination
- **Prescription medications :** Wellbutrin (bupropion SR), Chantix (varenicline)



Nicotine Patch



Nicotine Gum



Inhaler



Nasal Spray



Lozenge



Nicotine Replacement Therapy

NRT & Prescription Quit Aids Coverage

With a prescription :

- Medicaid covers Nicotine replacement therapy patches up to 16 weeks
- BCBS covers 8 weeks of patches
- CIGNA packages vary

802 QUITs

(delivered to home address may take up to 2 weeks)

- 1-800- QUIT-NOW 8 weeks worth of patches & gum or patches & Lozenges or 16 weeks patches alone per 365 days
- In person groups 8 weeks worth of patches & gum or patches & Lozenges or 16 weeks patches alone per 365 days

ASSIST

Provide practical counseling, including problem-solving or skills training:

- *Make abstinence the goal.*
 - "Not even a single puff after the quit date."*
 - "1 puff is too much, a thousand is not enough"*
- **Review past quit experience**
 - *help identify what helped and what did not work in previous quit attempts*
 - *build on past successes*
 - *experience from other addictions, loved ones or self*

ASSIST

Anticipate challenges or triggers for the upcoming quit attempt

- *Discuss challenges or triggers*
- *Stress positive self talk*
- *Avoid alcohol*
- *Engage other smokers in the household*
- *Encourage housemates to not smoke in their presence and home and vehicles.*

ASSIST

Provide referral to supplemental counseling and other resources

- Information on or referral to a tobacco cessation support
 - 1 800-QUIT-NOW phone service helpline
 - 802quit.org
 - Local cessation resources
 - In-house clinical services
 - Blueprint for Health tobacco cessation services
- Tobacco cessation counseling resources or referrals integrated into the EHR or available in exam rooms



802 QUITs Resources

Quit
Partners
Groups
in-person in
your
Community
ON HOLD

St. Albans: Northwestern Medical Center
Deana Chase, 802-370-5626
deana.chase@ncssinc.org

Morrisville: Community Health
Services of Lamotte Valley
Elise McKenna:
emckenna@hdpconsulting.com
Hannah Ansel:
hancel@chsiv.org

Chittenden: University of Vermont
Medical Center
Amy Rainville, 802-847-7255
Amy.Rainville@uvmhealth.org

Middlebury: Porter Medical Center
Courtney Thorn
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January 2020



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Brattleboro: Brattleboro Memorial Hospital
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**Blueprint Self-Management
Regional Coordinators**



Myhealthyvt.org

OCT
7

QUIT SMOKING

Online FreshStart -Quit Smoking @ Hosted by Brattleboro Memorial Hospital, Available Statewide

Oct. 7, 2020 to Oct. 28, 2020 on Wednesdays 05:00 pm - 06:00 pm

REGISTER

OCT
12

QUIT SMOKING

Online FreshStart- Quit Smoking @ Hosted by Brattleboro Memorial Hospital, Available Statewide

Oct. 12, 2020 to Nov. 2, 2020 on Mondays 01:30 pm - 02:30 pm

REGISTER

OCT
15

QUIT SMOKING

Online FreshStart-Quit Smoking @ Hosted by Central Vermont Medical Center, Available Statewide

Oct. 15, 2020 to Nov. 19, 2020 on Thursdays 06:00 pm - 07:00 pm

REGISTER

Motivate to Quit

For patients unwilling to quit at this time
provide brief motivational messages to
increase the likelihood of a future quit attempt

"I feel so strongly about tobacco use and its effect on
your health that I will ask you about it when I see you
next."

- **Relevance-** *Motivational information has the greatest impact if it is relevant to a patient's disease status or risk*
- **Risks-** *Ask the patient to identify potential negative consequences of smoking.*

Motivate to Quit



- **Rewards**- ask the patient to identify potential benefits of stopping tobacco use



- **Roadblocks**- ask the patient to identify barriers to quitting



- **Repetition**- *remind the patient that most people make repeated quit attempts before they are successful.*

ASSIST

For the recent quitter and anyone experiencing challenges with quitting

- *provide relapse prevention and support*
- *initiate a brief discussion with the patient focused on the following:*
 - *successes the patient has had in quitting*
 - *issues encountered (e.g., stress, other smokers)*
 - *correct use of any medication prescribed*

ARRANGE

Arrange follow up visits

All patients receiving the brief tobacco cessation intervention should

- receive follow-up to monitor challenges and medication adherence.
- Follow-up can take place at a clinic, Tobacco cessation groups, Community Health Team tobacco treatment specialists 1:1, via EHR, or via phone.

Practice Case Study

**ASK
ADVISE
ASSESS
ASSIST
ARRANGE**

GRETTA-

62-year-old woman, lives in substandard SASH housing, recent hospitalization for Pneumonia, Hx of SUD, diabetes, anxiety, depression, increased shortness of breath, bronchitis 2-3xs a winter, uses Pro Air inhaler up to 4xs a week



Practice Case Study

ASK ADVISE

JAMES-2-year-old,
grandmother is care giver,
attends daycare, frequent
respiratory infections, ear
infections, unable to
attend daycare when ill,
grandmother misses work
often



Practice Case Study

ASK- *Positive Tobacco HX*

1 ppd/ 50 years

ADVISE- *??*

ASSESS- *NOT willing to quit*

ASSIST-??

ARRANGE-???

Henry

64-year-old male, new to the area, works outdoors COPD HX, Recent hospitalization for Pneumonia, Overweight daughter and grandchildren live with him



Case Study

**ASK
ADVISE
ASSESS
ASSIST
ARRANGE**

Brittany

20 years old, female,
UVM college student,
denies smoking, lives in
dorm, worsening
asthma symptoms,
follow up to ED visit-
Respiratory infection



Thank you

Sarah Cosgrove RCP, Ae-C, TTS-C
Rutland Regional Medical Center
scosgrove@rrmc.org



Questions: Please Use Chat Box

UVM CME/CEU

If you are interested in claiming 1.0 Credit for attending this session, please use the following or scan the QR code below.

<http://www.highmarksce.com/uvmmed/index.cfm?do=ip.claimCreditApp&eventID=15261>



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Survey Monkey Session Evaluation Link:



<https://www.surveymonkey.com/r/tobaccointerventionsarahcosgroveoct2020>

Who to Contact with Questions:

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Tawnya Safer
Clinical Program Specialist
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Thank You!



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