Tobacco Cessation & SD QuitLine Healthcare Systems

Presented By:
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Topics

- Toll of tobacco
- Priority Populations
- Importance of tobacco cessation in your practice
- Health Systems Change
- Ask, Advise, Refer- 2As & R
- SD QuitLine
Cardiovascular & Metabolic Diseases 160,000 (33%)
Lung Cancers 127,700 (27%)
Respiratory Diseases 113,100 (24%)
Secondhand Smoke 41,284 (9%)
Other Cancers 36,000 (8%)

About 480,000 U.S. Deaths Attributable Each Year to Cigarette Smoking
Risks from Smoking
Smoking can damage every part of your body

**Cancers**
- Oropharynx
- Larynx
- Esophagus
- Trachea, bronchus, and lung
- Acute myeloid leukemia
- Stomach
- Liver
- Pancreas
- Kidney and ureter
- Cervix
- Bladder
- Colorectal

**Chronic Diseases**
- Stroke
- Blindness, cataracts, age-related macular degeneration
- Congenital defects—maternal smoking: orofacial clefts
- Periodontitis
- Aortic aneurysm, early abdominal aortic aneurysm in young adults
- Coronary heart disease
- Pneumonia
- Atherosclerotic peripheral vascular disease
- Chronic obstructive pulmonary disease, *tuberculosis*, asthma, and other respiratory effects
- Diabetes
- Reproductive effects in women (including reduced fertility)
- Hip fractures
- Ectopic pregnancy
- Male sexual function—erectile dysfunction
- Rheumatoid arthritis
- Immune function
- Overall diminished health

(CDC logo)
Cost of Tobacco Use

South Dakota

- $373 million in tobacco related health care costs per year
- $282.5 million in lost work productivity
- $782 per household in taxes
South Dakota

Adult Smoking Rates:

U.S. 17.1 %

SD 18.1 %
Priority Populations

• Youth & Young Adults
• American Indian
• Pregnant Women
• Spit Tobacco Users
• Mental Health & Substance Abuse Populations
• Medicaid Clients
Tobacco use is a chronic condition, and like other chronic conditions, every tobacco user should be offered treatment.

The ability to assist with tobacco cessation is the responsibility of every health care professional who sees tobacco using patients.
What is a Health System?

Health System (hospital, clinic, practice)

- Goals and policies
- Care team
- Administrative, clerical and information processes
- Quality improvement initiatives
- Clinical education and training
- Technologies
Why Health Systems?

Patient Benefits
- Improves health and quality of life
- Greatly reduces risk of disease and premature death

Provider Benefits
- Increases patient satisfaction with providers
- Improves health outcome
- Improves quit rates

Practice Benefits
- Increases revenue
- Increases accountability
- Meets local, state, and healthcare delivery and payment reform
- Improves performance in routine care
What is Health Systems Change

When thinking tobacco control:

1. *Every* patient is screened for tobacco use and tobacco use status is documented.

2. Patients who use tobacco are advised to quit and provided with options for evidence based treatments.
What does this look like?

Institutionalized cessation interventions

Every patient is screened for tobacco use

Tobacco use status is documented

Advised to quit and provided with treatment options

Tobacco addiction is a chronic disease
5 Strategies to Systems Change

1. Implement Policy
2. Make Cessation a Priority
3. Get Trained
4. Ask, Advise, Refer
5. Promote the SD QuitLine
Implement Policy

Is your healthcare facility the epitome of health?
Make Cessation a Priority

Making it a priority:

• Improves healthcare
• Overall health
• Reduces healthcare costs

Patients want and expect their healthcare provider to talk to them about quitting.

80% visit a healthcare provider every year.

Only 30% say they received counseling or medication options.
Healthcare Systems Strategies for Tobacco Cessation: 
A Model Policy Guideline

goodandhealthysd.org/healthcare
Provider Education

sdquitline.com (under provider tab)

• Resources
• In-Person Trainings
• System Strategies
• Medication Options

• Webinars
• Quarterly Newsletter
• Materials

PROF + SD QuitLine = More tobacco-free patients.
Learn how to make a QuitLine referral using PROF training
dohiprofspd.org

• Free, online training module
• For Healthcare Providers
• Tobacco cessation, SD QuitLine, & referring patients
FREE Education Materials:

- Discharge
- During stay
- Patient rooms
- Waiting rooms
- Elevators
- Anywhere!

[Image of patient education materials]

doah.sd.gov/catalog
Ask, Advise, Refer

Healthcare Providers have the skills to:
• Assess tobacco use
• Educate on adverse health effects of tobacco use
• Develop trust and rapport with patients
• Follow up

If you could deliver one piece of advice that could save your patient’s life, would you?
Ask, Advise, Refer

A tobacco cessation intervention that could **double** a patient’s chance at quitting.

**ASK**
- About tobacco use
- If willing to make a quit attempt in next 30 days.

**Advise**
- In a personable, nonjudgmental way
- Single best thing they can do for their health.

**Refer**
- If willing and ready, refer them to the SD QuitLine
Promote the SD QuitLine

South Dakota QuitLine
Your #1 Resource for Tobacco Users

1. FREE Enrollment
2. FREE Medications
3. FREE Coaching
4. Successful & Evidence Based

SD QL Quit Rate: 41.3%
U.S QL Quit Rate: 30.2%
Who can use the SD QuitLine?

• SD Resident
• Tobacco user
• 13 years of age or older
• Ready to quit or has quit in the last 30 days
Referrals

*Indirect Referrals*

**1-866-SD-QUITS**

• Call the QL with the patient or give them a QL business card/brochure.

www.sdquitline.com

• Patient fills out form, QL calls them.

**Kickstart Kit**

• 2 weeks FREE NRT & Quit Guide
Referrals

Direct Referrals

- Fax Referrals
  form available at sdquitline.com
- eReferrals- Electronic Health Record (EHR)
  *Best way to connect patient

Facilities with eReferral Capabilities:

- Sanford
- Avera
- Cheyenne River Health Center
- Rapid City Regional

Implementing:

- Coteau De Prairie
- Brown Clinic Watertown
DIRECT REFERRALS

Connects the patient and the services directly so you can rest assured they are receiving guidance. Plus, it allows the QuitLine to inform the provider about the patient’s progress.

Fax Referral Form

Electronic Health Record
- Simplest way
- Patient information sent directly to QuitLine for enrollment
- Available at several healthcare facilities
- See resources section of QuitLine PROF training for more information

PASSIVE REFERRALS

Helps a patient get connected, but leaves the provider unsure if patient follows through.

Phone: 1.866.SD-QUITS
- Call the QuitLine with your patient
- Give them a QuitLine business card or brochure. These are available to order through the DOH online catalog. Order online at doh.sd.gov/catalog

Web Referral: SDQuitLine.com/enroll
- Patient fills out form on their own
- QuitLine calls back by the next day to enroll them
How Callers Hear About QL Services

*Not equal to 100% as callers could cite more than one avenue.*
Enrollment Call

- Gather basic information
- Assess readiness to quit in the next 30 days
- Determine Eligibility

- 10-15 Min
- Open 7am – 11 pm M-F & 8am-5 pm Sat.
  Voicemail available 24 hrs
Coaching

• 5 coaching sessions centered around a Quit Date
• Develop a quit plan, set a quit date, medications, coping, triggers, withdrawal etc.
• QuitLine Coach calls the participant at scheduled time
• QuitLine Coaches are highly trained in cessation and addiction.
QuitLine Medications

*QL participants and their coach may choose one of the following for FREE

• **8 weeks Zyban** *(physician RX required)*
  - Bupropion SR 150mg (Disp: 1 per day x 3 days; BID thereafter)

OR

• **8 weeks Nicotine Replacement Therapy** *(OTC)*:
  - **Patch**: 7 mg, 14 mg, 21 mg
  - **Gum**: 2 mg, 4 mg
  - **Lozenge**: 2 mg, 4 mg
Postpartum Program (P3)

Did you know? Half of the women who quit smoking during pregnancy, relapse 6 months after delivery, 80% relapse in 12 months.

- Extension of standard QuitLine phone coaching
- 4 additional calls after baby is born
- Eligible for gift card incentives
- Able to immediately re-enroll in standard coaching if relapse has or does occur
Conclusion

Remember our goal:
Every patient is screened for tobacco use, advised to quit, and then offered treatment at every visit.

1
Implement Policy

2
Make Cessation a Priority

3
Get Trained

4
Ask, Advise, Refer

5
Promote the SD QuitLine

Changing the attitude of healthcare and healthcare systems, enables us to better help our community members break free from the strong hold of tobacco.
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