



Clean Air for Healthy Children

Health Care Professional Training
in Smoking Cessation
Counseling Techniques

DEPARTMENT OF
HEALTH

Edward G. Rendell, Governor
Calvin B. Johnson, M.D., M.P.H.,
Secretary of Health

Pennsylvania Chapter
**American
Academy of
Pediatrics**



Development of a Pediatric Infrastructure Within Your State



Objectives

- Learn how PA has developed and disseminated a Smoking Cessation Training Program
- Be motivated to become a catalyst for change in your state
- Identify what needs to happen within your state to create a smoke free homes initiative
- Identify 2 potential funding sources



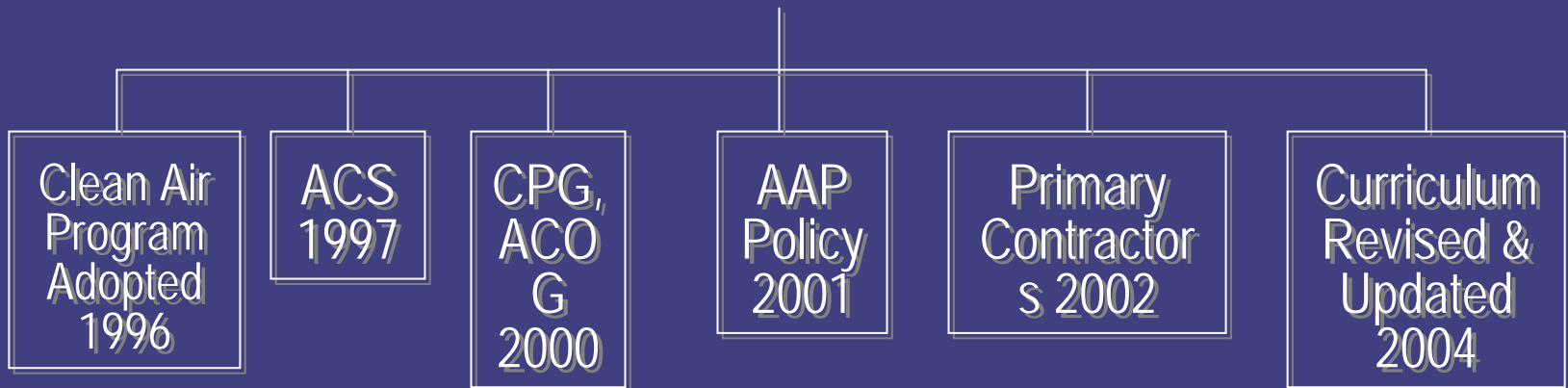
“Integrating an Evidence Based Intervention into Pediatric Practices”

Program Development



PA DOH Funding to
Fox Chase 1989-

PA DOH Funding to PA AAP
1996-Present





Staff



- Dottie Schell, Program Director (FT)
- Kim Soles, Regional Coordinator (32 hours/week)
- Iris Colon, Senior Project Assistant (FT)
- English Willis MD, Pediatric Advisor (40 hours/year)
- Deb Moss, MD, Pediatric Advisor (40 hours/year)
- 10 consultants (\$100/training)
- >200 trainers through Primary Contractors

Advisory Committee



- 50 members
- 5 Pediatricians
- 3 Family Physicians
- 2 Obstetricians
- Trainers, Dept of Health, providers, etc.

Program Goal



Every clinician, who interacts with pregnant women, mothers, caregivers of young children and teens will deliver effective smoking cessation advice and counseling.



Program Objectives



- ❑ Ensure that smokers are fully informed of the health risks associated with smoking
- ❑ Motivate smokers to quit
- ❑ Increase cessation attempts among these patients by delivering the 5 A's brief smoking cessation counseling intervention
- ❑ Increase successful cessation by providing effective counseling, self-help materials and referrals
- ❑ Reduce the number of children who are exposed to tobacco smoke at home

Regional Training



- A 3 hour interactive training held at a convenient location
- 5A's brief to low intensity counseling intervention
- Prenatal, infant and child health risks associated with maternal/parental smoking
- Pharmacotherapy information as adjunctive therapy
- CME/CEUs at no charge

On-site Practice Based



- 60 minute format
 - EPIC (Educating Physicians In their Community) model
 - Post training meeting with office coordinator
 - Brief overview of health risks of smoking
 - 5A's brief to low intensity counseling intervention
 - Pharmacotherapy as adjunctive therapy
- Mentoring on “Quit Smoking” Office Protocol
- CME/CEUs at no charge
 - Follow-up

Special Presentations



- Grand rounds
- Resident training
- Teleconference

Prenatal/Neonatal Outcomes



- ❑ 20-30% low birth weight infants
- ❑ Fetal growth retardation
- ❑ Spontaneous abortion & pre-term deliveries
- ❑ Stillbirth
- ❑ Ectopic pregnancies
- ❑ Placenta previa and placental abruption
- ❑ Lower APGAR



Tobacco Smoke Pollution and Children



- ❑ Sudden Infant Death Syndrome (SIDS)
- ❑ Respiratory tract infections such as pneumonia & bronchitis
- ❑ Reduced lung function
- ❑ Increased severity of asthma
- ❑ Cognitive & behavioral development
- ❑ Attention Deficit Hyperactivity Disorder (ADHD)

Tobacco Smoke Pollution and Children



- ❑ Ear infections
- ❑ Tooth decay
- ❑ More likely to become smokers
- ❑ Risk for lung cancer as adults
- ❑ Higher incidence of negative behavior



5 A's Pocket Card



THE 5 A'S OF SMOKING CESSATION COUNSELING

- A**SK (Survey)
- A**DVISE (Teachable moment)
- A**SSESS (Assess)
- A**SSIST (Give)
- A**RRANGE (Evaluate)

"Are you interested in quitting with our help?"

No

Pre-Contemplator
not ready - not interested

Clinician Action: Motivate Client to Quit

- Discuss consequences to smoker today
- Discuss risks to smoker long term
- Discuss benefits of quitting
- Discuss roadblocks (i.e. other smokers)
- Repeat at follow-up visits

Yes

Contemplator
not ready - interested

Clinician Action: Enhance Client Motivation

- Relevance to smoker today
- Risks to smoker long term
- Rewards of quitting
- Roadblocks (i.e. other smokers)
- Repetition at follow-up visits

Remember

- Listen
- Instill confidence
- Discuss quitting process
- Self-help booklet
- Pharmacotherapy

"I am glad you are thinking about quitting. Quitting is one of the best things you can do for yourself and your family."

Yes

Preparation
ready to set quit date

Clinician Action: Support Client Motivation

- Congratulate
- Set quit date
- Instill confidence
- Help plan
- Offer support
- Identify outside support

Remember

- Discuss concerns/triggers
- Discuss previous quit attempts
- Review self-help booklet
- Total abstinence
- Pharmacotherapy

"Congratulations on setting a quit date! We are here to help you. Do you want to discuss your quit plan?"

Pennsylvania FREE QUITLINE 1-877-724-1090

Nicotine Addiction



Pharmacotherapy* for Cessation

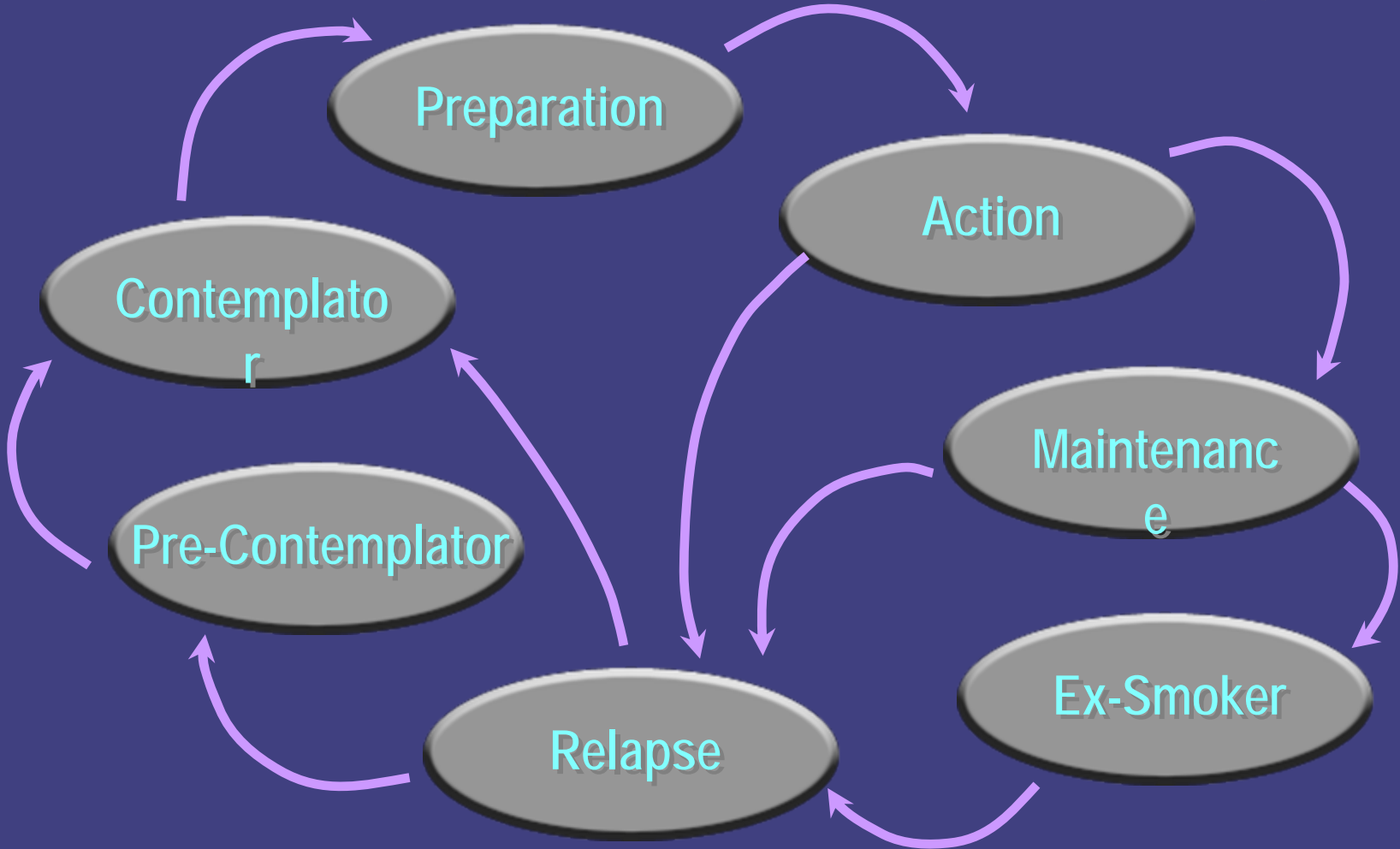


- Nicotine gum
- Nicotine patch
- Nicotine nasal spray
- Nicotine inhaler
- Bupropion SR (Zyban)
- Lozenge (New)



*Unless contraindicated

The Process of Behavior Change



Motivational Interviewing/ Consulting



Principles

- ❑ Express **empathy** for and understanding of the person's point of view
- ❑ Develop **discrepancy** between the individual's ideal and current behavior
- ❑ **Roll with the resistance** and avoid argumentation
- ❑ Support **self-efficacy**

HEDIS - Health Employer Data Information Set



- ❑ Survey of randomly sampled patients who were seen in the past year
- ❑ Used as a qualitative measure of practices to determine the level of care given consistently to patients

HEDIS Questions



- ❑ Have you smoked at least 100 cigarettes in your lifetime?
- ❑ Do you now smoke cigarettes every day, some days or not at all?
- ❑ How long has it been since you quit smoking?
- ❑ In the past 12 months, on how many visits were you advised to quit smoking?
- ❑ On how many visits was medication recommended or discussed?
- ❑ On how many visits did your doctor or healthcare provider recommend or discuss methods or strategies to assist you with quitting?

JCAHO - Joint Commission of Accreditation of Hospitals



Diagnoses that are mandated to receive tobacco education counseling:

- ❑ At least 2 of 4 measures - congested heart failure; myocardial infarctions; community acquired pneumonia; and/or pregnancy
- ❑ Patients that have quit tobacco use one year prior to their admission
- ❑ Interventions - advice to quit, assistance to quit, brochures, video, referral or tobacco cessation aids
- ❑ Must be documented

ICD-9 Diagnostic Codes: Smoking Related



- ❑ COPD
491.2
- ❑ Emphysema
492.8
- ❑ *Asthma*
493.00
- ❑ Diabetes
250
- ❑ Chest Pain
786.50
- ❑ Carcinoma: in situ/broncus, lung
231.2
- ❑ Bronchitis
490
- ❑ Cough
786.2
- ❑ Toxic Effect/Tobacco
989.84
- ❑ Tobacco Dependence/Disorder
305.1

Also can use ICD-9 Codes for medical procedures related to smoking co-morbidity.

Billing Codes



- ❑ Preventive Medicine Examination
 - New Patients: 99383-99387
 - Established Patients: 99393-99397

- ❑ Tobacco Dependence Treatment
 - Individual Counseling: 99401-99404
 - Group Counseling: 99411-99412

- ❑ Psychiatric Therapeutic Procedures
 - Outpatient: 90804-90809
 - Inpatient: 90816-90822

Possible Pediatric coding



Diagnostic:

- V 15.89 (exposure to tobacco smoke is a potential risk)
- 989.54 (Toxic effects of tobacco as secondary diagnosis for a primary diagnosis such as asthma)

Billing:

- CPT: 99401-99420 (counseling parent on behavior that affects child's health)

Creating a Quit Smoking Team



Brainstorm: What will it take to implement this intervention in your practice?



Step 1: Develop Administrative Commitment



Administrators and supervisors who are committed to providing smoking cessation services to their patients

Consider requirements of funding agencies or availability of reimbursement for smoking cessation services

Strengthened by mandates of institutional governing boards or accrediting agencies

Restricted by the allocation of limited resources such as staff time

Effective problem solving for implementation of smoking cessation program

Step 2: Involve Staff Early



- ❑ Staff meeting:
 - Invite participation by all staff responsible for patient care at any level
 - First with key staff members then with all front line staff

- ❑ Meeting agenda to gain staff support:
 - Overview of the 5 A's smoking cessation counseling intervention
 - Questions and answers
 - Identify barriers to implementation at each step
 - Develop Implementation Plan

Step 3: Assign One Coordinator



- ❑ One person should oversee implementation to ensure that tasks are not overlooked

- ❑ The coordinator can:
 - Answer questions
 - Troubleshoot problems
 - Arrange for training
 - Monitor implementation



Step 4: Provide Training



5 A's Smoking Cessation Counseling Intervention

- ❑ Regional - 3 hours
- ❑ Practice-Based - 1 to 1.5 hours
- ❑ Modules



Step 5: Adapt Procedures to Your Setting



Determine how the following will occur:

- ❑ Obtaining the smoking status of every patient/parent
- ❑ Timing and delivery of the 5 A's
- ❑ Documenting the intervention in patient records
- ❑ Follow-up with each patient and the PA AAP



Practice Materials



Practice Materials

The image displays a collection of practice materials for smoking cessation, arranged in a circular pattern. The materials include:

- A brochure titled "I'LL QUIT TODAY!" with a dark background and colorful lights.
- A form titled "I'LL QUIT TODAY!" with a dark background and colorful lights, featuring a "QUIT YOUR SMOKING JOURNAL" and a "BY ENCOURAGING YOUR PATIENT TO QUIT" section.
- A form titled "Smoking Status Survey for Intervention Studies" with a white background and black text.
- A form titled "The ABC's of Smoking" with a white background and black text.
- A form titled "Health Care Provider Smoking Cessation" with a white background and black text.
- A manual titled "Training Manual" with a white background and black text.
- A form titled "Treating Tobacco Use and Dependence" with a white background and black text.

Patient Materials



Patient Materials



Step 6: Monitor and Provide Feed Back



- ❑ A Periodic Review of the Program
 - Observe whether procedures are working as intended
 - Determine if staff is completing assigned tasks
 - Assess if documentation is complete and accurate
 - Evaluate use of patient materials for distribution and inventory

- ❑ Revise Program Procedures
 - Anticipate revisions to original plan

- ❑ Give Feedback to Staff and Administrators
 - Maintain staff enthusiasm
 - Assure continued success

Clean Air Program Evaluation



- ❑ Pre & Post Training Evaluation Forms
- ❑ Implementation Plan (initial practice assessment)
- ❑ 2, 6 & 12 Month Follow-Up of practice
- ❑ Smoking Cessation Counseling Documentation Form
- ❑ System change

Number of Practices and organizations trained who service pediatric population



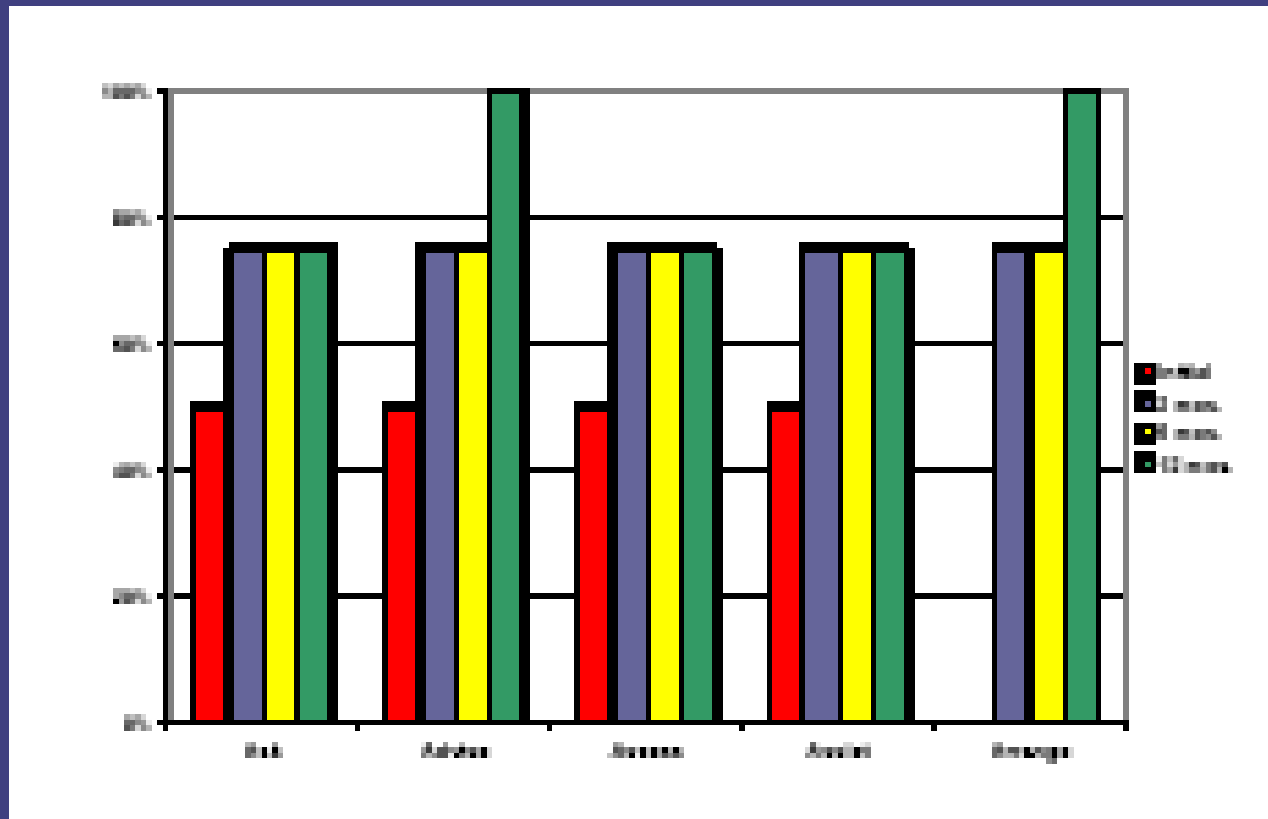
- Pediatric: 362 Practices
- Family Practice: 282 Practices
- Federally Qualified Health Centers: 20 +
- Nurse Family Partnerships: 54
- Early Head Start: 60
- Healthy Start: 10
- WIC: 250

Teleconference: Protecting Children from Secondhand Smoke

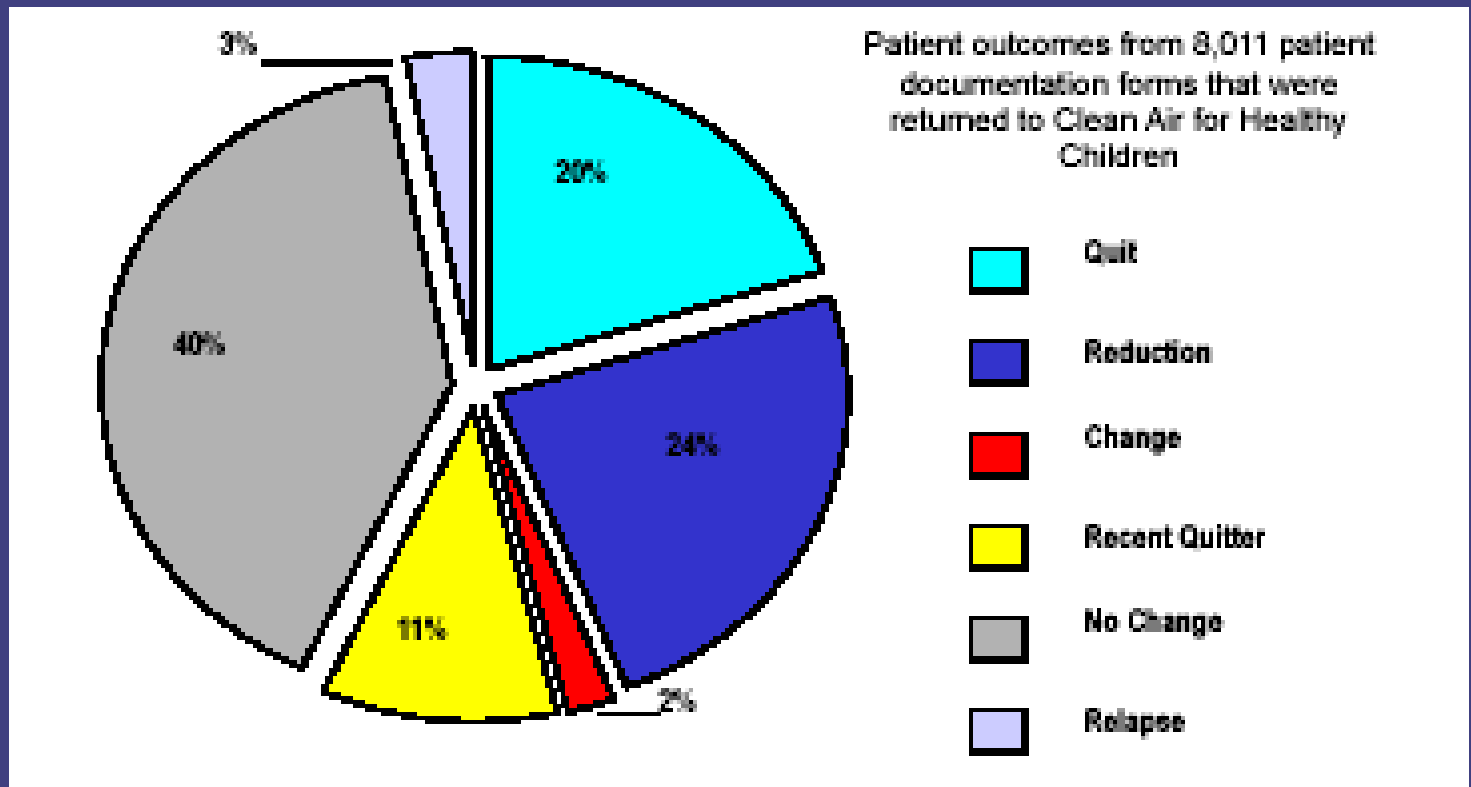


- 111: Practices dialed in
- 314: Participants
- 82: Pediatricians
- PA: 7
- NP: 19
- Other: 116
- All will: receive follow-up, be offered on-site training and offered free materials

Pediatric Outcomes



Patient Outcomes



Collaborations



- Clean Air Plus
- Lancaster General Hospital System
- Geisinger Health System
- Gateway, Three Rivers Health Plans, Health America
- Community Health Net
- Health Federation
- Crozer Chester Medical Center
- Office of Child Development
- Primary Contractors/Service Providers

On going research



6 practices

Pre training and 6 month follow-up

- Initial assessment
- Chart Reviews
- Patient/parent survey

Resources/Partnerships



Local

- Community programs
- Hospital Based Programs
- Coalitions (Allies for Asthma, Smoke Free Homes-Smoke Free Families)

Statewide

- Quitline
- DOH
- MCH
- DPW
- Coalitions (PA Asthma Coalition, PACT)

National

- National Partnership to Help Pregnant Smokers Quit
- AMCHP/ACOG Partnership
- EPA
- Other states (Mom's Quit Connection, SCRIPTS. First Breath)

Who are your partners?



1. Start with your own organization
2. Partners within your health care system
3. Insurers
4. Local
5. State (government and non governmental)
6. National

Your plan



- Next steps

Funding



- MSA \$?
- MCH-Title V
- Department of Health Division of Tobacco Control and Prevention
- CDC
- EPA
- Foundations
- AMCHP
- Other

**Good
Luck!**



Please feel free to contact:

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