



UW-CTRI

UNIVERSITY OF WISCONSIN

Center for Tobacco
Research & Intervention

Treating Patients Who Smoke – An Epic-based Workflow

Center for Tobacco Research and Intervention (UW-CTRI)
University of Wisconsin School of Medicine and Public Health

Agenda

- Rationale for treating tobacco use
- Evidence-based tobacco cessation treatments
- The Epic-based Workflow:
 - Role of the PCP
 - Role of the Tobacco Treatment Specialist (TTS)

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- **Rationale for treating tobacco use**
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Rationale for Treating Tobacco Use and Dependence

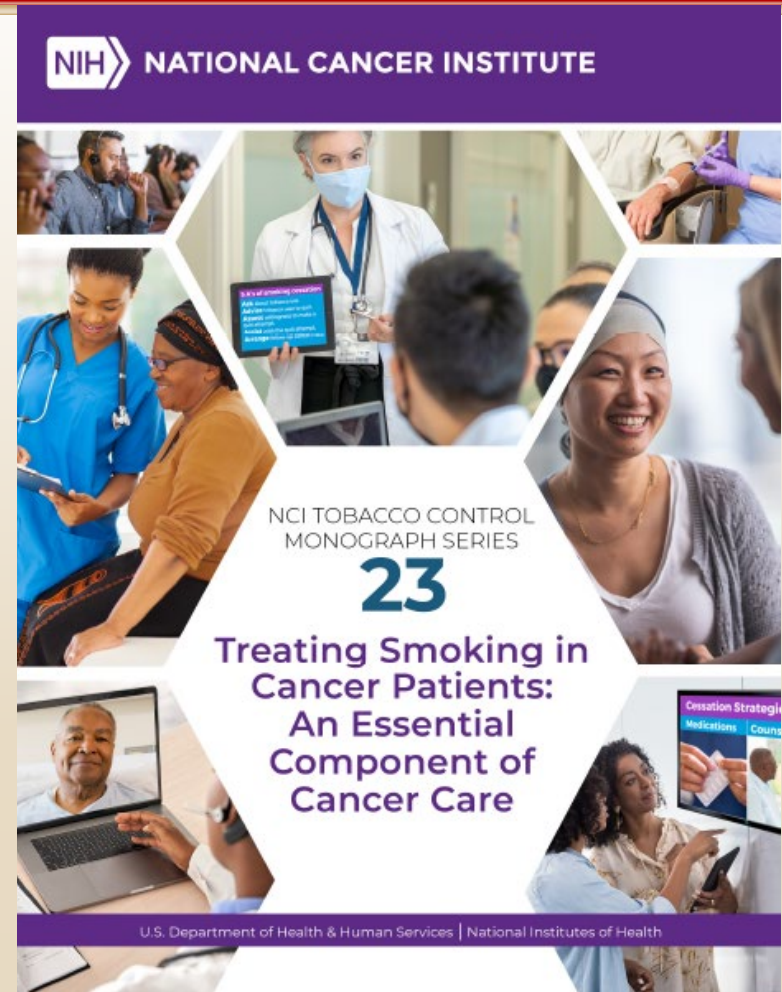
- Patients who smoke at the time of their cancer diagnosis have an increased risk:
 - of cancer recurrence,
 - treatment complications, and
 - mortality due to cancer-related and all-cause mortality
- Smoking cessation after diagnosis is associated with significantly reduced all-cause mortality
- Patients who receive brief (1-3 minutes) advice and intervention from providers are more likely to quit than those who receive no intervention

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Evidence-based Tobacco Treatments

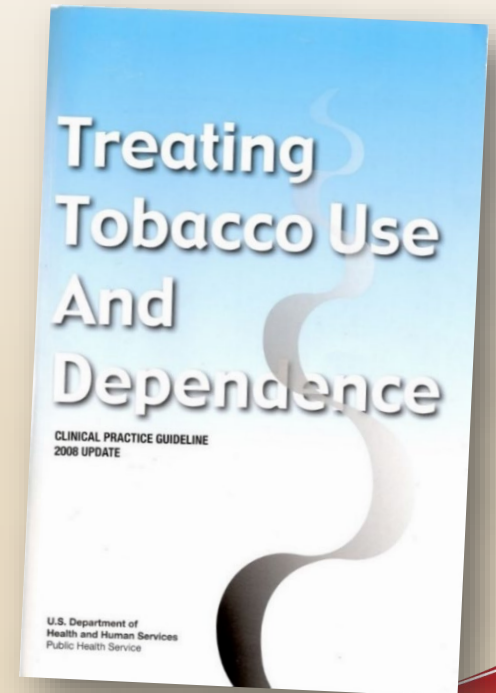
- NCI urges all cancer centers to improve rates of tobacco treatment for cancer patients
- UWCCC is home of NCI Moonshot Cancer Center Cessation Initiative (C3I) Coordinating Center
- UW-CTRI has proactive tobacco treatment outreach approaches that can help UWCCC treat tobacco use



Evidence-based Tobacco Treatments

PHS Clinical Practice Guideline for *Treating Tobacco Use and Dependence*

- Effective, evidence-based tobacco dependence treatments consist of:
 - Brief counseling
 - FDA-approved medications
 - Systems-level changes that institutionalize tobacco treatments



Evidence-based Tobacco Treatments

5As Brief Intervention

- Ask all patients about their tobacco use
- Advise patient to quit using clear, strong, personalized advice
- Assess patient's willingness to make a quit attempt
- Assist in quit attempt
- Arrange for follow-up

Note: These 5As are integrated
into the Epic Workflow

Treating Patients Who Smoke Tobacco

Who is the Target?

- Patients 18 and older who smoke cigarettes (or recently quit) and present for an encounter.
 - About 1 in 4 patients at the time of their cancer diagnosis.

Note: This is now compiled in an Epic Cigarette Use Registry

The Epic-based Workflow

Step 1 – Care Team Specialists or RNs

For all adult patients during rooming:

- **Ask** all patients about their tobacco use
 - Document in Epic if patient is a current smoker
 - This ensures eligible patients receive a tobacco intervention
 - Already part of the workflow

The Epic-based Workflow

Step 2 – PCP

The Epic Cigarette Use Registry triggers a **Best Practice Advisory (BPA)** to facilitate Advise and Assess for the provider encounter

- BPA script:

The most important thing you can do to improve your health is to quit smoking, and I can help you. Are you willing to set a Quit Date?

The BPA

▼ BestPractice Advisories

Expand/Collapse All 



This patient is a smoker. Tell them this: **The most important thing you can do to improve your health is to quit smoking, and I can help you. Are you willing to set a quit date?**

Collapse  

Open SmartSet


Do Not Open

Smoking Cessation
Preview

Update Smoking Status 

Acknowledge Reason _____

Patient refused

 Accept (1)

The Epic-based Workflow

Step 3 – PCP

If patient is willing to set a Quit Date, clicking on **Open SmartSet** facilitates Assist and Arrange

- Willing to quit – enter Quit Date and Referral to the TTS
- Prescribe cessation medications
- Tobacco cessation counseling (STAR) ★

The 3 things we are asking providers to do.

PCP SmartSet

- **Enter the Quit Date and refer to Tobacco Treatment Specialist (TTS)**
- **Arrange Quit Date for within 30 days**

Note: We have defaulted and auto-populated whenever possible, to save provider time.

PCP SmartSet

- Enter the Quit Date and refer to TTS
- **Prescribing medication/s**

Tobacco Cessation Medications

Recommended, unless contraindicated

- Varenicline (Chantix)

OR

- Combination Nicotine Replacement Therapy (C-NRT)
 - Patch + Mini-Lozenge

Varenicline (Chantix)

- Non-nicotine pill
- Acts on nicotine receptors in two ways:
 - Agonist – Provides withdrawal relief
 - Antagonist – Blocks the rewarding effects of smoking
- Use caution in patients:
 - With significant renal impairment/undergoing dialysis
 - With serious psychiatric illness
- Start one week before quit date and quit on day 8
- Dosage:
 - Days 1-3: 0.5 mg every morning
 - Days 4-7: 0.5 mg twice daily
 - Day 8-end: 1 mg twice daily
- Use for 3 months

Combination NRT (C-NRT)

- Nicotine patch + nicotine mini-lozenge
- Based on when the patient smokes their first cigarette after waking and how many cigarettes they smoke per day

Note: C-NRT not recommended if pt. smokes fewer than 5cigs/day. For them, use nicotine mini-lozenge alone.

C-NRT: Nicotine Patch

- 7mg, 14mg, and 21mg
- Provides a steady stream of nicotine through skin over a period of time (24 hours)
- Do not use if patient has severe eczema/psoriasis
- Dosage:
 - If smoke ≥ 10 cigs/day: 21mg 4 weeks, 14mg 2 weeks, 7mg 2 weeks
 - If smoke < 10 cigs/day: 14mg 4 weeks, 7mg 4 weeks
- Use for 2 months

C-NRT: Nicotine Mini-Lozenge

- 4mg or 2mg
- Do not eat or drink 15 minutes before/during use
- Use at least 6-12 mini-lozenges per day; limit 20 in 24 hours
- Dosage:
 - If smoke < 30 minutes after waking: 4mg
 - If smoke > 30 minutes after waking: 2mg
- Use for 2 months

Tobacco Cessation Medications

Other medications:

- Single Nicotine Replacement Therapy (NRT)
 - Patch
 - Mini-Lozenge
 - Gum
- Bupropion (Wellbutrin, Zyban)
- Combination NRT: patch + gum

Note: Pts. who smoke less than 5 cigs/day are recommended to use mini-lozenge

PCP SmartSet

- Enter the Quit Date and refer to TTS
- Prescribing medication/s
- **Providing brief counseling**

STAR – Brief Counseling to Prepare Patients for a Quit Attempt



- **Set** a quit date and stick with it
 - Urge total abstinence starting on the quit date
 - Stress sticking with treatment even if there is a slip or lapse
- **Tell** others and ask for support
 - Request understanding and support from family, friends, co-workers, etc.
 - Ask for others not to smoke around the patient
- **Anticipate** and prepare for challenges and temptations
 - Discuss how the patient can overcome future challenges – when they will occur, what they will be, and how to avoid/cope
 - Challenges: withdrawal symptoms, stress, alcohol, being around other smokers, weight gain
- **Remove** all items related to smoking
 - Remove all tobacco products, including lighters, ashtrays, etc. from home, car, and work environments

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Tobacco Treatment Specialist (TTS)

- TTS provides follow-up and support to patients who smoke
- Bulk communication with provider's signature at start of program to all patients on the smokers registry

Role of the TTS

- Follow-Up with all primary care patients who smoke - 3 Ways:
 - Clinic patients who agree to set a Quit Date
 - Clinic patients who do not agree to set a Quit Date
 - For patients who do not visit the clinic, annual outreach by phone

TTS – For Patients Who Have Set a Quit Date

The TTS:

- Attempts to reach patient before and after their quit day
- Provides brief counseling
- Offers eReferral to WI Tobacco Quit Line (WTQL)
- Offers eReferral to SmokefreeTXT
- Adjusts treatment plan as needed (re-set target Quit Date, adjust NRT)

The WTQL

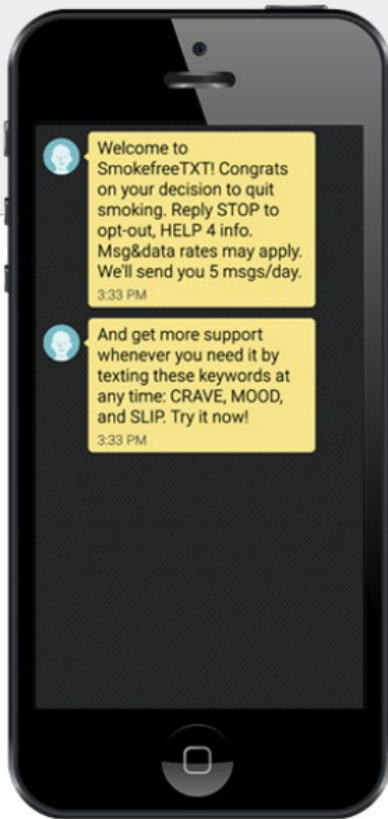
- Referral to the Wisconsin Tobacco Quit Line
 - Counseling + free NRT



Telephone counseling/
coaching is effective.

SmokefreeTXT

- Referral to SmokefreeTXT



smokefree.gov

SmokefreeTXT

- SmokefreeTXT is for adults who want to quit smoking.
- The program lasts 6-8 weeks, depending on your quit date. You will receive 3-5 messages per day.
- The text messages provide tips, advice, and encouragement to help you overcome challenges and stay motivated.
- Use the keywords for extra help at any time. Text CRAVE, MOOD, or SLIP to 47848.

For a Successful Patient Quit Plan

- Avoid using the quit date field as a placeholder.
 - For hesitant patients:
 - Leave quit date field blank
 - Complete smoking cessation enrollment + set patient up with medications within the SmartSet
 - Document a quick note for the TTS

TTS – For Patients Who Have NOT Set a Quit Date

The TTS:

- Attempts to reach patient within a week of their clinic visit
- Completes 5As
- Checks if now willing to quit and offers OTC medications, eReferrals, and counseling
- For those not willing to quit, offers a reduction program

TTS Role – Annual Outreach

Outreach intervention component for patients who **do not** visit the clinic:

- Annual outreach to every “Current Smoker” who **has not visited** the clinic in the past year
- Provide Tobacco Cessation counseling support to all patients willing to quit or reduce
 - Order OTC NRT
 - Offer eReferrals to WTQL and SmokefreeTXT

TTS Role

- Send orders for cessation medications to providers to sign

[Patient Call](#) 0 unread, 4 total Sgtr & Filter

Status	Call Date/Time	Patient	Reason for Call	Refill
Pend	4/6/2017 12:17 PM	Ghctest, Fuzzyhair		
Open?: Open Last Accessed: WILLIAMS, DEBORAH PCP: NORTHEAST FAMILY MED CLI...				
Pend	3/1/2018 9:40 AM	Ghctest, Rock Fe... Nicotine Depend...	X	
Open?: Open Last Accessed: COATES, KATHERINE PCP: STEIN, ANN				
Read	3/1/2018 9:44 AM	Ghctest, Rock Fe... Nicotine Depend...	X	
Open?: Open Last Accessed: COATES, KATHERINE PCP: STEIN, ANN				
Read	3/1/2018 9:44 AM	Ghctest, Rock Fe... Nicotine Depend...	X	
Open?: Open Last Accessed: COATES, KATHERINE PCP: STEIN, ANN				

Ghctest, Rock Federal

Male, 39 year old, 4/22/1978
 Weight: None
 Phone: W:555-214-5357
 PCP: Stein, Ann, MD
 Language: Spanish
 Need Interp: None

Allergies: Pollen Extract

HM Due?: Due
 FYI
Test Patient

Primary Ins.: GHC
 MRN: 259962
 MyChart: Declined
 Next Appt: None
 Patient Type: Case Management

Nicotine Dependence

Coates, Katherine routed conversation to You 1 hour ago (9:43 AM)

Coates, Katherine 1 hour ago (9:40 AM)

Orders routed to provider in consultation with patient.

Unsigned
Documentation

Orders Placed This Encounter

Pending

nicotine (NICORETTE MINI) 4 MG MT lozenge	Ordered On: 03/01/2018
nicotine (NICODERM CQ) 21 MG/24HR TD patch	Ordered On: 03/01/2018
nicotine (NICODERM CQ) 14 MG/24HR TD patch	Ordered On: 03/01/2018
nicotine (NICODERM CQ) 7 MG/24HR TD patch	Ordered On: 03/01/2018

Other Tobacco Cessation Services: Primary Care Behavioral Health (PCBH)

- PCBH Consultants are available for:
 - Patients who may prefer or desire in-person smoking cessation vs. telephonic outreach.
 - PCBH may also queue up medication orders and send them to the PCP to be signed.
 - Please work with your clinic's PCBH Consultant if this is an option a patient would prefer.
- In most cases, it would be duplicative to enroll the patient in both TTS outreach and PCBH counseling services.

Summary

- Evidence-based treatments give patients the best odds of successfully quitting
- Care Team Specialist/RN Role: screen and document tobacco use status for all adult patients vital to workflow
- Providers deliver brief intervention and assist patients in quitting
 - eReferral to TTS + Quit Date
 - Medications
 - Counseling
- TTS provides additional care

Getting Started

- Staff training by UW-CTRI
- Begin connecting patients willing to quit with treatment
- Tobacco cessation treatment questions?
Contact TTS:

Thank You!