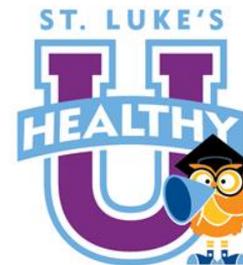




# Clinical Integration: Tobacco Cessation

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# Welcome

## Update on St. Luke's Clinical Integration efforts for Tobacco Cessation:

- Build off success of employee program;
- Develop a comprehensive population health strategy toward tobacco cessation;
- Capitalize on times when people are receptive to tobacco cessation;
- Current work:
  - Develop program to help patients control nicotine withdrawal symptoms while hospitalized;
  - Develop hand-off process if interested in tobacco cessation at discharge.

# Clinical Integration: Tobacco Cessation

	Phase 1 -Development: 8/1-10/1	Phase 2-Level Set 10/1-1/1/14	Phase 3-Disseminate 1/1/14-4/1/14	Phase 4- Adoption 4/1-7/1/14>	Phase 5-Evaluation 7/1/14->
Provider	Clinical Integration Education Developed	Video developed & disseminated Ambulatory Workflow Committee started	1) Education Completed 2) Clinic Pilot initiated 3) Working to hardwire process	Key Learnings shared	Key metrics monitored
Patient/Self Management	Models evaluated and decision made re: which model to execute	Tools developed	Tools embedded into EMR and clinics		Key metrics monitored
Community Resources	Assess what Classes/ Programs offered in the community	1) Gap analysis conducted 2) Determine best practice 3) Referral protocol and process determined	Additional resources developed as appropriate	Execute process	Key metrics monitored
Payor/ Insurer	Assess current coverage and determine gaps		1) Educate to best practice 2) Work to fill gaps 3) Determine best way to disseminate information	Execute process	Key metrics monitored
Hospital-based Program	Evidence-based search conducted and determined to add to phases	Develop protocols Adopt program Train RT and Nursing	Conduct pilot, Determine key learnings and disseminate	Implement phased in hospital-based program: 1) Admissions 2) Pre-surgery 3) OB	Key metrics monitored
Decision Support/ Clinical Information System	IT Support informed of process		Evidence-based protocols and tools embedded for EPIC and Centricity Investigate Apps and other social networking-type support		Key metrics monitored
Policy	Clinical Integration team voiced support for policy changes	Discuss with leadership possible options/partnerships to support tobacco cessation more broadly.			

# Evidence-based protocol



ACCP Tobacco Dependence Toolkit:

<http://www.chestnet.org/Publications/OtherPublications/Tobacco-Dependence-Toolkit>

<http://tobaccodependence.chestnet.org>

# Classification of Severity - Table #1

## CLASSIFY TOBACCO-DEPENDENCE SEVERITY Clinical Features Before Treatment\*

	Cigarette Use	Nicotine Withdrawal Symptoms	Quantitative	Health Status
<b>STEP 4</b> Very Severe	- >40 CPD - Daily use - Time to 1st Cig:0-5 min	- Constant - NWS > 40	- FTND 8-10 - Se Cotinine > 400 ng/mL	- ≥1 Chronic Medical Dis. AND / OR - ≥1 Psychiatric Disease
<b>STEP 3</b> Severe	- 20-40 CPD - Daily use - Time to 1st Cig:6-30 min	- Constant - NWS 31-40	- FTND 6-7 - Se Cotinine 250 - 400 ng/mL	- ≥1 Chronic Medical Dis. OR - ≥1 Psychiatric Disease
<b>STEP 2</b> Moderate	- 6-19 CPD - Daily use - Time to 1st Cig:31-60 min	- Frequent - NWS 21-30	- FTND 4-5 - Se Cotinine 151-250 ng/mL	- Healthy medically - Healthy psychiatrically
<b>STEP 1</b> Mild	- 1-5 CPD - Intermittent Use - Time to 1st Cig:>60 min	- Intermittent - NWS 11-20	- FTND 2-3 - Se Cotinine 51-150 ng/mL	- Healthy medically - Healthy psychiatrically
<b>STEP 0</b> Non-Daily/Social	- Non-daily cigarette use - Social setting only - Time to 1st Cig:>>60 min	- None - NWS < 10	- FTND 0-1 - Se Cotinine < 50 ng/mL	- Healthy medically - Healthy psychiatrically

\*The presence of one feature of severity is sufficient to place patient in that category.

- CPD=Cigarettes Per Day -Time to 1st Cig=Time to First Cigarette after Awakening in the Morning
- NWS=Nicotine Withdrawal Symptom Score -FTND=Fagerström Test for Nicotine Dependence Score
- Se=Serum -Cotinine=First-pass, hepatic metabolite of nicotine; physiologically inactive

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Fagerstrom Test for Nicotine Dependence (FTND)**

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
1. How soon after you wake up do you smoke your first cigarette?	After 60 Minutes	31 – 60 minutes	6-30 minutes	Within 5 minutes
2. Do you find it difficult to refrain from smoking in places where it is forbidden, e.g., in church, at the library, cinema, etc?	No	Yes		
3. Which cigarette would you hate most to give up?	All others	The first one in the morning		
4. How many cigarettes/day do you smoke?	10 or less	11-20	21-30	31 or more
5. Do you smoke more frequently during the first hours of waking than during the rest of the day?	No	Yes		
6. Do you smoke if you are so ill that you are in bed most of the day?	No	Yes		

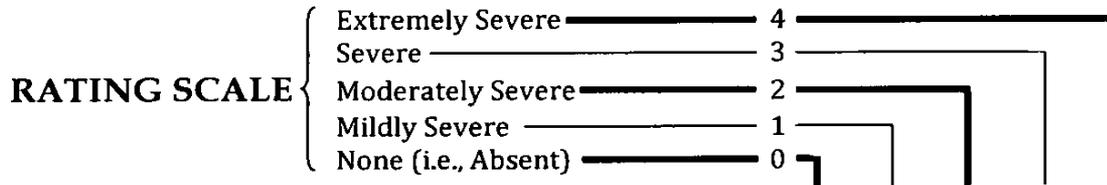
**Scoring the Fagerstrom Test for Nicotine Dependence (FTND)**

In scoring the Fagerstrom Test for Nicotine Dependence, the three yes/no items are scored 0 (no) and 1 (yes). The three multiple-choice items are scored from 0 to 3. The items are summed to yield a total score of 0-10.

Classification of dependence:

- 0-2 Very low
- 3-4 Low
- 5 Moderate
- 6-7 High
- 8-10 Very high

**PATIENT INSTRUCTIONS:** Below you will find a series of symptoms and physical sensations that you might be feeling or experiencing. Based on how you have felt **during the LAST WEEK**, CIRCLE the appropriate number that best describes your symptom level for each of the symptoms listed below. Please answer ALL items. If you have any questions, just ask!

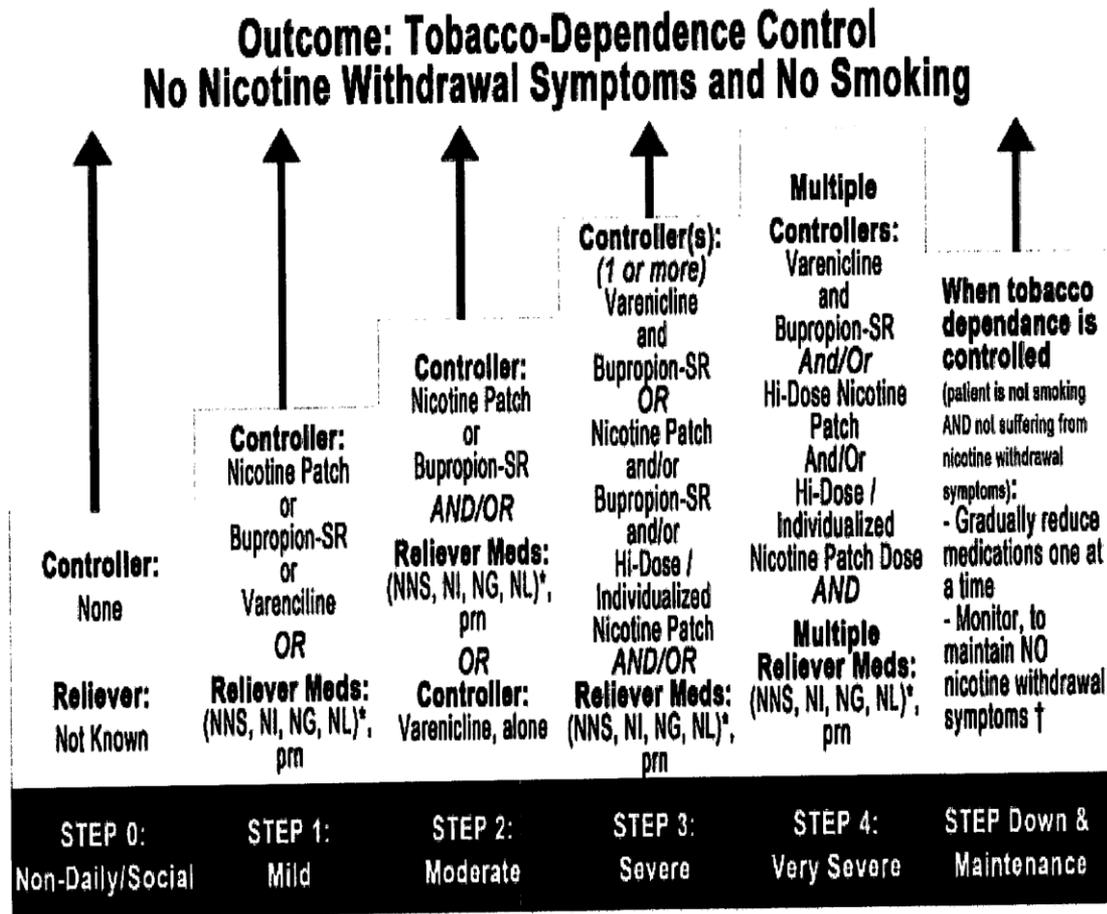


	0	1	2	3	4	
1. Craving/Desire to Smoke a Cigarette						
2. Constipation						
3. Restlessness/Impatience						
4. Increased Appetite (Excessive Hunger) or Weight Gain						
5. Depression/Sadness/Tearfulness/Moodiness						
6. Tension						
7. Bizarre/Vivid Dreams or Nightmares						
8. Frustration						
9. Psychological Need to Smoke a Cigarette						
10. Anger						
11. Difficulty Falling Asleep						
12. Difficulty Remaining Asleep						
13. Irritability						
14. Pimples						
15. Headache						
16. Anxiety						
17. Difficulty Concentrating						
18. Mouth Sores						
19. Other: _____						
20. Other: _____						

▶

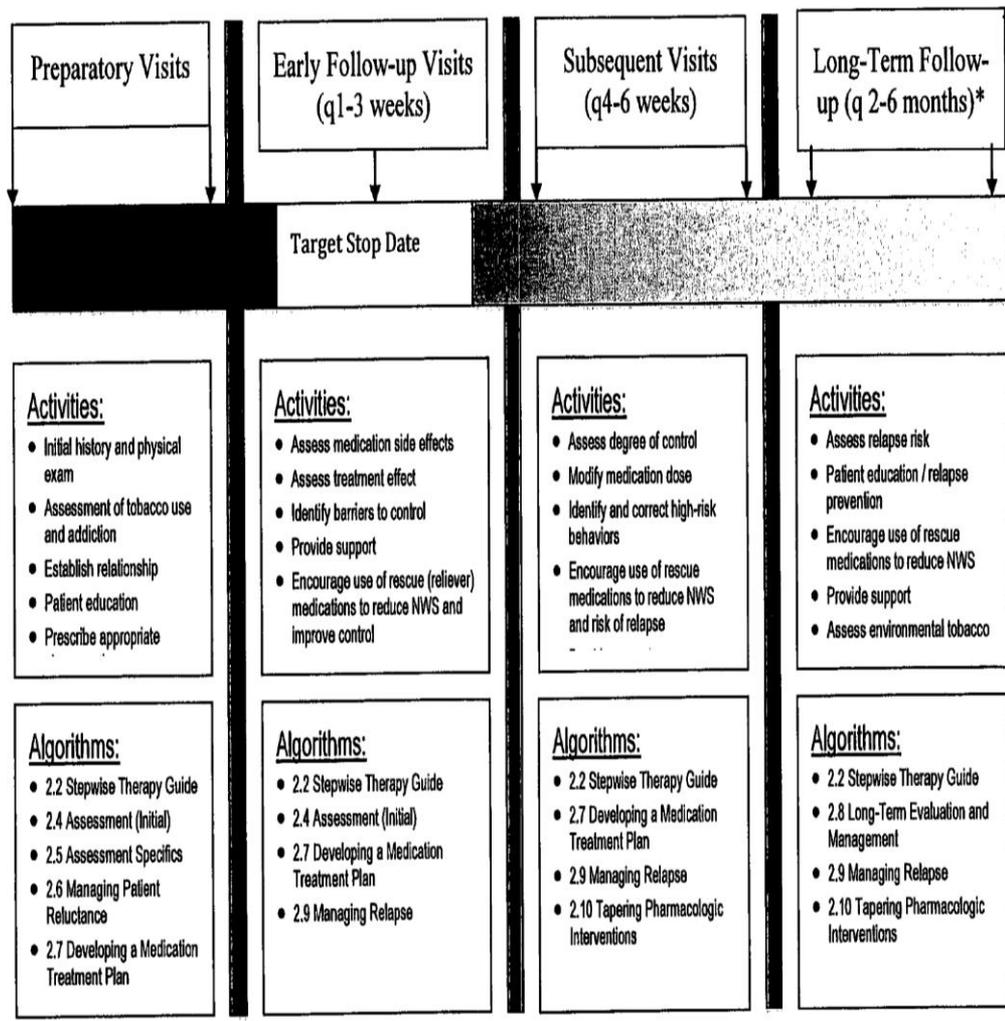
# Initial & Long-Term Tobacco-Dependence Management

## Stepwise Approach to Tobacco-Dependence Therapy: Adults (Based on the Asthma Model) - Table #2



\* Reliever Medications (Rapid Acting Nicotine Agonists): -NNS=Nicotine Nasal Spray -NI=Nicotine [Oral] Inhaler -NG=Nicotine Gum -NL=Nicotine Lozenge  
 † Some patients will need indefinite use of Controller or Reliever Medications to maintain zero nicotine withdrawal symptoms and no cigarette use.

## Recommended Visit Schedule for Diagnosing and Treating Tobacco Dependence



\*Continuing indefinitely, as for any chronic disease. Frequency of visits throughout treatment depends on individual clinical need.

NWS: nicotine withdrawal symptoms