

# CHANGE TALK AND CHOICE: OPTIONS FOR TOBACCO CESSATION IN PRIMARY CARE

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CareHere

## Background

### Smoking

- 17.8% of U.S. adults smoke
- modifiable risk factor
- 480,000 deaths per year; shortens lifespan by 10 years
- Direct & Indirect costs >\$300 billion dollars a year (U.S. HHS, 2015)
- >70% of smokers visit a physician each year (Jamal, et al., 2014)

### PCP Barriers to Offering Assistance:

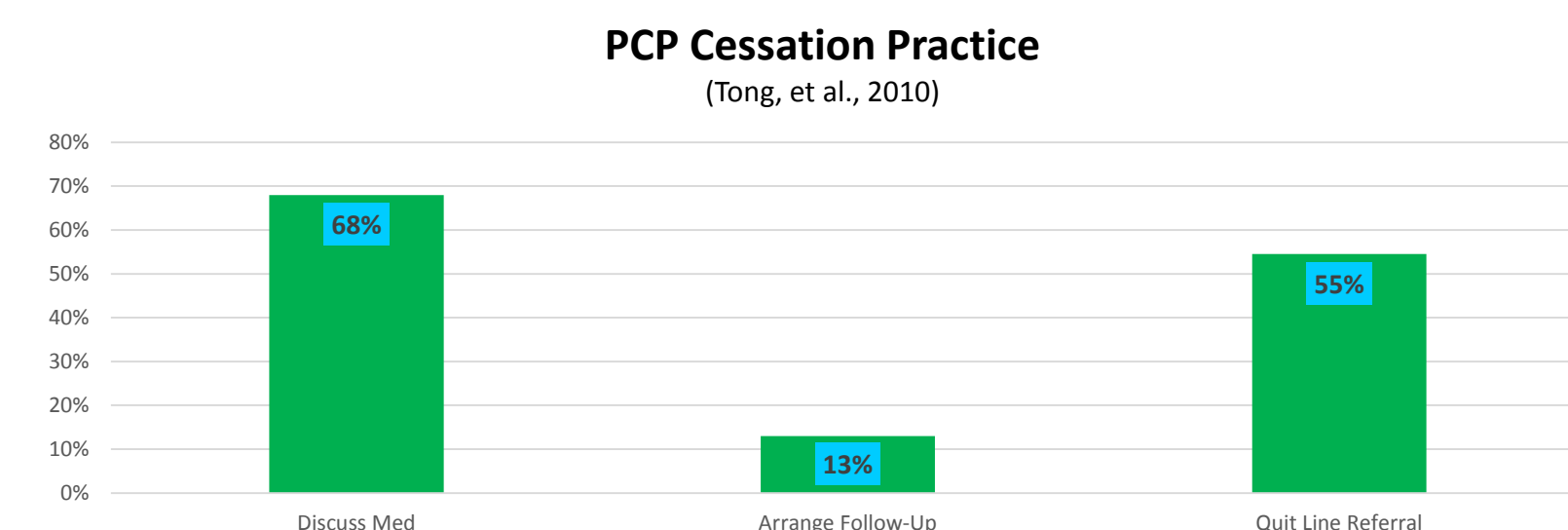
- Lack of knowledge/training
- Time and care prioritization
- Patient resistance and satisfaction concerns (Champassak, et al., 2014; Jamal et al, 2012, Lin & Ward, 2012; Tong, Strouse, Hall, Kovac & Schroeder, 2010)

### Motivational Interviewing (MI) for TC

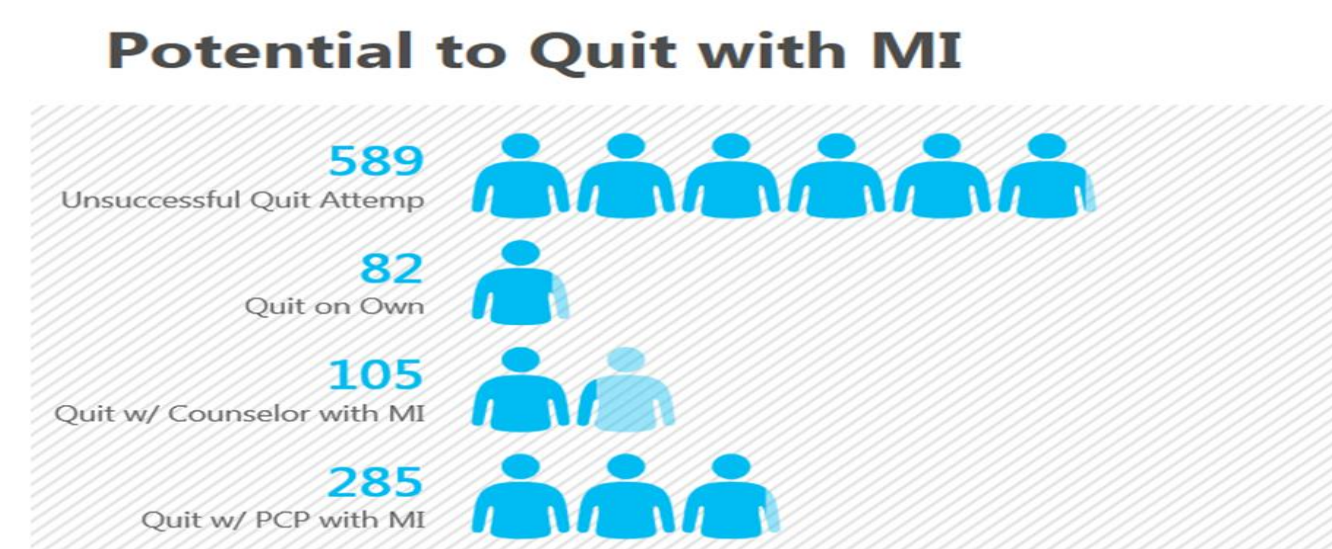
6 month quit rates:

- MI performed by PCPs: RR of 3.49 95% CI [1.53, 7.94]
- MI performed by counselors: RR 1.25 95% CI [1.15, 1.36] (Lindson-Hawley, et al., 2015).

## Potential for Care



In the DNP clinical site (n=6000), the estimated long-term potential to effect TC could be increased through the use of a TC protocol with MI when compared to quitting on own or with a counselor.  
(Fiore, Jaén, & Baker, et al., 2008; Lindson-Hawley, et al., 2015; Malarcher, Dube, Shaw & Babb, 2011).



## Implementation

1. Baseline incidence of CPTs and ICD-9s
2. Day 0: Pretest for MI knowledge and TC self-efficacy
3. Day 0: PCP initial education. Individual training for those not available.
4. Day 0 Posttest for MI knowledge and TC self-efficacy
5. Days 1-30: Monitor incidence of CPTs and ICD-9s
6. Days 31-60: Rounding for reinforcement of TC protocol and MI training, PCP support and PCP feedback to barriers to implementation.
7. Days 61-90: Monitor incidence of CPTs and ICD-9s
8. Day 91: Exit survey for MI Knowledge and TC self-efficacy

## PCP Education

### Initial PCP Education

#### One Hour TC Training

- 5As
  1. Ask
  2. Advise
  3. Assess
  4. Assist
  5. Arrange
- 5Rs
  1. Relevance
  2. Risks
  3. Rewards
  4. Roadblocks
  5. Repetition
- Primary Pharmacotherapies
  1. Varenicline or
  2. Bupropion (alone or in combination w/ NRT) or
  3. NRT (alone or in combination)  
(Fiore, Jaén, & Baker, et al., 2008)
- Documentation
  - ICD-9 305.1
  - CPT codes 99406 or 99407 (Rappo & Wheeler, 2012)

POTENTIAL FOR ADDED REVENUE:  
141 x \$12.99=  
**\$1,831.59**

#### One Hour MI Training

- Spirit of MI
- Principles
- Skills (Rollnick, Miller & Butler, 2008)
- Role play

#### Content of Follow-Up Email Support 15 Day Intervals Over 90 Days

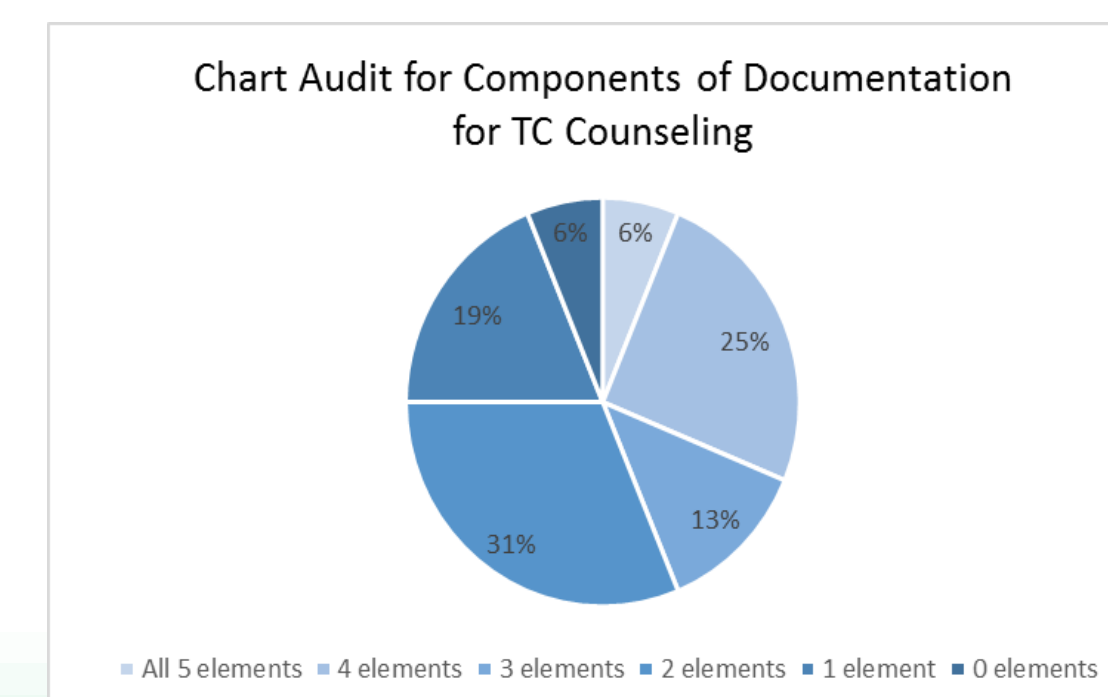
1. Link to video demonstration of MI for TC
2. Voice-Over PowerPoint reviewing MI
3. Department of Transportation (DOT) physical considerations for varenicline
4. 5As, 5Rs, reference to tobacco algorithm
5. Prompts for documentation standards
6. Listening for indicators of change talk

## Discussion

### Analysis of Data

- Participants (physicians, nurse practitioners and physician assistants) had an average of 13.45 years of practice.
- There is sufficient evidence to show the self-efficacy score increased after implementation of the protocol training. For PCP self-efficacy scores: **t(10) = -4.597, p = .001, n=11** for pre- and post-tests.
- MI knowledge scores did not change significantly.
- **51.5% increase** in incidence of ICD-9 305.1 from **93** in baseline 90 day period to **141** in post-intervention period. No significant change in CPT 99406 or 99407.

## Practice Implications



### The Affordable Care Act

Endorses coverage for:

- nicotine replacement therapy
- counseling (either group, individual or telephonic)
- bupropion or varenicline  
(American Lung Association, 2014)

### Potential for Reimbursement

- 3-10 minutes TC counseling \$12.19
- 11-20 minutes TC Counseling \$23.99 (Mills, 2008)

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## PICOT Question

***In primary care providers (PCPs), how does implementation of a tobacco cessation (TC) protocol and TC counseling training (to include Motivational Interviewing, or MI), when compared to current practice effect knowledge of MI, PCP self-efficacy of TC counseling, and incidence of brief TC counseling over three months?***