Background

Smoking
- 17.8% of U.S. adults smoke
- modifiable risk factor
- 480,000 deaths per year; shortens lifespan by 10 years
- Direct and Indirect costs >$300 billion a year (U.S. DHHS, 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

Motivational Interviewing (MI) for TC

6 month quit rates:
- MI performed by PCPs: RR of 3.49 95% CI [1.15, 1.36]
- MI performed by counselors: RR 1.25 95% CI [1.15, 1.36]

Potential for Care

Initial PCP Education

One Hour TC Training

- 5As
  1. Ask
  2. Advise
  3. Assess
  4. Assist
  5. Arrange
- 5Rs
  1. Reliability
  2. Risks
  3. Rewards
  4. Roadblocks
  5. Repetition
- Primary Pharmacotherapies
  1. Varenicline
  2. Bupropion (alone or in combination w/ NRT)
  3. NRT (alone or in combination)
- Documentation
  - ICD-9: 293.0
  - CPT codes 99406 or 99407

One Hour MI Training

- Spirit of MI
- Principles
- SKILLS (Outright, Miller & Baker, 2008)
- Role play

PCP Education

Practice Implications

The Affordable Care Act

Endorses coverage for:
- nicotine replacement therapy
- counseling (either group, individual or telephonic)

Potential for Reimbursement

- 3-10 minutes TC counseling $12.19
- 11-20 minutes TC Counseling $23.39

References

- http://www.ahrq.gov/professionals/clinicians

Implementation

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, affect effectiveness of MI, PCP self-efficacy of TC counseling, and incidence of brief TC counseling over three months?