

The Elephant in the Treatment Room

Yvon Fils-Aime, MBA

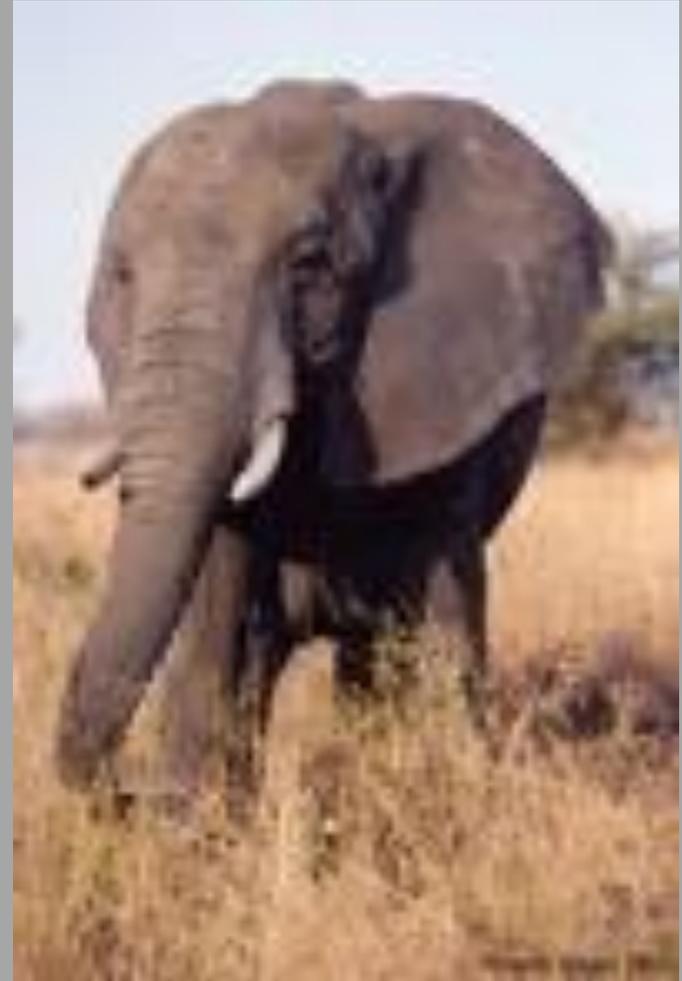
James Allen, MPH

DISCLAIMER:

The material in this presentation has been prepared by a group of experts in Behavioral Health and adapted to nicotine dependence in Oklahoma.

Nicotine: The Elephant in the Treatment Room

Why do you think it has taken so long for us to address tobacco use and nicotine dependence in substance abuse and mental health treatment?

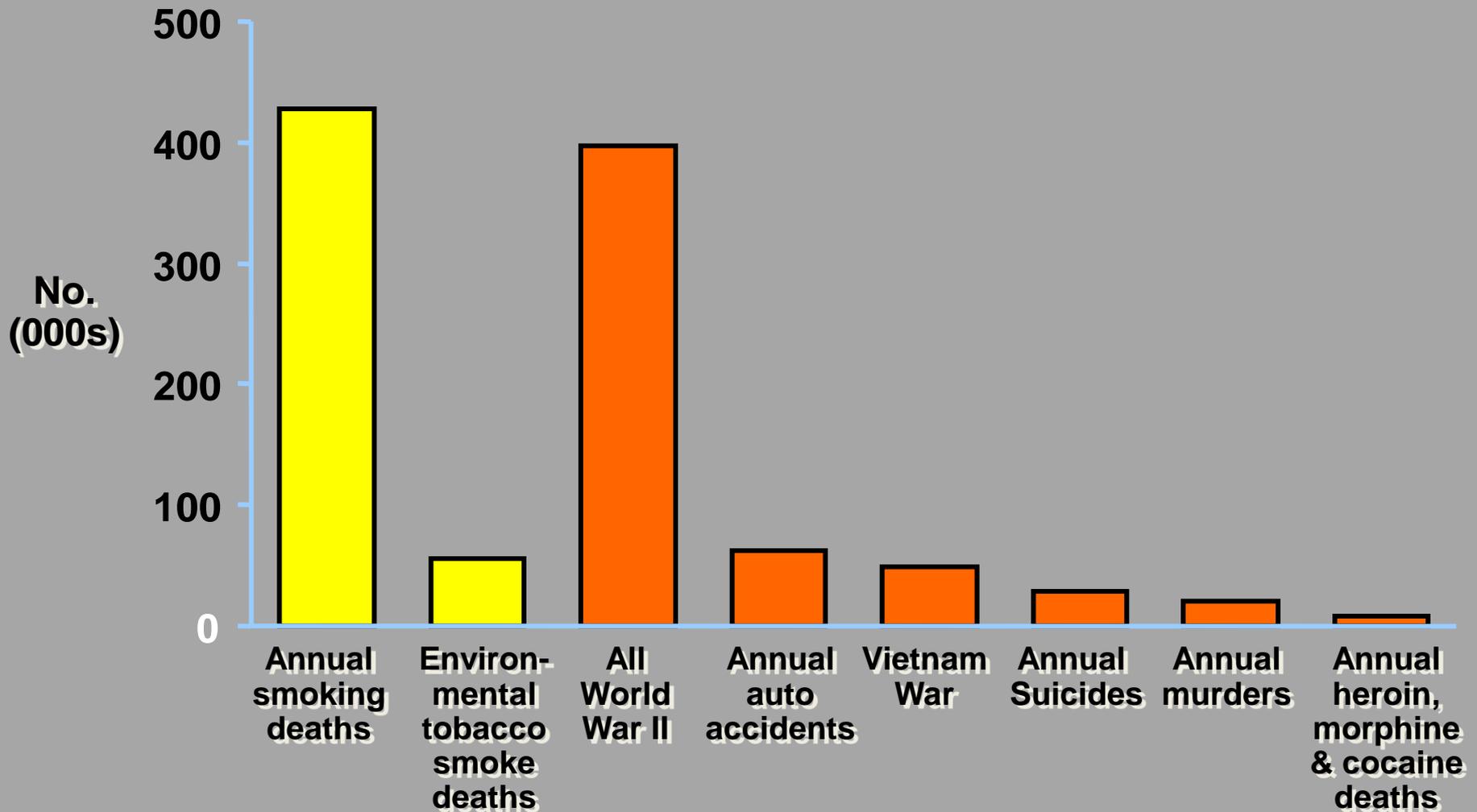


Tobacco's Toll in the United States

- Leading preventable cause of death and disease
- Kills more than 443,000 people each year
- More than \$96 billion in annual health care costs
- Tobacco-related illnesses and deaths:
 - Nearly 9/10 of Chronic Obstructive Pulmonary Disease (COPD/lung disease) Deaths¹
 - 1/3 of total cancer deaths²
 - 1/5 deaths from coronary heart disease³



Cigarette Death Epidemic in Perspective



What is the Rational for Treating Nicotine Addiction in S.A Programs

- 44% of all cigarettes consumed in the US
- 75% of those with mental illness
- Most smoke and die due to smoking caused diseases
- Nicotine use is a trigger for other substance use
- Treatment can Work: NRT, Atypicals, Non-nicotine treatments, and Behavioral therapy improves outcomes
- Social support and reduction of tobacco triggers is helpful

Dependence



Why do we need to address tobacco?

- Smokers pay the price – Tobacco related illness is the leading cause of death for those in Recovery
- Alcoholics who smoke have:
 - 10 x rate of Pancreatic Cancer
 - 3 x rate of Cirrhosis of the Liver
 - 38 x rate of Mouth and Throat Cancer than Alcoholics who do not smoke
- Cocaine users who smoke have:
 - 4 x the rate of heart disease than cocaine users who do not smoke

Why do we need to address tobacco?

- 80% of clients are tobacco users, making nicotine dependence the most common substance use disorder
- A two pack a day smoker spends about \$6,000 a year on his or her habit
- A meta-analysis of 18 studies found that including tobacco treatment, on average, improved their alcohol and other drug outcomes by 25% (Prochaska et al, 2006)

Why do we need to address tobacco?

- People with serious mental illness have a 25 year shorter life span than the general population.
- This population has:
 - 2x Cardiovascular disease
 - 3x Respiratory disease
 - 3x Cancers

Unanimous Agreement



- U.S. Surgeon General
- National Cancer Institute
- U.S. Centers for Disease Control and Prevention
- Task Force on Community Preventive Services
- Institute of Medicine of the National Academies
- SAMHSA
- State and local health departments
- Family members of mentally ill and substance abuse consumers.

**Behavioral
health
professionals???**

Why do we need to address tobacco?

- Address Tobacco in Addiction Treatment Settings
 - It's a Clinical Issue
 - a Health Issue
 - a Recovery Issue
 - an Environmental Tobacco Smoke Issue
- Changing the Culture of any program includes
 - Vision, leadership, and written implementation plan
 - staff training
 - providing staff EAP options
 - Environmental changes and Clinical Services
 - Developing new policies & enforcement

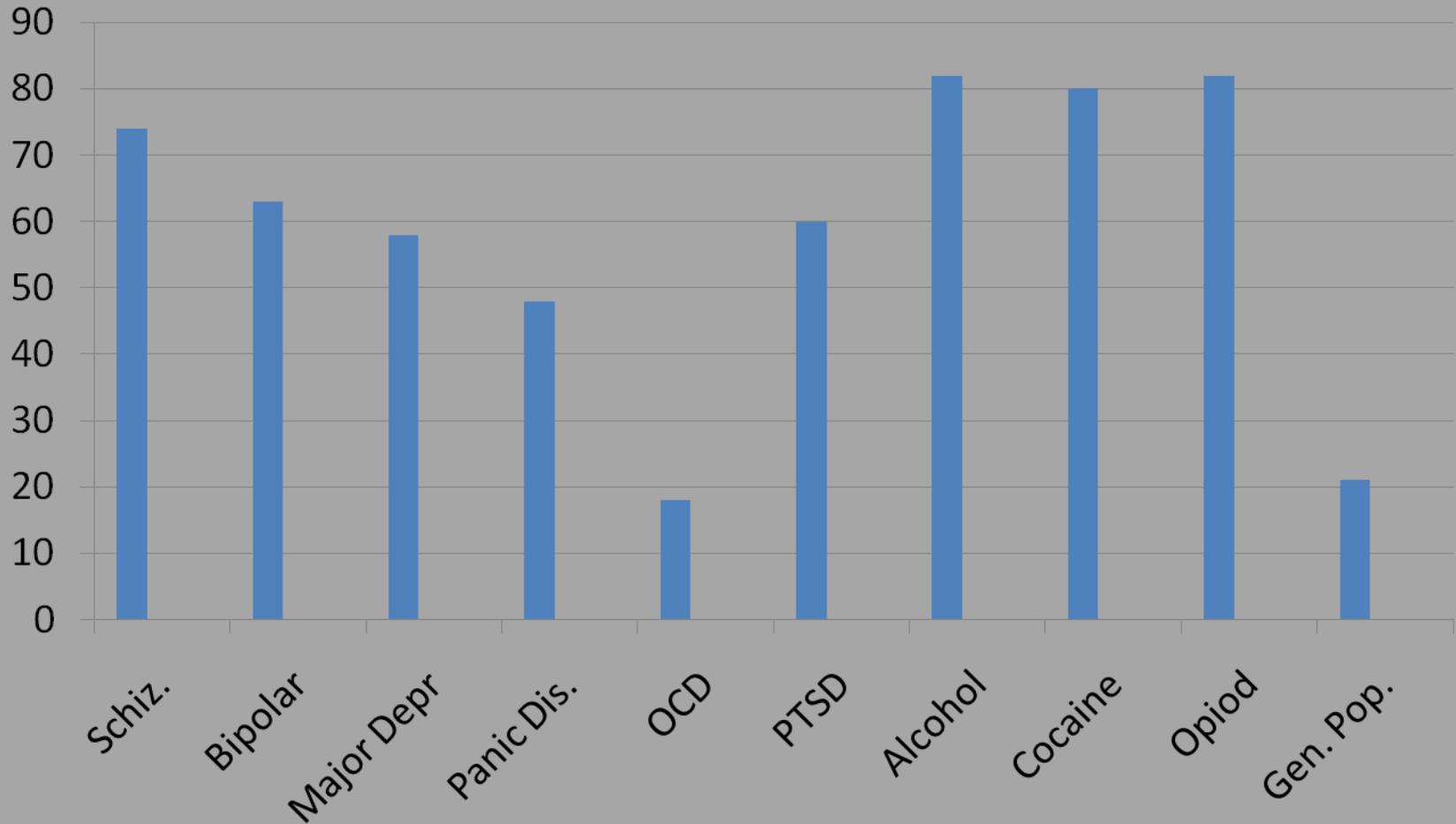
Challenges/Barriers

- Historical norms and beliefs
- Lack of integrated systems
- Different treatment modalities, program cultures & client profiles
- Timing of implementation
- Funding

Challenges/Barriers

- Nicotine dependence is a strong addiction
- Clients are challenging and dealing with other dependencies
- Relapse to tobacco
- Continuous education needed – not only with clients but with staff, doctors, outside providers . . .

Prevalence Rates among MH and SUD Clients



Doesn't Tobacco Help Clients Cope?

Clients report that smoking relieves stress

Yet, research shows that:

- Stress levels of adult smokers are higher than those of nonsmokers

- Adolescent smokers report increasing levels of stress as they develop regular patterns of smoking

- Smoking cessation leads to reduced stress

Tobacco use does not alleviate stress but actually increases it.

Data Reports

On average, at intake:

77% report tobacco use

62 % report making quit attempts

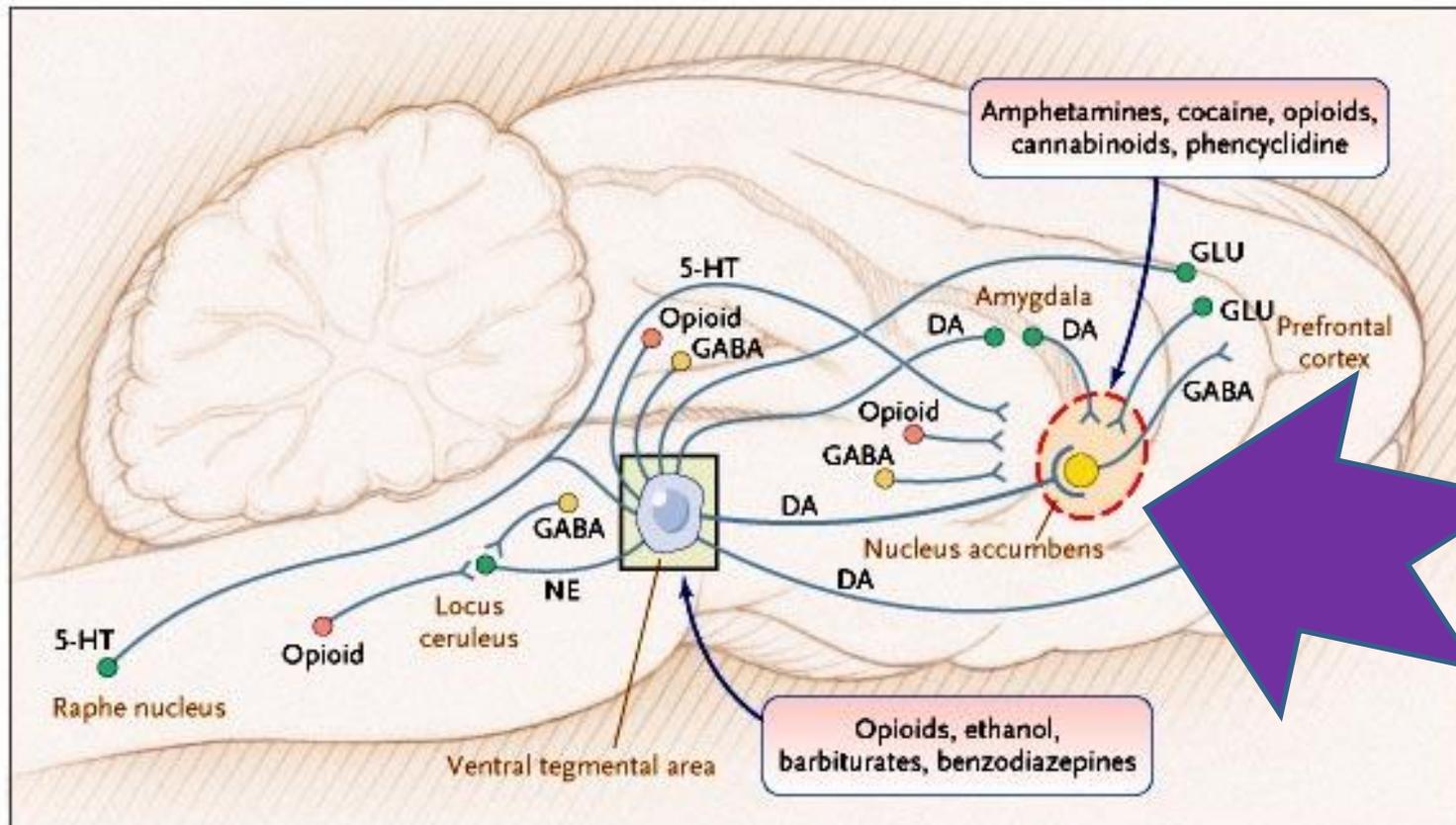
41 % report wanting to quit right now

INCLUDING TOBACCO CESSATION IN TREATMENT PLANNING

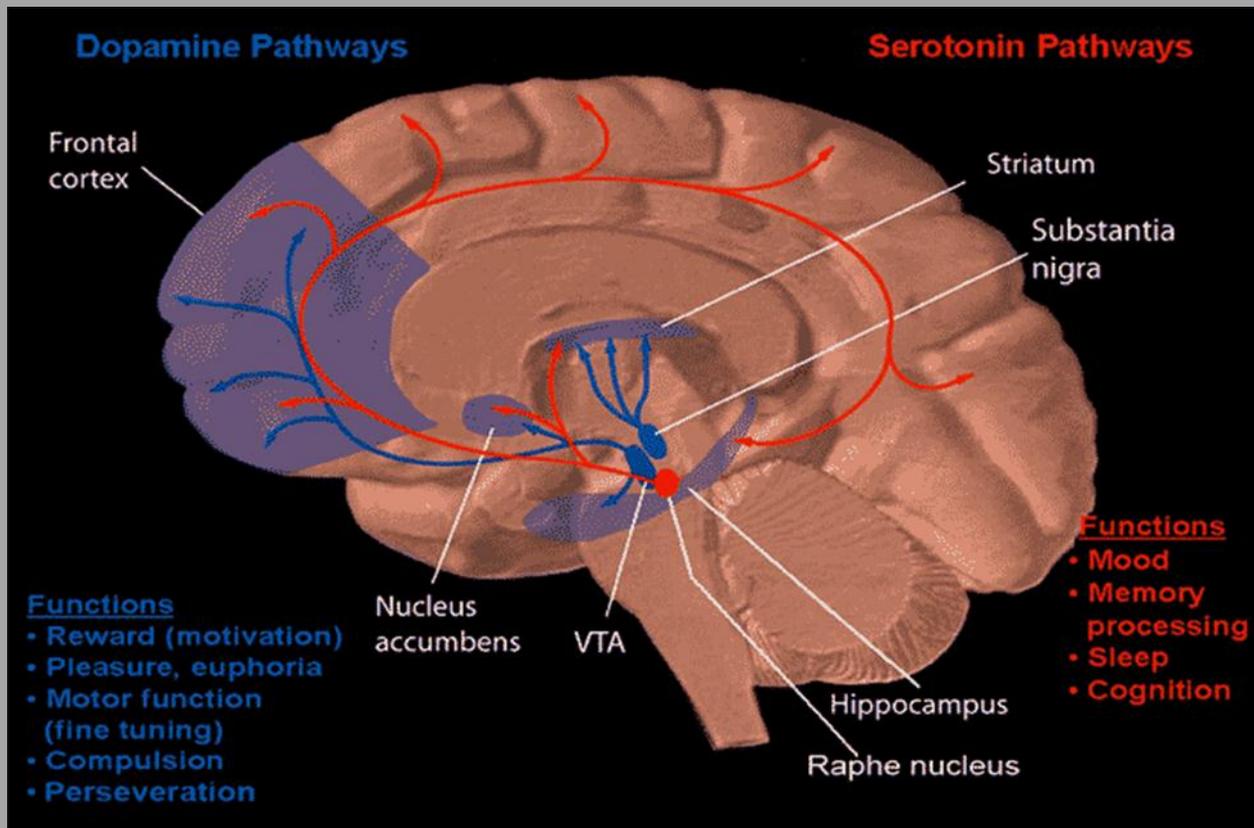
Nicotine

- Nicotine is the tobacco plant's natural protection from being eaten by insects
- Its widespread use as a farm crop insecticide is now being blamed for killing honey bees.
- A super toxin, three times deadlier than arsenic.
- Has a direct and indirect control over the flow of more than 200 neurochemicals, most importantly dopamine.

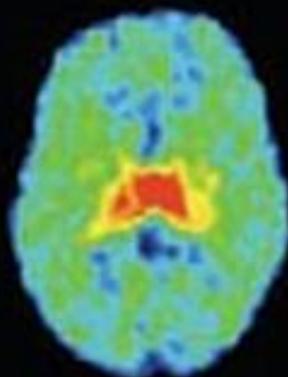
The Nucleus Accumbens



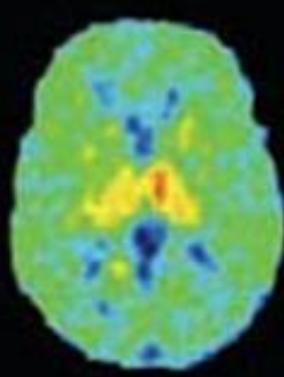
Dopamine - Serotonin



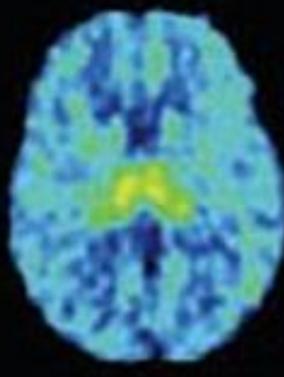
SMOKING SATURATES RECEPTORS As nicotine from a cigarette attaches to the $\alpha 4\beta 2^*$ -nACh nicotinic receptors in the brain, it displaces a radiolabeled tracer (red and yellow indicate high levels of the tracer, green indicates intermediate levels, and blue indicates low levels). The nicotine from three puffs displaced 75 percent of the tracer from study participants' receptors, and the nicotine from three cigarettes, nearly all.



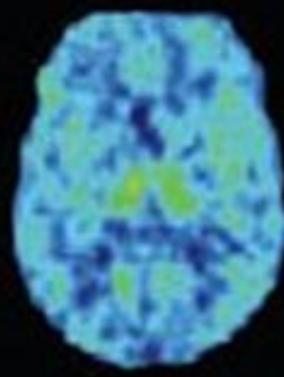
Nothing



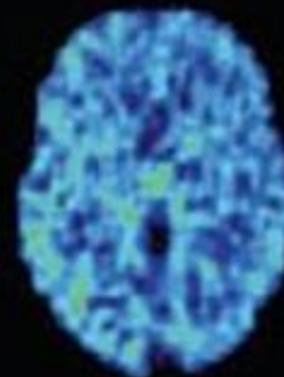
One
Puff



Three
Puffs



One
Cigarette



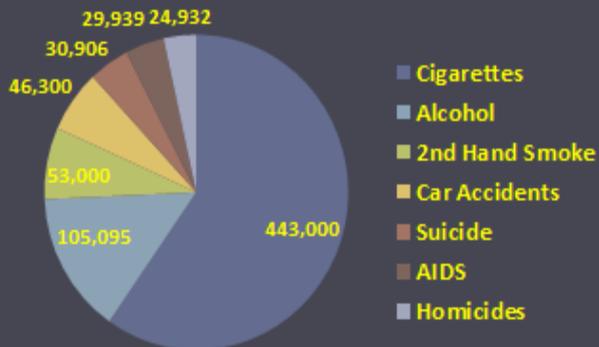
Three
Cigarettes





Targeting the Nation's Leading Killer

Yearly Deaths in the USA



Treatment Plan Basics

- Complete a great assessment and the plan will almost write itself. The assessment begins the process of making it consumer driven/centered.
 - *Individualized*
- Reflecting information gained from the assessment unique to that individual which will help in their recovery.
- Not one size fits all nor primarily program driven.

Activity

SoonerQuit 5 A's Tobacco Cessation Counseling



Patient's Name:

Providers are encouraged to refer patients to the Oklahoma Tobacco Helpline at: 1-800-QUIT NOW

Billing Codes: 99406 (3-10 min.) * 99407 (10+ min.) * D1320 (Dental)

Visit Date	_/_/___	_/_/___	_/_/___	_/_/___
Start Time	_:_	_:_	_:_	_:_
Ask every patient every time (1 minute)	_ Does not smoke _ Recently quit _ Light smoker (less than 25 cigarettes per day) _ Heavy smoker (25+ cigarettes per day)	_ Does not smoke _ Recently quit _ Light smoker (less than 25 cigarettes per day) _ Heavy smoker (25+ cigarettes per day)	_ Does not smoke _ Recently quit _ Light smoker (less than 25 cigarettes per day) _ Heavy smoker (25+ cigarettes per day)	_ Does not smoke _ Recently quit _ Light smoker (less than 25 cigarettes per day) _ Heavy smoker (25+ cigarettes per day)
Advise all tobacco users of the consequences (1 minute)	_ Benefits of quitting _ Harms of continuing to quit _ Personalized message to quit _ Recognize difficulty of quitting	_ Benefits of quitting _ Harms of continuing to quit _ Personalized message to quit _ Recognize difficulty of quitting	_ Benefits of quitting _ Harms of continuing to quit _ Personalized message to quit _ Recognize difficulty of quitting	_ Benefits of quitting _ Harms of continuing to quit _ Personalized message to quit _ Recognize difficulty of quitting
Assess willingness to make a quit attempt (1 minute)	Readiness to quit in next 30 days: ___ Yes ___ No Reason for not quitting: _____	Readiness to quit in next 30 days: ___ Yes ___ No Reason for not quitting: _____	Readiness to quit in next 30 days: ___ Yes ___ No Reason for not quitting: _____	Readiness to quit in next 30 days: ___ Yes ___ No Reason for not quitting: _____
Assist with treatment and referrals (3+ minutes)	Set Quit Date: _____ _ Problem-solving _ Provide materials _ Identify Support _ Refer to 1 800 QUIT NOW _ Pharmacotherapy	Set Quit Date: _____ _ Problem-solving _ Provide materials _ Identify Support _ Refer to 1 800 QUIT NOW _ Pharmacotherapy	Set Quit Date: _____ _ Problem-solving _ Provide materials _ Identify Support _ Refer to 1 800 QUIT NOW _ Pharmacotherapy	Set Quit Date: _____ _ Problem-solving _ Provide materials _ Identify Support _ Refer to 1 800 QUIT NOW _ Pharmacotherapy
Arrange follow up (1 minute)	_ Assess smoking status at every visit _ Ask patient about the quitting process _ Reinforce the steps the patient is taking to quit _ Provide encouragement _ Set follow up appointment	_ Assess smoking status at every visit _ Ask patient about the quitting process _ Reinforce the steps the patient is taking to quit _ Provide encouragement _ Set follow up appointment	_ Assess smoking status at every visit _ Ask patient about the quitting process _ Reinforce the steps the patient is taking to quit _ Provide encouragement _ Set follow up appointment	_ Assess smoking status at every visit _ Ask patient about the quitting process _ Reinforce the steps the patient is taking to quit _ Provide encouragement _ Set follow up appointment
Comments				
End Time	_:_	_:_	_:_	_:_
Provider Signature				
Credentials				

What is the Oklahoma Tobacco Helpline?

- Tobacco cessation counseling, provided at no cost via telephone
- Staffed by trained specialists
- Up to 5 personalized sessions
- Oklahoma Tobacco Helpline offers nicotine replacement therapy at no cost
- Up to 30% success rate for patients who complete sessions

Most health-care providers, and most patients, are not familiar with tobacco quitline 1-800-QUITNOW



OKLAHOMA HELPLINE FAX REFERRAL FORM

Fax Number: 1-800-483-3114

FAX SENT DATE: ____/____/____

Provider Information:

CLINIC NAME		CLINIC ZIP CODE
Maternal & Family Practice Associates		74401
HEALTH CARE PROVIDER - Please Circle One		
<input type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> Clinic Staff		
CONTACT NAME		
FAX NUMBER	PHONE NUMBER	
918-682-0615	918 682 4318	
I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE)		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> DONT KNOW <input type="checkbox"/>		

Patient Information:

PATIENT NAME		DATE OF BIRTH	GENDER				
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
ADDRESS		CITY	ZIP CODE				
PRIMARY PHONE NUMBER	HM	WK	CELL	SECONDARY PHONE NUMBER	HM	WK	CELL
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LANGUAGE PREFERENCE (PLEASE CHECK ONE)							
ENGLISH		SPANISH		OTHER			
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			

 I am ready to quit tobacco and request the Oklahoma Tobacco Helpline contact me to help me with my quit plan.
(initial)

 I DO NOT give my permission to the Oklahoma Tobacco Helpline to leave a message when contacting me.
(initial) **By not initialing, you are giving your permission for the quitline to leave a message.

PATIENT SIGNATURE: _____ DATE: ____/____/____

The Oklahoma Tobacco Helpline will call you. Please check the BEST 3-hour time frame for them to reach you. **NOTE: The Helpline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.**

6AM – 9AM 9AM – 12PM 12PM – 3PM 3PM – 6PM 6PM – 9PM

WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (CHECK ONE): Primary # Secondary #

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Treatment Codes

- Must be appropriate to Treatment Plan
 - Individual Therapy
 - Group Therapy
 - Case Management
 - Resource Skills Development
 - Rehab (Individual and Group)
 - Wellness Resource Skills Development
 - RSS

Treatment Codes

- Medicaid Providers reimbursement for treating tobacco use dependence:
 - 99406, Cessation counseling lasting 3 – 10 minutes, \$12.25
 - 99407, Cessation counseling lasting > 10 minutes, \$23.78
- Coverage is for adults and children
- Maximum of eight sessions per year
- Code can now be used by CMHC's for non-Medicaid clients
- Wellness Resource Skills Development service (codes T1012 HE and T1012 HF)

SOCIAL SUPPORT for QUITTING

- Key ingredients for successful quitting:
 - Social support as part of treatment (intra-treatment)
 - Social support outside of treatment (extra-treatment)

PATIENTS SHOULD BE ADVISED TO:

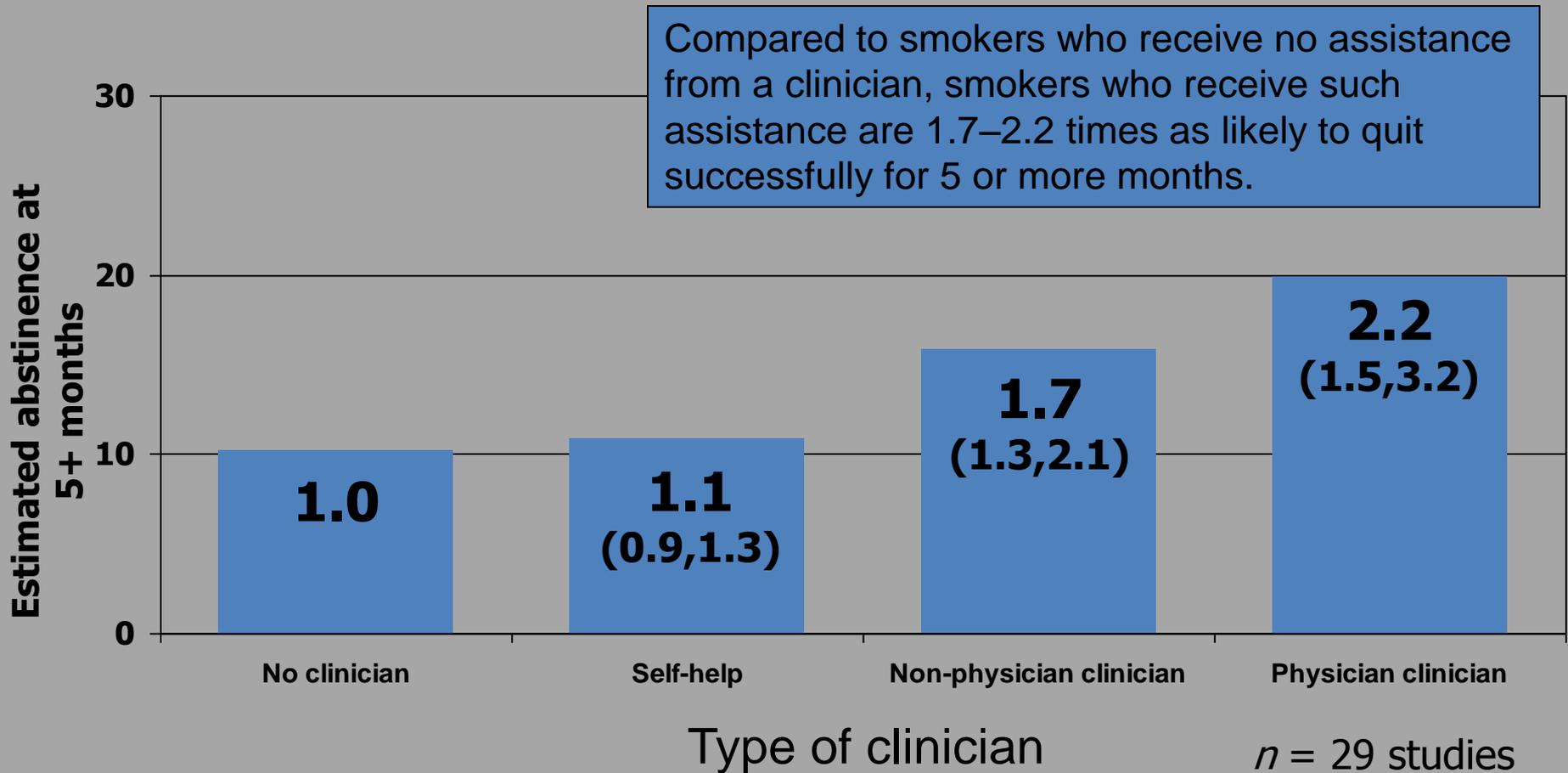
- Ask family, friends, and coworkers for support – ask them not to smoke around you and not to leave cigarettes out
- Get individual, group, or telephone counseling

Patients who receive social support and encouragement are more successful in quitting

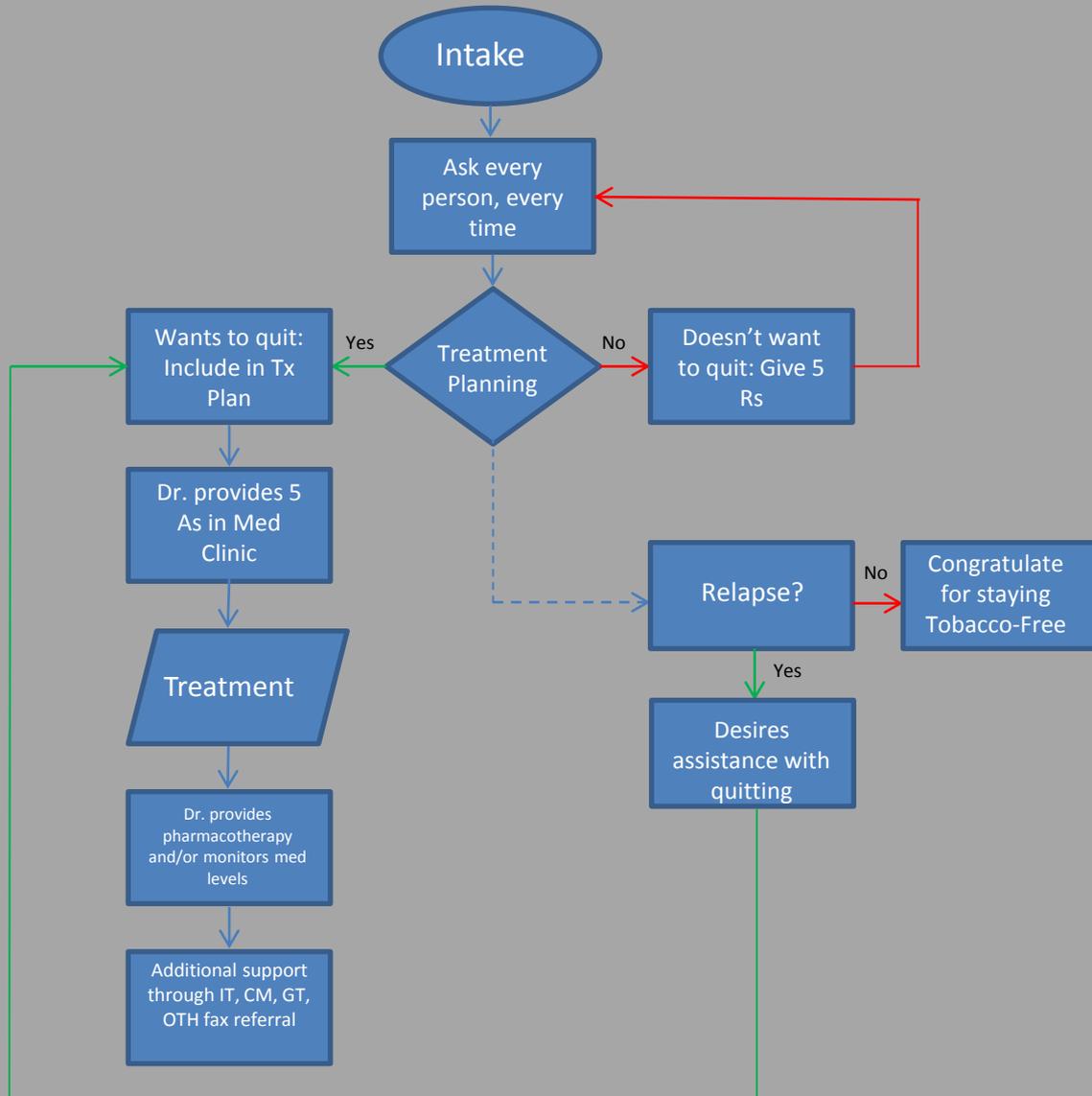
Tobacco Guidelines

- Staff as role models
- Incorporate assessment, treatment planning, education
- Staff training and staff support component
- Modality-specific

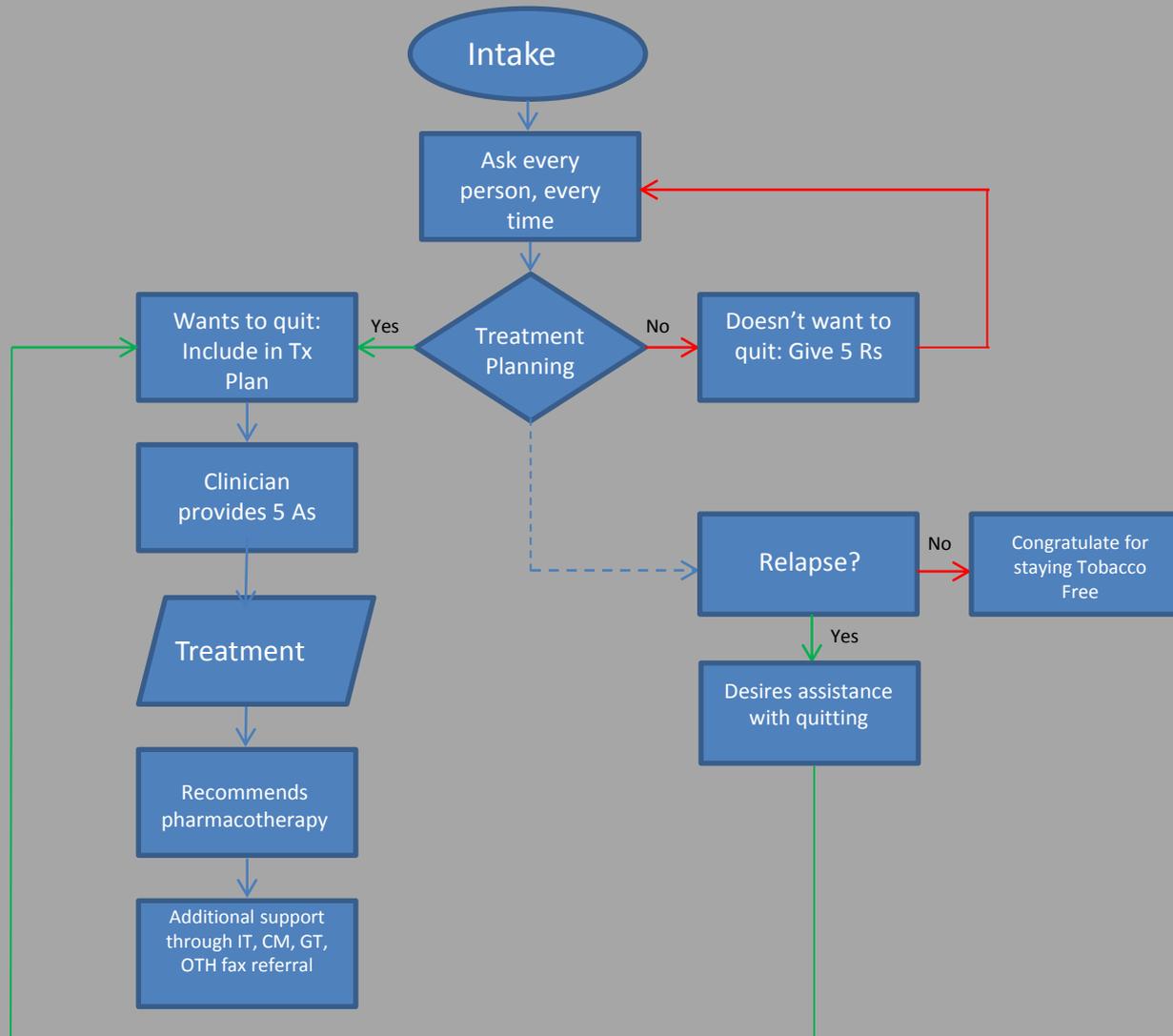
Effects of Clinician Interventions



Tobacco Cessation Algorithm



Tobacco Cessation Algorithm for Substance Abuse Treatment Providers



Top Ten Oklahoma Insurance Companies

Current Tobacco Cessation Benefits

1. BCBSOK

- a. Covers counseling towards quitting tobacco (physician, therapist)
- b. Does not currently cover any NRT's
- c. Self-funded and custom plans have option for NRT coverage

2. AETNA

- a. Implements a wellness program that includes tobacco cessation counseling and treatment options (NRT's)
- b. Does not cover more than 2 quit attempts
- c. Does not cover any cessation treatments

3. COVENTRY

- a. Contracts their own quit / counseling line, refer patients to the website or the phone number
- b. Provide NRT's through the counseling – gum, lozenges, patches
- c. Does not currently cover Chantix or other prescription medications
- d. 2012 (spring or summer) plans to roll out a new wellness plan that will have a fixed amount of money to use towards any tobacco cessation products/services
- e. Self-Insured have the customized option for tobacco cessation coverage

4. COMMUNITY CARE OK (State Health Provider)

- a. CCOK provides \$500/year for tobacco cessation NRT's, starts over each year
- b. Referred to primary care physician for prescriptions, and cessation prescriptions covered under the \$500/month
- c. Refer to the OTH and 1-800-PITCH-EM
- d. OTC medications not covered (patches, gum, lozenges)

5. OSEEGIB – HEALTH CHOICE (State Health Provider)

- a. Reduced co-pay for certain prescription tobacco cessation products to \$5 per fill, \$150 savings per member per year.
- b. Covered products include prescription NRT's, but coverage varies according to benefit plan
- c. Will continue to cover two 90-day courses of a prescription product each plan year.
- d. Partnered with TSET and Free and Clear to implement the Helpline in OK 1-800-QUIT-NOW or outside OK 1-866-784-8454.

1. UNITED Healthcare (State Health Provider)

- a. Offers a five week, self-directed health coaching program “QuitPower” for smoking cessation at no additional cost to members.
- b. Members receive an effective means to quit tobacco and improve their health care through a personalized program, a dedicated wellness coach, and Nicotine Replacement Therapy (NRT) if needed
- c. Program focuses on specific measurable and attainable goals, such as establishing a quit smoking date and avoiding triggers that lead to tobacco use

2. SOONERCARE – MEDICAID

- a. Prior authorization still affect
- b. January 2011, Physicians are reimbursed at a rate of \$12.47 for 3-10 minutes, \$24.03 for 10+ minutes.
- c. Dental reimbursement rate is \$34.66
- d. Covers NRT’s - Gum, Patches, Nasal Spray, Lozenge, Inhalers, Varenicline, Bupropion, and individual counseling

3. MEDICARE

- a. Medicare provides coverage of two levels of smoking and tobacco-use cessation counseling (intermediate and intensive) for beneficiaries who use tobacco and have been diagnosed with a recognized tobacco-related disease or who exhibit symptoms consistent with tobacco-related disease
- b. Medicare will cover two cessation attempts per year.
- c. Medicare’s prescription drug benefit also covers smoking and tobacco-use cessation agents prescribed by a physician.

4. GLOBAL HEALTH (State Health Care Provider)

- a. Global Health members are covered for 2 90-day courses of prescription cessation medications per year (NRT inhaler & nasal spray and bupropion & varenicline)

5. PACIFICARE

- a. Does not cover any cessation treatments

Lessons Learned

- Maintain Stages of Change perspective
- Build relationships over time
- Take a long view: change = process
- Promote systems-based approach
- See staff as key; reframe resistance
- Translate research, make it relevant, end scare tactics

Take Home Messages

- The Time is now to Address Tobacco in all Addiction and Mental Health Settings
- Staff Training and Organizational Change is needed
- Use Motivation Based Treatment
 - Both medications and psychosocial treatments
- Program and system changes are critical to the broad-based success of model programs
- As Champions you are a key leader in your organization and your work is vital to the success of this initiative



"No, I'm not here to attack you. I've been sent by the other animals to inform you that this is a non-smoking forest."

Treating Tobacco Use and Dependence – PHS Clinical Practice Guideline

- AHCPR: 800-358-9295
- CDC: 800-CDC-1311
- NCI: 800-4-CANCER
- www.surgeongeneral.gov/tobacco/default.htm

Internet Resources

- Mental Health: www.mentalhealth.org
- Addiction: www.health.org (1-800-say-no-to)
 - NCADI: ask for catalog, TIPS # 9 – new update next month
- American Psychiatric Association Treatment Guidelines: www.psych.org
- Nicotine: www.tobaccoprogram.org

For more information

- Yvon Fils-Aime, MBA
 - 405-522-8993
 - YFils-Aime@odmhsas.org