



KHC Office Hours for Clinics

Lunch and Learn Series — Kansas Quitline- No Cost Resources for Providers and Patients


February 22, 2023

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Kansas Healthcare
COLLABORATIVE

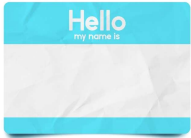


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ASSOCIATION

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Welcome New Participants!

- What clinic or facility do you work for?
- What is your role?
- What type of clinic are you?
What specialty? Primary Care? FQHC or RHC?



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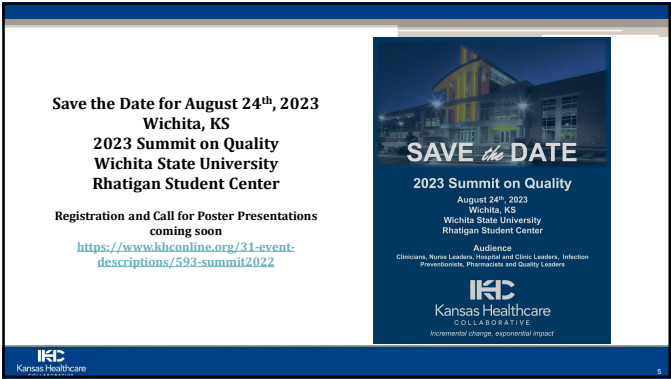
KHC Office Hours Agenda

- Welcome – 5 mins
- Content Presentation - 45-50 mins
- Q&A - 5 Mins
- Closing Comments - 2-5 mins

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Tobacco/Nicotine Products



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- The prevalence of current **smoking** is **15.6%**.
- The prevalence of using **smokeless tobacco** is **5.1%**.
- The prevalence of current **e-cigarette** use is **6.6%**.

Source: 2021 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment



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Smoking Quit Attempts in Kansas



Over half of individuals who smoke stopped for one day or longer because they were trying to quit.

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E-cigarette Quit Attempts in Kansas




36.1% of individuals who use e-cigarettes stopped for more than one day because they were trying to quit.

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Smokeless Tobacco Quit Attempts in Kansas



35.8% of individuals who use smokeless tobacco stopped for more than one day because they were trying to quit.

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Device Types


E-Cigarettes and Vaping

Different Shapes -- Same Components

Tanks & Mods



Rechargeable e-cigarette



Disposable e-cigarette





Image: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm


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E-cigarettes and Vaping

- E-cigarettes are **not safe** for:
 - youth
 - young adults
 - pregnant women
 - adults who do not currently use tobacco products




Produce an aerosol that is inhaled by the user and or bystanders.
E-cigarettes are **NOT** a safe alternative to conventional cigarettes.

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E-Cigarettes & Pregnancy



E-Cigarette Use During Pregnancy is Unsafe


- E-cigarette use during pregnancy is unsafe because e-cigarettes contain nicotine.¹
- Nicotine can damage a baby's developing brain and lungs.¹



Women Reported Using E-Cigarettes

4.8% of Kansas women with a recent live birth reported using electronic vapor products (EVPs) in the 3 months before pregnancy.²

1.4% reported using EVPs in the last 3 months of pregnancy.²




Take Action

For free help to quit smoking and vaping, call
1-800-QUIT-NOW
(1-800-784-8669)

1. CDC (2019) E-Cigarettes and Pregnancy <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/e-cigarettes-pregnancy.htm>


2. Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2019.

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E-cigarettes and Children

- Children and adults have been poisoned by swallowing, absorbing, or breathing the liquid from e-cigarettes through their skin or eyes.
- Nationally, about **50%** of calls to poison control centers for e-cigarette liquid are for **children five years or younger**.



Centers for Disease Control and Prevention. [cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html)


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Potential Harms of E-cigarettes




Leads to initiation of combustible tobacco use among non-smokers, particularly children




Leads to relapse among former smokers




Diminishes the chances that a smoker will quit




Discourages smokers from using proven quit methods



Exposes children, pregnant women, and non-users to secondhand aerosol




Glamorizes or renormalizes tobacco use



Results in poisonings among users or non-users

Used with permission of the Centers for Disease Control and Prevention. Cropped image of Humphrey Bogart street art courtesy of Chester Virga's 'Hampy Bogart' on a wall of a garage in Tel Aviv" via license agreement at creativecommons.org/licenses/by/2.5/deed.en. Accessed Aug. 10, 2020.

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Coming in Contact with Thirdhand Smoke

- People come in contact with thirdhand smoke by touching, inhaling, or ingesting particles.
- Hazard to children
 - Children inhale 40 times more than adults.
 - Have greater hand/object/mouth contact.
 - Greater absorption through skin.
 - Physical proximity to the source of thirdhand smoke.

healthychildren.org/SiteCollectionDocuments/Thirdhand_smoke_A_Threat_to_Child_Health.pdf
neta.org/healthtopics/quality-of-life/third-hand-smoke

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Health Benefits of Tobacco-Free Environments


- Are at lower risk for SIDS
- Have lower risk of having bronchitis and pneumonia and have fewer ear infections
- Have fewer issues with wheezing and coughing
- Are less likely to ever have asthma
- Are less likely to become smokers as teenagers

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Self-Reflection

Using the chat, please share your thoughts if you are comfortable.

- If you have had someone close to you successfully stop using tobacco, how many tries do you estimate it took?
- What do you think were some barriers in quitting?


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Quitting Tobacco

In Kansas, nearly six out of 10 (57.1%) adults who currently smoke made a quit attempt in the past year.




Most smokers will cycle through several periods of remission and relapse.

2019 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, KDHE.
Caporietto P, Keller E, Bhano CM, Polosa R. Handling relapse in smoking cessation: strategies and recommendations. Intern Emerg Med. 2013;8:7-12


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Successful Quit Attempts


“Most smokers attempting to quit today still make unaided quit attempts.....however...smokers are significantly more likely to quit successfully if they use an evidence-based counseling or medication treatment than if they try to quit without such aids.”



Flores, M. C. (2008). Treating tobacco use and dependence: 2008 update. Rockville, MD: U.S. Dept. of Health and Human Services, Public Health Service. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC269227/>

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**Advice to Quit Works**

Brief advice – 3 minutes or less!

- Significantly impacts quitting success


Even when clients are not willing to make a quit attempt, use brief advice

- Enhances motivation
- Increases the likelihood of future quit attempts

Has cumulative effect on quitting

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**Planning a Quit Attempt**

What are her top three reasons for quitting tobacco/vape?

What are the benefits of quitting?

- How much money would she save?
- What would she like about being a non-smoker?

When and where does she usually smoke?


What might be the hardest cigarette to give-up? (e.g., the first cigarette in the morning, smoke break with friends)

Willing to practice short quit attempt (mini quits)?

- Go without _____ cigarette? Stop smoking when you get in the car.

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**Step 1: Ask**

Do you currently smoke or use any tobacco products (including electronic vaping devices)?


OR

For pregnant women - which of the following statements best describes your tobacco use?

- I have never used tobacco.
- I stopped using tobacco *before* I found out I was pregnant and am not using tobacco now.
- I stopped using tobacco *after* I found out I was pregnant and I am not using tobacco now.
- I use tobacco some now but have cut down since I found out I was pregnant.
- I use tobacco about the same amount now as I did before I found out I was pregnant.

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Step 2: Advise

Clear, strong, personalized advice to quit tobacco


"I need to you to know that quitting tobacco is the most important thing you can do for your health."

-even better-

Personalize the message: *Refer to the impact of tobacco use on the person, their family, the environment and their well being. Why are they here today?*

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Step 3: Assess

"Do you mind if we discuss your smoking/tobacco use?"

"How willing are you to quit tobacco/vape in the next 30 days?"

---|---|---|---|---|---|---|

0 1 2 3 4 5 6 7 8 9 10


Not Willing Moderately Willing Extremely Willing

"What would it take to move you from a ___ to a **(+3pts)**?"

Try to increase motivation; You're available when they are ready to quit; Document for **follow up**

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Step 4: Assist

Encourage them to discuss medication and counseling options with their provider

Offer the personalized assistance of a Kansas Tobacco Quitline coach

Encourage them to attend a tobacco cessation group if one is available


Provide self-help tobacco cessation materials

Ask about concerns or difficulties.

Invite them to talk about their previous successes.

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Step 5: Arrange

1. Encourage the client and express willingness to help.


2. Arrange a doctor's appointment (if interested)

3. Discuss coping strategies/provide information

4. Follow-up to monitor progress & provide support.

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Tobacco Quitlines

Tobacco users who receive:


• **Quitline services have 60% higher odds of successfully quitting** versus tobacco users who attempt to quit with minimal or no counseling or self-help.

• **Medication and Quitline services have 30% higher odds of successfully quitting** versus medications alone.

Fiore, M. C. (2008). Treating tobacco use and dependence: 2008 update. Rockville, MD, U.S. Dept. of Health and Human Services, Public Health Service. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2531906/>

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KS Tobacco Quitline Public Awareness

One third of Kansas adults are aware of the Quitline.

KanQuit!

1-800-QUIT-NOW (784-8669)


KSquit.org

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Kansas Tobacco Quitline


- The Kansas Tobacco Quitline provides evidence-based coaching (via phone or web) for **free to all Kansas tobacco users** who want to quit.
- Enrollment options
 - Phone: toll-free 1-800-QUIT-NOW (784-8669)
 - Web-based services @ KSquit.org
 - 4 weeks of Free NRT currently available
- Intake & Coaching offered 24 hours a day/7 days a week
- English, Spanish, Arabic and other languages
- Experienced health coaches provide one-on-one support to form a quit plan



1-800-QUIT-NOW (784-8669)
KSquit.org

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KS Tobacco Quitline 2022 Outcomes

- 962 phone program enrollees were included in survey pool with a 20% survey response rate
- 23% of Quitline phone coaching participants quit
- Phone participants who received both coaching and NRT had a quit rate of 25%
- Phone participants completed 5 or more coaching calls had a quit rate of 30%
- Among phone participants who received NRT, 93% expressed satisfaction with overall program

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Promote Medicaid Cessation Benefits

- Medicaid recipients in Kansas are now eligible for up to 4 rounds of any FDA-approved cessation medication per year with no lifetime caps: Gum, Patch, Lozenge, Spray, Inhaler, Chantix, Zyban
- Ongoing Cessation counseling services with no annual or lifetime caps
- KDHE has financial arrangement with Health Care Finance to reimburse Quitline counseling costs and 4 weeks of NRT to Medicaid Quitline enrollees

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Among people who had **poor mental health** (defined as mental health not being good during 14+ days of the last month), **30% smoked**.

That's **more than double** the prevalence compared to adults without poor mental health (12.9%).

Source: 2021 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment

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Mental Health & Substance Abuse

- 7 phone coaching sessions
- 4 weeks of free NRT shipped to home
- A team of dedicated Coaches who have received additional extensive training on mental illness, substance abuse and tobacco cessation
- Eligible for those who report during intake: Schizophrenia, Bi-Polar, Depression, Anxiety, PTSD and Alcohol or Substance Abuse Disorder

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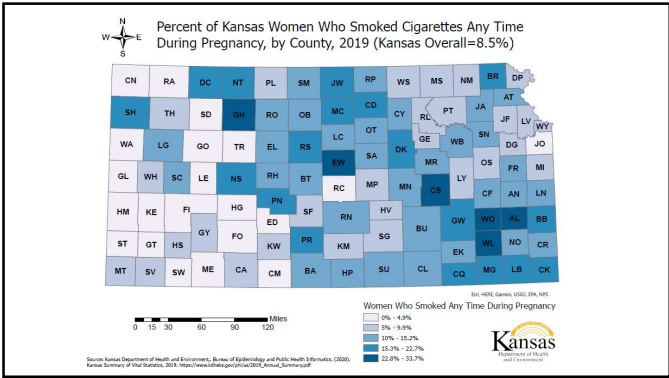


Pregnancy and Postpartum Services

- Provide 5 coaching sessions during pregnancy and 4 sessions postpartum with the same Coach, also eligible for free text message support
- Receive personalized welcome package containing two publications
- \$30 Mastercard gift cards to enrollees for each coaching call completed (up to 9)

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Youth Services (13-17 years of age)

My Life, My Quit

- Dedicated toll-free number youth can call or text, **855-891-9989**
- Youth-oriented cessation website and online enrollment form (<https://mylifemyquit.com/>)
- Enrollees work with a coach who has received additional training on developmentally appropriate methods for engaging youth

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Youth Services (13-17 years of age)

Certificate of Completion Mailed to Home

Congratulation

Any Name


has completed

My Life My Quit

MY LIFE MY QUIT™

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Referring Patients to the Quitline

- Health providers can refer their patients who use tobacco to the Quitline via fax or web-based referral
- Proactive call is made by the Quitline to patient within 24 hours – 3 total calls made
- Feedback provided to referring organization up to 5 times to communicate:
 - When the referral is received
 - When the patient enrolls
 - When the patient is shipped NRT (if eligible)
 - When patient completes program or disenrolls


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KTQL Web Referral

- Visit: <https://kansas.quitlogix.org/en-US/Health-Professionals/Make-a-Referral>
- Clinic or provider information can be stored and saved using cookies or other tracking software so it does not have to be entered for each referral
- Patient status sent to HIPAA-covered entities by fax back
- No fee associated with this referral process



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Kansas Tobacco Cessation Help Training

- Free online courses-offers CME, CNE and CPE credit <http://quitlogixeducation.org/kansas/>
- Structured into 7 learning modules: Medicaid & Quitline benefits, how to counsel patients, special programs, behavioral health, chronic diseases and vaping
- After completing each modules, complete the evaluation and collect the certificate
- Listen to a sample coaching interactions
- Information on how to access additional cessation trainings and resources to help your patients quit

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**Action!**

Please write some notes for these questions so you can follow-up. Feel free to share an intention in the chat as we move to question and answer.

1. What is an effective way you can promote the Kansas Tobacco Quitline?

2. What is your biggest take-away from this training?

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**Free Materials**

Order free KanQuit! materials!

https://kdheks.co1.qualtrics.com/jfe/form/SV_2ukW5mW9TG_Az4Ro







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**Questions?**



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Contact Information

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1-800-QUIT-NOW (784-8669)
KSquit.org

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Upcoming Education and Important Dates

- 3/7/23 KHC CAP Lunch and Learn Series 12:00 p.m. – Loss Prevention – Yolanda Sims, J.D.
- 3/8/23 NARHC Office Hours 12:00 p.m.
- 3/31/23 MIPS Submission Deadline**
- 3/9/23 NRHR Webinar – Rural Emergency Hospitals and Rural Hospital Innovation Grant
 - https://us02web.zoom.us/webinar/register/WN_aTmTIKdXRu014aBnVB35jQ
- 4/26/23 KHC Office Hours for Clinics 10:00 a.m. – Antibiotic Stewardship through Increasing Immunization Rates with Dr. Kellie Wark



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