

HEALTH CARE PROVIDERS CAN HELP MINNESOTA SMOKERS QUIT



70%

NATIONALLY, MORE THAN 70% OF SMOKERS WANT TO QUIT.

DATA from the 2014 Minnesota Adult Tobacco Survey shows health care providers, clinics, health systems and administrators can help smokers quit. Minnesota's adult smoking rate has dropped to 14.4 percent, down from 16.1 percent in 2010. To further reduce smoking, smokers need to be encouraged to make more quit attempts, and use of evidence-based tobacco dependence treatment needs to increase. The Healthy People 2020 goal is for 80 percent of adult smokers to make a quit attempt over a 12-month period. Minnesota data shows that 53.4 percent of adult smokers quit for one day or longer in the past 12 months. 66.8 percent of smokers reported seeing a health care provider in the last 12 months, and there are many ways providers, clinics, health systems and administrators can help increase quit attempts and use of evidence-based treatment, leading to long-term tobacco cessation.

REFERENCES

1. ClearWay MinnesotaSM, Minnesota Department of Health. Tobacco Use in Minnesota: 2014 Update. 2015.
2. Office of Disease Prevention and Health Promotion. Tobacco Use/Healthy People. Available at <http://www.healthypeople.gov/2020/topics-objectives/topic/tobacco-use/objectives>

RATES OF DELIVERING TOBACCO TREATMENT VARY

Evidence-based guidelines provide strategies for routinely assessing and addressing tobacco use. This includes the **5 A's**, which are to **Ask** about tobacco use, **Advise** all tobacco users to quit, **Assess** their readiness to quit, **Assist** them in the quitting process and **Arrange** for follow-up. In Minnesota, health care providers are successfully assessing tobacco use (Figure 1). In 2014, 97.5 percent of smokers who saw a health care provider reported being asked if they smoke.

However, there is room for improvement in assisting tobacco users in quitting (Figures 1 and 2):

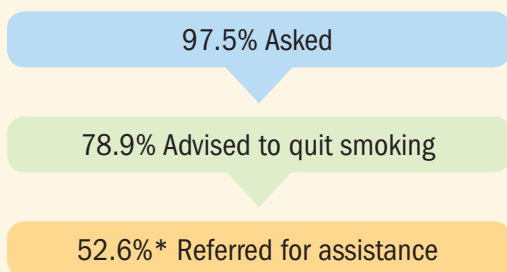
- 78.9 percent report being advised not to smoke.
- 52.6 percent of current smokers report receiving a referral for assistance to quit.
- 30 percent of smokers report using some form of assistance.

52.6%

ONLY 52.6% OF CURRENT SMOKERS REPORT RECEIVING A REFERRAL FOR ASSISTANCE TO QUIT.

FIGURE 1:

HEALTH CARE PROVIDER INTERVENTIONS AMONG ALL SMOKERS WHO SAW A PROVIDER IN THE PAST 12 MONTHS

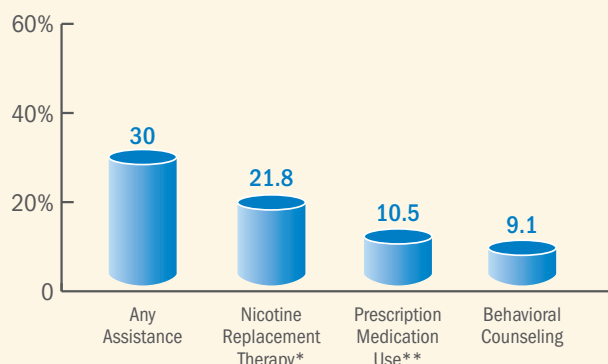


Source: Minnesota Adult Tobacco Survey 2014

*Referral for assistance is defined as providing any referral, recommending stop-smoking medications and recommending behavioral counseling.

FIGURE 2:

UTILIZATION OF SMOKING CESSATION SERVICES



Source: Minnesota Adult Tobacco Survey 2014

*Nicotine Replacement Therapy refers to nicotine patch or gum, a nicotine lozenge or a nicotine nasal spray or inhaler

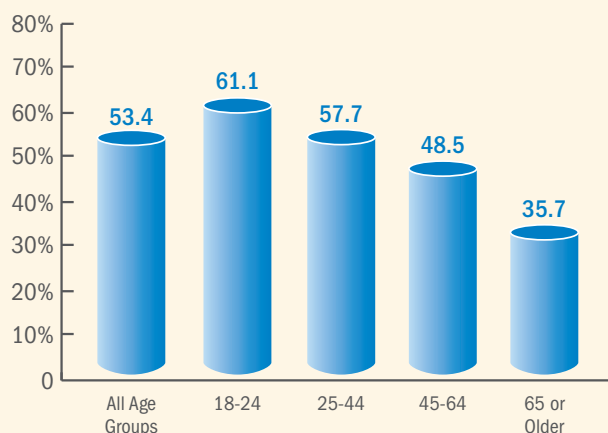
**Prescription Medication Use refers to Zyban, Wellbutrin, or Chantix

AGE DIFFERENCES IN QUIT ATTEMPTS

Young adults (18-24) are more likely than older smokers (65 or older) to make quit attempts – 61.1 percent vs. 35.7 percent respectively (Figure 3). If we want to achieve the Healthy People goal of 80 percent of smokers making a quit attempt, then smokers of all ages need to be supported in the quitting process.

FIGURE 3:

QUIT ATTEMPTS BY ADULT SMOKERS IN MINNESOTA, BY AGE



Source: Minnesota Adult Tobacco Survey 2014

REFERENCES

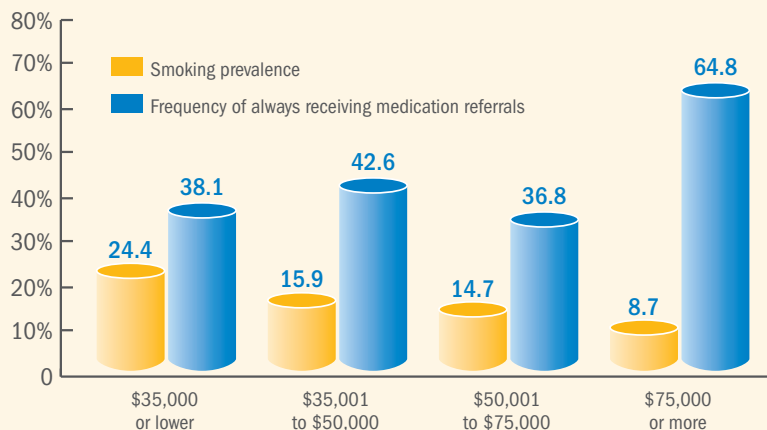
- U.S. Department of Health and Human Services, U.S. Public Health Service. 2008.

INCOME DIFFERENCES IN RECEIVING RECOMMENDATIONS FOR CESSATION MEDICATIONS

The lowest-income adults have the highest smoking rate at 24.4 percent. Unfortunately, this population reported receiving recommendations for medication from health care providers less frequently than the highest-income group (38.1 percent vs. 64.8 percent; Figure 4). In order to reduce tobacco-related disparities, all smokers, regardless of income, need to have their tobacco use routinely assessed, and need to be offered both counseling and medications to help them in the quitting process.

FIGURE 4:

SMOKING PREVALENCE AND FREQUENCY OF ALWAYS RECEIVING RECOMMENDATIONS FOR CESSATION MEDICATIONS, BY INCOME



There is a significant difference between the frequency of always receiving medication referrals between the lowest-income group and the highest-income group.
Source: Minnesota Adult Tobacco Survey 2014

WHAT CAN HEALTH CARE PROVIDERS DO?

There are several things health care providers can do to assist their smoking patients in the quitting process. Providers can:

- Educate patients about evidence-based smoking cessation treatments and recommend both counseling and medications.
- Assist patients by providing brief counseling during office visits and/or refer to cessation programs, such as quitlines.
- Prescribe cessation medications and carefully consider the amount of medication and dose needed for a successful quit attempt.
- Follow up with patients to see if they need additional support.

The FDA has approved seven medications for smoking cessation. Medications that are available either over the counter or by prescription are the nicotine patch, nicotine gum and nicotine lozenge. Medications that are available by prescription only are nicotine nasal spray, nicotine inhaler, bupropion SR (Zyban/Wellbutrin) and varenicline (Chantix).

SUCCESS

QUIT MEDICATIONS
CAN MORE THAN DOUBLE
A PATIENT'S CHANCES
OF SUCCESS.

WHAT CAN CLINICS, HEALTH SYSTEMS AND ADMINISTRATORS DO?

Clinics, health systems and administrators can implement standard processes to routinely assess tobacco use status and intervene with patients that use tobacco. This includes:

- Deciding how tobacco use will be addressed by the clinic or system, and creating a standardized process for doing so.
 - This includes deciding whether to use referrals to other programs or providers as part of this process (e.g., the Call it Quits Referral Program, other quit-smoking programs or tobacco treatment specialists).
 - It also includes considering how the electronic health record (EHR) can support the process and to generate data to monitor tobacco use assessment and treatment.
- Taking a team approach to addressing tobacco use, including defining each care team member's role in the process.
- Training team members in the tobacco use assessment and treatment process.
- Giving feedback to providers to help improve provider interventions.
- Considering how to institutionalize the process as a routine part of care delivered by the clinic or system (e.g., how new employees will be trained, how the process will be integrated into quality improvement efforts).

SMOKING CESSATION AND HEALTH SYSTEMS CHANGE RESOURCES

FREE

FREE HELP FOR PATIENTS WHO USE TOBACCO.

CALL IT QUILTS REFERRAL PROGRAM

Health care providers can further assist patients in quitting tobacco by joining the Call It Quits Referral Program. Providers fax a standard referral form to one number for any patient interested in quitting, regardless of the patient's insurance. The appropriate health plan quitline makes the first call to the smoker. The Call it Quits Referral Program is a collaboration of Minnesota's major health plans and ClearWay MinnesotaSM and is administered by the Minnesota Department of Health. For more information on the Call it Quits Referral Program and to register your clinic, visit www.health.state.mn.us/callitquits.

QUITPLAN[®] SERVICES

QUITPLAN Services are free and available to all Minnesotans. Services include text-messaging support, a two-week nicotine replacement therapy (NRT) starter kit, an email program and a guide to quitting tobacco use. Everyone who lives in Minnesota has access to free phone coaching to quit tobacco, either through their health plan, employer or through QUITPLAN Services. Providers and patients can learn more about QUITPLAN Services at www.quitplan.com or by calling 888-354-PLAN (7526). For services in Spanish, call 855-DEJELO-YA (335-3569). For phone coaching in a language other than Spanish, call 888-354-PLAN (7526) and ask for an interpreter.

AMERICAN LUNG ASSOCIATION CESSATION RESOURCE LIBRARY

The American Lung Association has compiled many resources for health care providers and health systems on health systems change and cessation policy. Learn more at <http://www.lung.org/cessationta>.

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