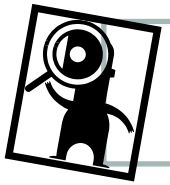
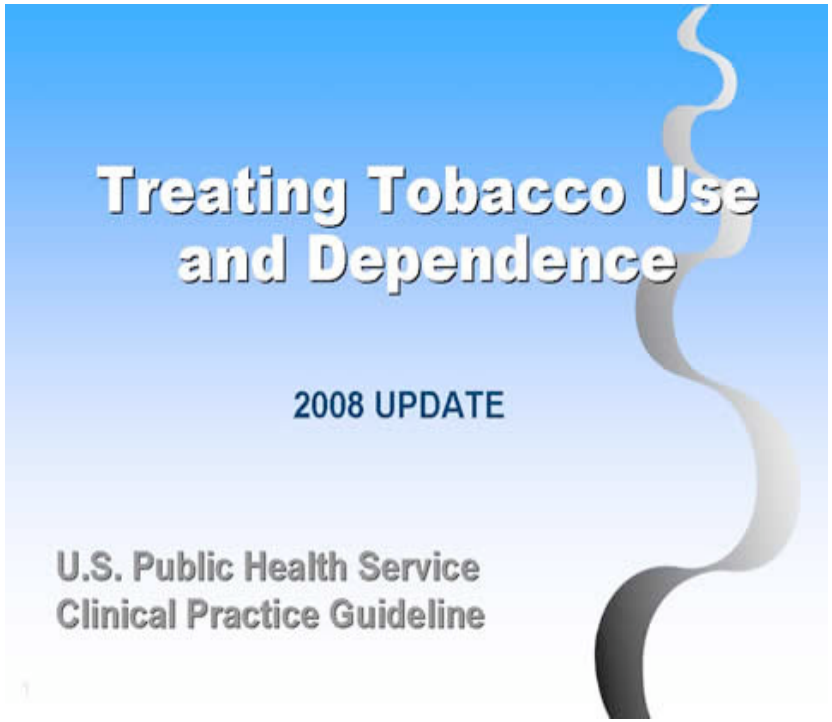
Module 6:
Tobacco Clinical Interventions:
The 5 A's



Looking for more information? Visit us online at http://www.alaskaquitline.com

Clinical Practice Guideline for Treating Tobacco Use



United States Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence[10]

- Released in 2008
- Review of 8,700 tobacco research articles
- Outlines brief interventions and treatment for clinicians

"The single most important step in addressing tobacco use and dependence is screening for tobacco use"[10]

Brief Intervention - the 5 A's

ASK	Screen and document in chart
ADVISE	Advise patient to quit
ASSESS	Is patient willing to quit?
ASSIST	If ready → refer to treatment If not ready → brief motivational intervention
ARRANGE	Treatment &/or follow-up

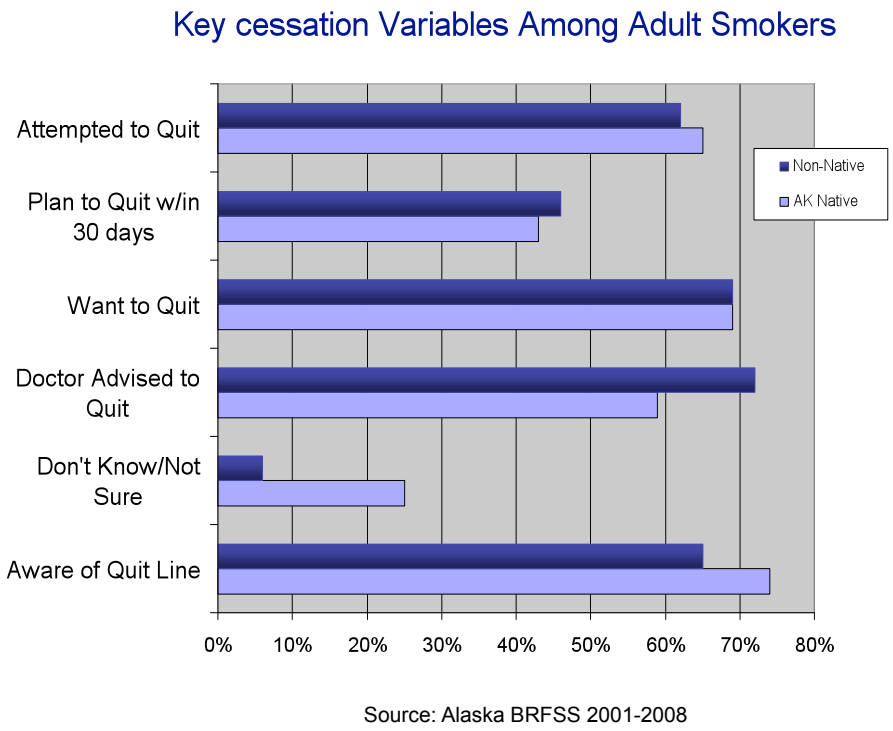
ASK (Screen)

Provider will ask about and document tobacco use for EVERY PATIENT at EVERY VISIT.

- Be sure to document:
  1) use status
     - current user
     - quit (for more than 6 months)
     - in quit process (quit for less than 6 months)
     - never a tobacco user
  2) type used (cigarettes or smokeless)
  3) environmental tobacco smoke exposure (ETS)

Why Every Patient Every Visit?

- **Dose response relationship for number of times tobacco is addressed**
  - No clinician 10.8% estimated abstinence
  - One clinician 18.3% estimated abstinence
  - Two clinician 23.6% estimated abstinence



Source: Alaska BRFSS 2001-2008

Recommended by the 2008 USPHS Clinical Practice Guidelines[10]

ADVISE

Providers will advise all patients who use tobacco to quit.

Be Clear

It is very important for your health to quit. As your provider, I advise you to stop using tobacco.

Be Informative

Quitting tobacco use is the most important thing you can do to prevent sickness and early death.

Personalize information

Tie tobacco use to:

- the patient's current health/illnesses
  - emphasize effects on comorbidities: diabetes, hypertension, hyperlipidemia, mental health disorder, oral disease, etc.
- social and economic costs
- the impact of tobacco use on the family
- recovery after surgery or procedures

Why Advise Every Patient to Quit?[10]

- Physicians can almost **DOUBLE** a patient's chance of quitting just by advising
  - No clinician 10.2% abstinence rate
  - Non-physician clinician 15.8% abstinence rate
  - Physician clinician 19.9% abstinence rate

- Clinicians can make a difference with even a minimal (**< 3 minutes**) intervention
  - No contact 10.9% abstinence rate
  - <3 minutes 13.4% abstinence rate
  - 3-10 min 16% abstinence rate
  - >10 min 22.1% abstinence rate

- Brief interventions enhance motivation and increase the likelihood of future quit attempts for patients who are not yet ready to quit

- Smokers who receive clinician advice and assistance with quitting report greater satisfaction with their health care than those who do not

- Tobacco use has a high case fatality rate
  - up to 50% of long-term smokers will die of a smoking-caused disease

Assess

- Assess if patient is ready to quit
  - "Ready" = within the next 30 days

- **If ready** → refer to treatment program
- **If not ready** → provide a brief motivational intervention (MI)

Assist (patient who is not ready)

- Give educational materials that are:
  - Culturally appropriate
  - Tied to patient's tobacco-related symptoms or illness
  - Specific to the effects of tobacco use on the body
- Leave the door open for patient to return when ready
  - Provide treatment program contact information

Assist (patient who is not ready)

- Provide a brief motivational intervention
  - Meant to *assist* with change, not *make* the patient change. A person needs to want to change and these steps may help the change process.
    - Takes only 1-3 minutes
    - Can be used with any tobacco using patient
    - Can help move the precontemplators and contemplators forward in the stages of change.
    - Can increase and reinforce motivation for patients in preparation, action, and maintenance

Brief Motivational Encounter

Ask permission:

Would it be OK with you if we discussed your tobacco use today?

Use an open-ended question:

How important is it for you to stop using tobacco?

Find out what makes them want to stop or not want to stop. Questions to ask are:

What is it you like about using tobacco?
What is it you do not like about using tobacco?

GOAL: Draw out "change talk"

Brief Motivational Encounter

- When talking with the patient, you want to draw out **"change talk."** Get the patient talking about change without telling the patient they should change. Use **"open-ended"** questions, which are designed to encourage a full, meaningful answer using a patient's own knowledge and/or feelings.
  - A sample "**open-ended"** question is…
    - Tell me a little bit about your tobacco use.
    - What scares you most about quitting tobacco?
    - What excites you about being tobacco free?
    - Who would be impacted should you decide to quit using tobacco?

- Upon answering these questions, the patient may move toward wanting to quit using tobacco. If the patient does not change their mind, the thought about quitting tobacco has been initiated and may persuade a patient to return to discuss the option at a later time. If the patient is not interested in preparing to stop tobacco use at this time, provide tobacco education materials that can be taken home.

Confidence and Importance Scales

- Simple tool for brief motivational encounters

"On a scale of 0-10, how important is stopping to you, with 0 being not important at all and 10 being very important."

Not important 0 1 2 3 4 5 6 7 8 9 10 Very Important

"On a scale of 0-10, how confident are you that you could quit if you tried, with 0 being not confident at all and 10 being very confident."

Not Confident 0 1 2 3 4 5 6 7 8 9 10 Very Confident

"Why did you pick a ____ (*name the number they gave you*) and not a ____ (*name a number one or two points lower than the original number they gave you*)"?

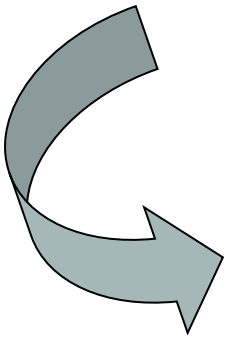
"What would it take to make you move to (name a higher number)."

Assist (patient who is ready)

- Support and reinforce patient in their decision to attempt quitting
- Refer patient to treatment
  - Local Regional Tobacco Treatment Program
    - Face-to-face and telephone counseling
    - Variety of educational materials available
    - Range of pharmacotherapies
  - Alaska Tobacco Quit Line
    - Telephone counseling
    - Educational materials via mail
    - Nicotine Patches, gum, lozenges - free 8-week supply

Arrange

- Arrange for how and when patient follow-up will occur
  - To ensure patient was connected to treatment
  - To monitor use of pharmacotherapy
  - To provide additional social support
  - To document whether quit attempt was successful



Even Briefer? 2A's + 1R

ASK Screen and document in chart

ADVISE Advise patient to quit

REFER Refer patient for treatment

Example:

Ask: Mr. Smith, it says here that you are still smoking. What are your thoughts about quitting smoking?

Advise: As your doctor, I suggest you quit smoking. Your risk of having another heart attack will decrease.

Refer: Since you are interested in quitting smoking, how would you feel if I referred you to our tobacco treatment specialist or the Quit Line?

2A's + 1R

- If possible, Providers should intervene with the 5 A's; however, if only a few seconds are available for tobacco screening, 2A's and 1R is a bare-minimum intervention that can be used in lieu of no tobacco screening at all.
  - The biggest components in tobacco interventions are to **ASK** and **ADVISE**.
  - Naturally, a Provider would Refer a patient for treatment if they are interested in quitting.

Evidence indicates that full implementation of the 5 A's in clinical settings may yield results that are superior to partial implementation[10]

The Brief Tobacco Intervention: Helping Alaskans Quit

- A free online resource, training Alaskan health care providers in the brief tobacco intervention
  - Provider Demonstrations
  - Demo Quit Line Calls
  - Local Cessation Resources
  - Approved for 1.0 prescribed CME credits by AAFP

http://www.akbriefintervention.org

Tobacco Treatment Programs in Alaska

ANMC - Alaska Native Medical Center
Anchorage, AK
907-729-4343

SCF - Southcentral Foundation
Anchorage, AK
907-729-2689

Kenaitze Indian Tribe
Kenai, AK
907-335-2148

YKHC - Yukon-Kuskokwim Health Corporation
Bethel, AK
1-800-478-3321 or 907-543-6312

BBAHC - Bristol Bay Area Health Corporation
Dillingham, AK
1-800-478-5201 x6320

KANA - Kodiak Area Native Association
Kodiak, AK
907-486-9800

Maniilaq Association
Kotzebue, AK
1-800-478-3312

TCC - Tanana Chiefs Conference
Fairbanks, AK
907-451-6682 x3779

Norton Sound Health Corporation
Nome, AK
907-443-4583

SEARHC - South East Alaska Regional Health Consortium:
Sitka, AK – 1-800-966-8875 or 907-966-8721
Juneau, AK – 907-364-4440
Haines, AK – 907-766-6315

Bartlett Regional Hospital
Juneau, AK
907-796-8920 or 907-796-8422

AICS - Alaska Island Community Services
Wrangell, AK
907-874-2373

Eligibility and services offered are unique to each program.

Partnering and Supporting Alaska's Tobacco Quit Line