Addressing the Hidden Epidemic in Behavioral Health:

Tobacco Use & Cancer Control

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Session Objectives

- Recognize the urgency of integrating tobacco screening and treatment into all levels of behavioral health care.
- Identify steps to adopt comprehensive tobacco free policies and procedures.
- Identify steps to build decisional supports in patient Electronic Health Records which reinforce integrative tobacco treatment across care teams based on patient's current stage of readiness.
- Apply knowledge to effectively assess and address tobacco use among health care recipients and staff.

Bryce Kyburz, MA,

Austin Travis County Integral Care

Taking Texas Tobacco Free (TTTF) Overview

The mission of Taking Texas Tobacco Free is promoting wellness among Texans by partnering with healthcare organizations to build capacity for system-wide, sustainable initiatives that will reduce tobacco use and secondhand smoke exposure among employees, consumers, and visitors.

- 3 year project funded by the Cancer Prevention & Research Institute of Texas (CPRIT) for $1.5 million (11/2013 – 11/2016)

- 1 year extension from CPRIT for ~ $300,000 (11/2016 – 11/2017)

- Community/academic partnership between Integral Care, University of Houston, and Rice University

- Goal is to reduce cancer prevalence by assisting 22 Local Mental Health Authorities (LMHAs) in Texas to adopt 100% tobacco-free policies, integrate tobacco use assessment and tobacco treatment services into their clinical practices, and provide tobacco dependence treatment education/training to all staff at the centers.

TAKING TEXAS TOBACCO FREE

CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Taking Texas Tobacco Free

Cancer Prevention & Research Institute of Texas

Integral Care

RICE

UNIVERSITY of HOUSTON
PSYCHOLOGICAL, HEALTH, & LEARNING SCIENCES

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LOCAL MENTAL HEALTH AUTHORITIES THAT WE WORK WITH

Cohort 1

1) Betty Hardwick Center (Abilene)
2) Emergence Health Network (El Paso)
3) Heart of Texas Region (Waco)
4) Metrocare Services (Dallas)
5) Pecan Valley Centers (Granbury)
6) Permian Basin Centers (Midland/Odessa)
7) Spindletop Center (Beaumont)

Cohort 2

8) Andrew's Center (Tyler)
9) Bluebonnet Trails Center (Round Rock)
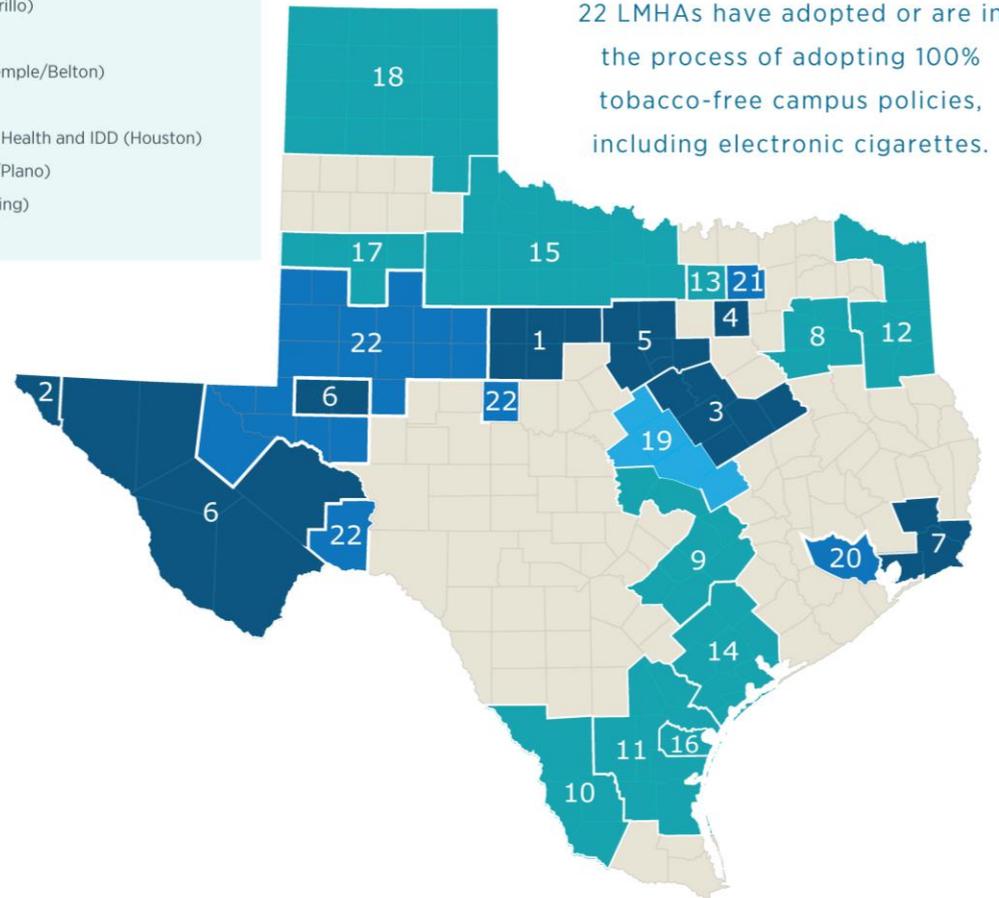10) Border Region Center (Laredo)
11) Coastal Plains Center (Portland)

12) Community Healthcore (Longview)
13) Denton County (Denton)
14) Gulf Bend Center (Victoria)
15) Helen Farabee Center (Wichita Falls)
16) Nueces County (Corpus Christi)
17) Starcare Centers (Lubbock)
18) Texas Pahandle Center (Amarillo)

Cohort 3

19) Central Counties Services (Temple/Belton)

**Dissemination Grant**

20) The Harris Center for Mental Health and IDD (Houston)
21) LifePath Systems (McKinney/Plano)
22) West Texas Centers (Big Spring)

22 LMHAs have adopted or are in the process of adopting 100% tobacco-free campus policies, including electronic cigarettes.

Why Address Tobacco Use?

- At least 15 types of cancer (oropharynx, larynx, esophagus, trachea, bronchus, lung, leukemia, stomach, liver, pancreas, kidney, ureter, cervix, bladder, colorectal) (Surgeon General Report 2014)

- 30% of all cancer deaths (CDC)

- 90% of all lung cancer deaths (ACS)

- Numerous other medical conditions (e.g., heart disease, strokes, COPD, reduced fertility)
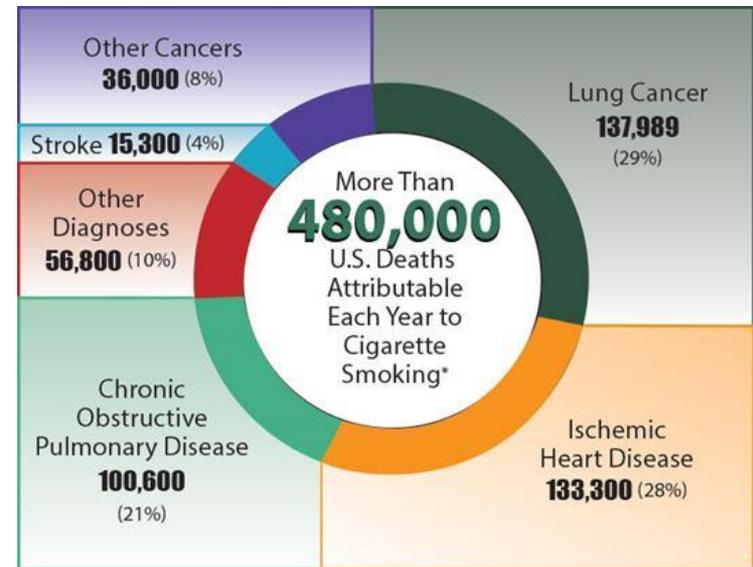
Source: The Health Consequences of Smoking—50 Years of Progress:
A Report of the Surgeon General, 2014

Significant Health Disparity

- Suffer disproportionately from tobacco-related disabilities and deaths
  - Schizophrenia
    - 2.45 more tobacco related deaths than general population
    - 53% of total deaths
  - Bipolar Disorder
    - 1.57 more tobacco related deaths
    - 48% of total deaths
  - Depressive Disorder
    - 1.95 more tobacco related deaths
    - 50% of total deaths

      Callaghan et al., *J Psychiatric Review,* 2014; 48:102-110

- Die, on average, 25 years earlier than those without mental illness
  - Smoking and smokeless tobacco use is the leading risk factor associated with mentally ill persons' shorter lifespan

      Parks, et al. NASMHPD Medical Directors Council, Oct 2006

Improvements in Mental Health

- Quitting smoking associated with significant decreases in anxiety, depression, stress

- Increase in psychological quality of life and positive affect

- Associated improvements greater than or equal to effect of antidepressants in depressive and anxiety disorders (Taylor et al., 2014)

- Quitting in people with and without behavioral health disorders at year 3 following treatment
  - Improved negative and positive affect
  - Reduced risk of developing or maintaining a substance use disorder
  - No increase in risk of major depressive disorder

Piper et al., *Drug Alcohol Dep*, 2013; 128:148-154;
Blalock et al., *Psychol Addict Behav,* 2008; 22(1):122-128;
Mathew et al., *Nicotine Tob Res*, 2013;15(11):1807-1815

Improvements in Substance Abuse Treatment

- Smoking cessation interventions were associated with 25% increased likelihood of long-term abstinence (Prochaska, 2004)

- Patients who quit smoking were significantly more likely to report non-nicotine substance use abstinence at follow-up – 93% vs. 62% (Joseph, 2005)

  – Smoking abstinence was associated with fewer drinking days ($P = 0.03$), fewer drinks consumed on drinking days ($P = 0.01$), and lower odds of heavy drinking ($P = 0.05$); and no differences in the number of days of cocaine, marijuana/hashish, heroin or any drug use (Reitzel et al., 2014, Addiction)

- Tobacco use can harm recovery and trigger other substance use (Williams, 2005; APA, 2006)

- 50% of people in substance abuse recovery who continue to smoke die of tobacco related illness. (Baca, C. T., & Yahne, C. E. 2009)

Barriers to Intervention

- Many mental health providers lack the necessary knowledge about tobacco addiction, the relation between tobacco use and mental illness, and cessation treatments. This leads to:
  - Reduced confidence in their abilities to deliver cessation treatments
  - Unfounded myths or beliefs that tobacco use helps manage mental illness or people with mental illness are unable/unwilling to quit tobacco

TTTF Center-wide Staff Training

- Provide tobacco education and treatment services training to all employees at participating mental health centers
  - 1 hour training for non-clinical staff
  - 2 hour training for clinical staff (5A's, in-depth treatment)

- Training content
  - Tobacco use impact on people with mental illness
  - NRT, pharmacological therapies, 5A's, and treatment resources
  - Tobacco-free campus policy interventions

- On-site, group training (apprx. 20 - 30 people/training)
  - Provided 218 trainings to 4,623 staff from Sept. 2014 – Sept. 2015
  - 44% knowledge increase based on pre to post training test

Motivational Interviewing (MI) Training

- Provide one-day, clinician focused MI training to learn:
  - fundamentals of MI
  - strengthen empathic counseling skills
  - client interaction techniques (OARS)
  - recognize change talk
- 211 clinicians trained through 8 trainings at five centralized locations
- Training facilitators:
  - Lorraine Reitzel, PhD - University of Houston
  - Virmarie Correa-Fernandez, PhD - University of Houston
  - Patricia Figueroa, M.Ed, LPC - Rice University
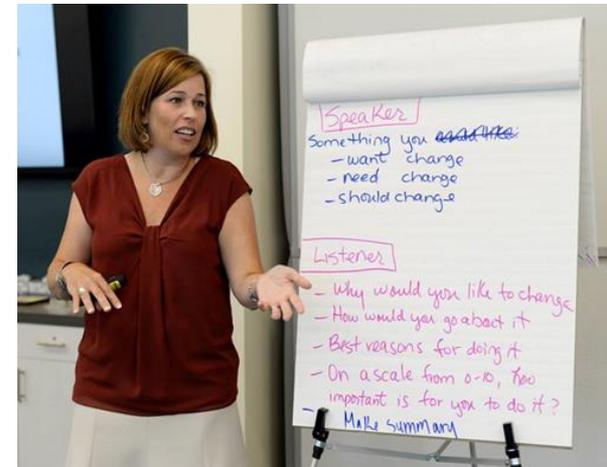
Treating Tobacco Dependence in Mental Health Settings

- Provide two day training for prescribers and advanced degree mental health providers to become competent in tobacco addiction treatments

- Training content – *Understanding Tobacco Addiction, Pharmacologic Treatments, Tobacco Control 101, and Assessing for Tobacco Dependence*

- 72 staff received training at two separate training locations

- Training provided by Jill M. Williams, MD – Robert Woods Johnson Medical School

Certified Tobacco Treatment Specialist Training

- Provide five day training for clinical staff to become Certified Tobacco Treatment Specialist to provide sustainable expertise and training for mental health center

- 62 clinical staff were trained during four separate CTTS trainings

- Training content - *Understanding Tobacco Addiction, Pharmacologic Treatments, Treatment Planning, Individual and Group Skills, Assessing for Tobacco Dependence, and Motivational Interviewing*

- CTTS training provided by:
  - Rutgers Tobacco Dependence Program – Rutgers University
  - University of Mississippi Medical Center - ACT Center Tobacco Treatment Program

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THE STATE UNIVERSITY OF NEW JERSEY

Tobacco Dependence Program

5-Day Certified Tobacco Treatment Specialist Training

UMMC   Home News
ACT Center for Tobacco Treatment, Education and Research

Clinicians Training Received

Training Received Pre/Post TTTF Implementation
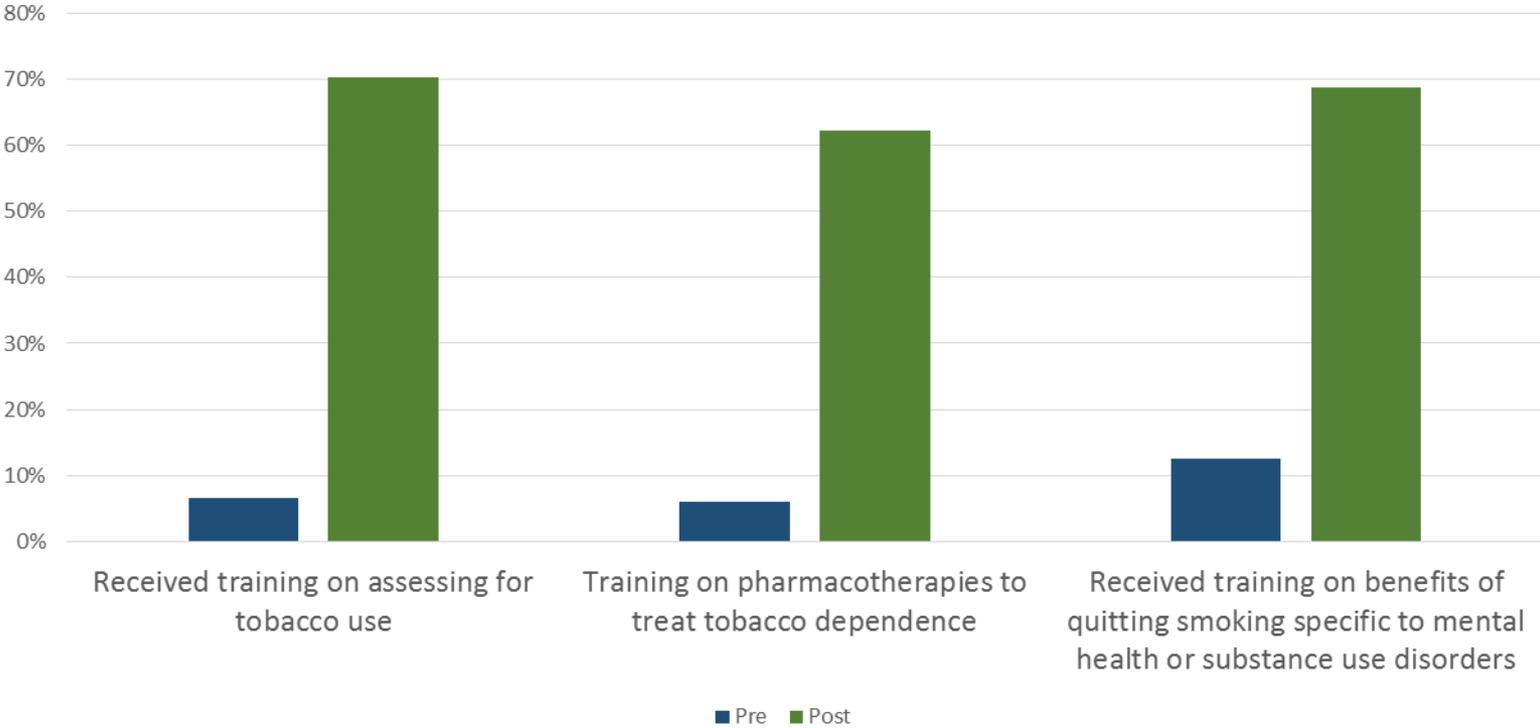
Changes in Clinician Behavior

Clinician Action Pre/Post TTTF Implementation
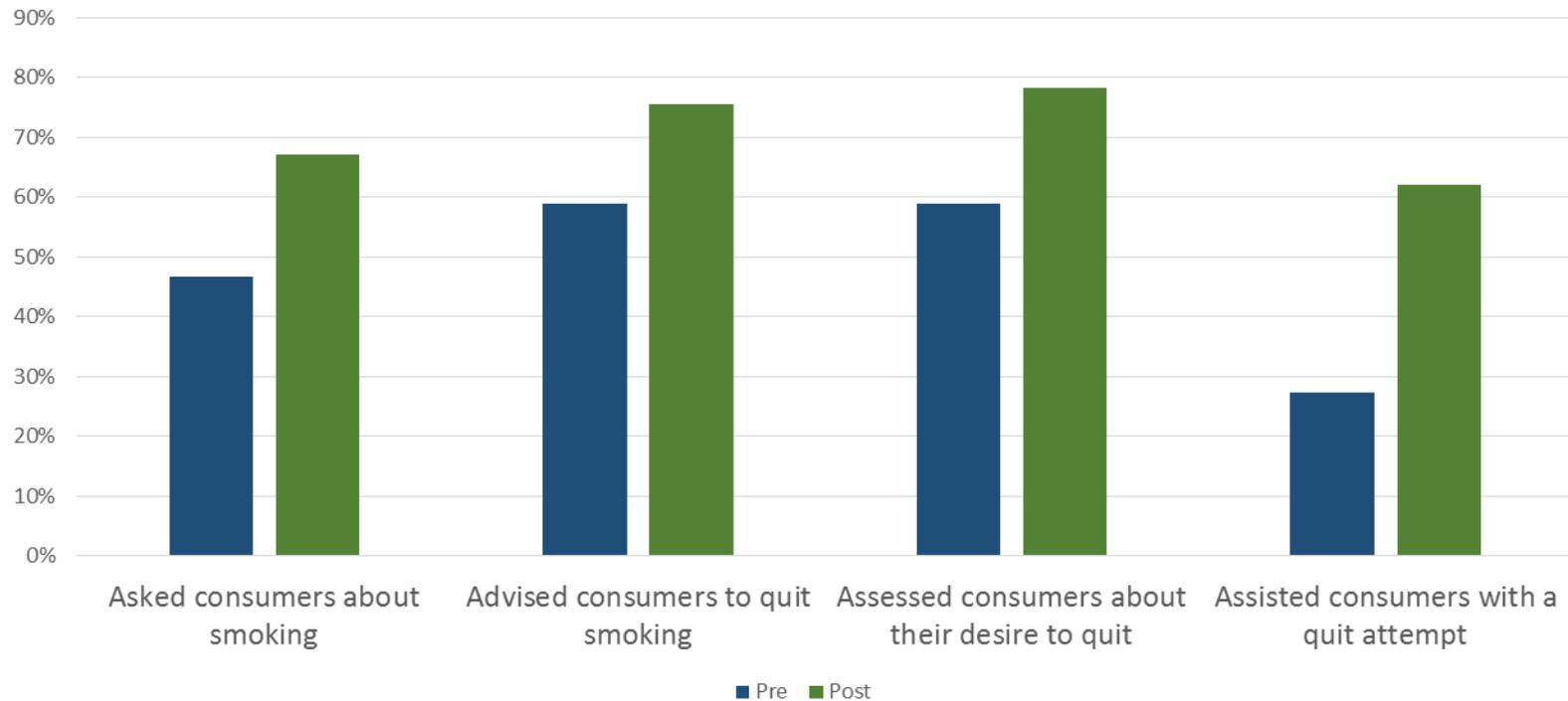
Nicotine Replacement Therapy & Tobacco Use Assessment

- Provision of "starter" NRT
  - Distributed for free to consumers and staff
  - Over $15,000 to each LMHA
- Over 13,000 boxes of nicotine patch and gum were distributed
- Over 118,000 tobacco use assessments administered since October 2014

"When we started the initiative, it was amazing how wrong we were …we always assumed that our clients didn't want to stop …. We never even thought to ask them …And once we became an instrument to help them, a lot of the clients were quite successful."

Deborah, Program Manager-Spindletop Center

Taking Texas Tobacco Free on Social Media

@TTTF_

facebook.com/takingtexastobaccofree

youtube.com/channel/UC3bYTjR1f0oqmWJTBIyv89g

Contact the TTTF Team

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Learning Objectives

- Examine keys to the DSM-5 to ICD-10 coding transition

- Illustrate how to integrate the Stages of Change model

- Demonstrate employment of Decisional Supports

- Propose formula for an organization shift in addressing tobacco treatment

The Institute for Family Health
www.institute.org

Transitioning from DSM 5 to ICD-

- **DSM-5 Tobacco Use Disorder**

  305.1 (Mild, Moderate or Severe)
    - Early Remission (3-13 months)
    - Sustained Remission (12+ months)

- **ICD-10 Nicotine Codes**

  F17.21 Nicotine dependence, cigarettes
    - F17.210 Nicotine dependence, cigarettes, uncomplicated
    - F17.211 Nicotine dependence, cigarettes, in remission

Integrating the Stages of Change

- Applying the Stages of Change
  - Pre Contemplative / Contemplative
  - Action
  - Maintenance / Relpase

- Constructing Decisional Supports
  - All care team members included.

Decisional Supports

- What are "Decisional Supports"
  - Pop up prompt (hard stop)

Please confirm patients current tobacco related diagnosis.

Support: Pre / Contemplative Phase

- **Ask, Advise, Assess,** *Assist and Arrange*
  - Screenings, CO monitor
  - Personalized message

Support: Action Phase

- *Ask Advise, Assess,* **Assist & Arrange**
  - NRT, Useful Information, Enthusiasm, Establish a Quit Date
  - Care Coordination, Groups, Counseling, Follow up

prioritized

⌄ **Nicotine dependence, cigarettes, uncomplicated**   ➕ Create Notes   ⇕ Unprioritized

✏ Details ℹ   Code: F17.210 Noted: 03/02/2017
➕ Create Overview
➕ Create Current Assessment & Plan Note
◎ Related Goals

| Search for new item | ➕ Add |

Goals ▲	This Visit's Progress
↻ I will begin medication 1 week prior to my quit date. *New*	On track ▲
↻ I will join the Center's Tobacco Free Group, to support my upcoming quit date. *New*	On track ▲
↻ My Tobacco Free Start Date will be April 5th, 2017 *New*	On track ▲

Support: Maintenance / Relapse Phase

- Continued encouragement.
  - NRT, Groups, Relapse Prevention
  - Celebrate achievements

- Stays on treatment plan.
  - F17.211 Nicotine dependence, cigarettes, in remission
  - "I will maintain my tobacco free lifestyle"

Formula: Changing the Culture

- Obtain leadership buy in
- Relate to changes to shared goals
  - Patient centered care
  - Challenges of time constraints
- Relate to previous successes
  - Cancer Screening
- Identify site champions
- Training and support

Thank You.

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Rebecca Hartman, MPH
Berks Counseling Center

Overview

- Share a systems and population health perspective of tobacco and cancer control

- Highlight value and leverage of community partnerships

- Illustrate opportunities for engagement

- Provide examples of evaluation and measurement

BCC
Behavioral Health & Wellness

We are a recovery oriented Certified Community Behavioral Health Center offering holistic, supportive services to a culturally and economically diverse population for the purpose of achieving a healthy and productive life.

Tobacco & Cancer Control – Lens of population health and systems change

- Understanding and considering macro, mezzo and micro factors

- Consider factors beyond and within four walls of organization

- Environmental scan or SWOT analysis

- Who is our patient?

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Context of Patient Centered CARE

- Primary & Specialty Healthcare
- Peer Support
- Prevention & Wellness
- Family & Social Supports
- Child & Adolescent Counseling
- Care Coordination
- Cultural Competent & Trauma Informed Care
- Behavioral Healthcare

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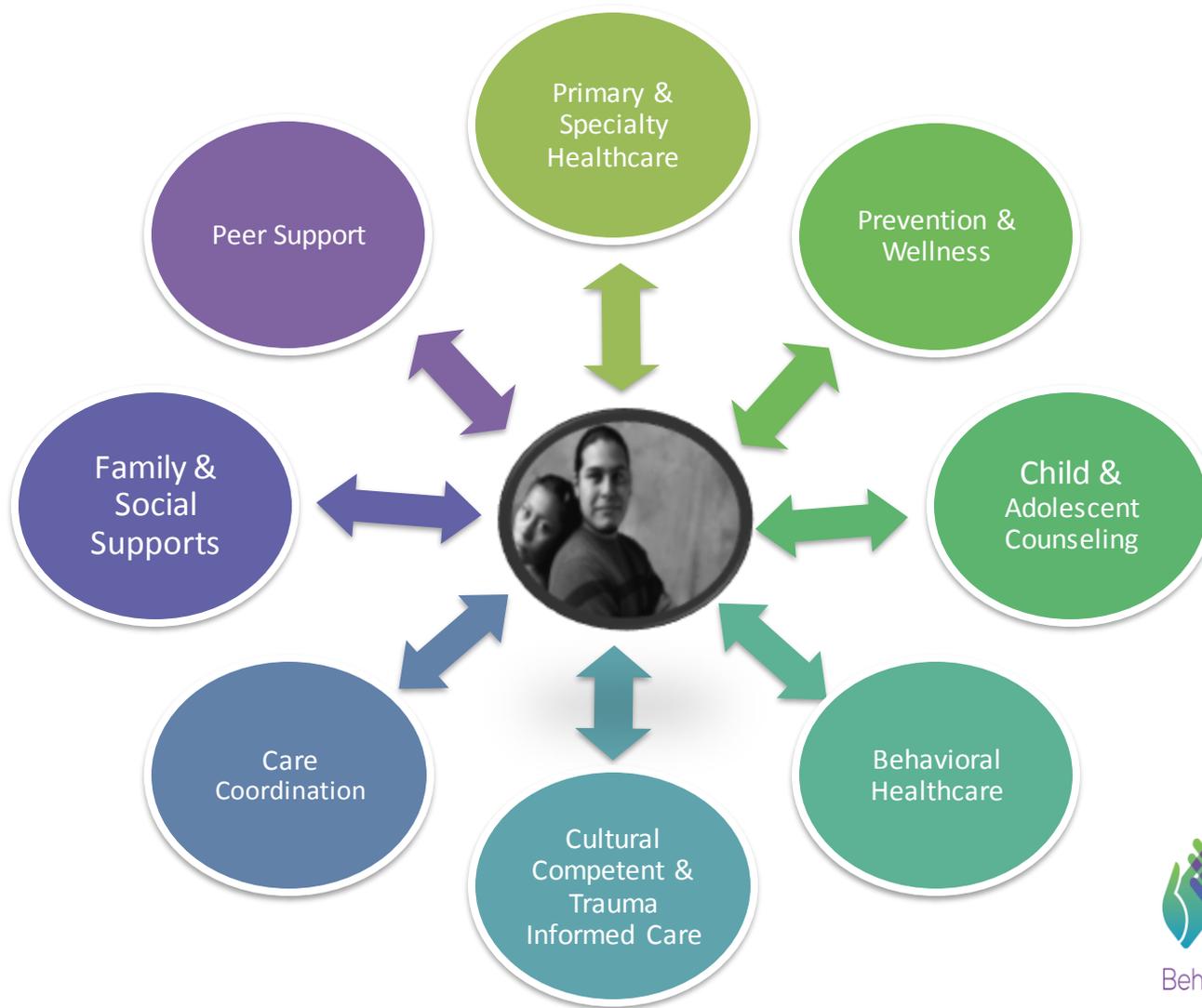
Leverage Collaboratives & Partnerships for Tobacco & Cancer Control

- Community Based Care

- Wellness Partners

- Health & Medical Partners

- Community Outreach/Partnerships

- Learning Collaboratives

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Integration at Its Best = TEAMWORK & ENGAGEMENT

Evaluation & Measurement:
"Living Tobacco Free"

- Population Health Team

- Health Registries

- Establishing milestones – SMART goals

- Implement with fidelity

- Consider health disparities

- Monthly assessment ratings (scale 1-5)

Evaluation & Measurement:
"Living Tobacco Free"

- Process Aim – Screening for tobacco use (e.g. by X date, 90% of individuals (Tier I) are screened for tobacco use)

- Process Aim – Assessing for tobacco users motivation to quit (e.g. by X date, 100% of individuals with tobacco use are assessed for motivation toward quitting using the contemplation ladder)

Evaluation & Measurement:
"Living Tobacco Free"

- Process Aim – Screening for tobacco use (e.g. by X date, 90% of individuals (Tier I) are screened for tobacco use)

- Process Aim – Assessing for tobacco users motivation to quit (e.g. by X date, 100% of individuals with tobacco use are assessed for motivation toward quitting using the contemplation ladder)

Evaluation & Measurement:
"Living Tobacco Free"

- Outcome Aim: Decreased tobacco use (e.g. by X date, 50% of individuals who use tobacco with motivation to quit have decreased tobacco use)

- Measures: 1) Number of tobacco users with wellness plan; 2) No. with decreased tobacco use; 3) Percent meeting goal

Cancer Control – New Frontier

- Environmental Scan

- Certified Community Behavioral Health Center (Clinical Quality Measures)

- Engagement – Integrated Health Record

- Establishing wellness as goals = behavioral health goals

- Population Health Approach

- Pennsylvania Department of Health

Communities are stronger than epidemics

Thank You.

Rebecca Hartman, MPH

Evaluation & Measurement Director

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Behavioral Health & Wellness

Questions?

National Behavioral Health Network
For Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health* & *Division of Cancer Prevention & Control*

- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions

- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populatio

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See Natcon Handout for List of Resources

2017 Tobacco & Cancer Control Communities of Practice – *Applications due April 12th, 2017*

Webinar on Cancer Prevention Strategies for Youth – April 18th, 2017

More events on www.BHtheChange.org!