

Kansas Tobacco Cessation Resources December 1, 2022



Tobacco Products

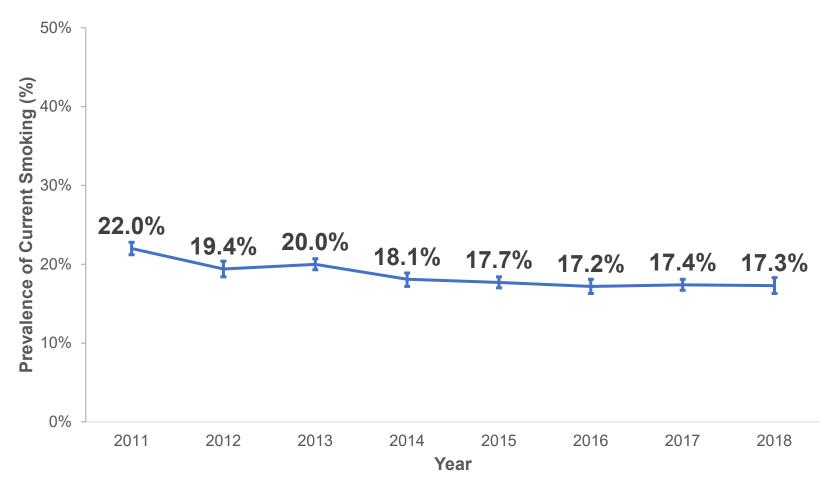








Prevalence of Current Smoking among Kansas Adults Age 18 Years and Older, Kansas 2011-2018



- 17.3% of Kansas adults currently smoke conventional cigarettes, higher than the national estimate of 16.1%
- In Kansas, current smoking of conventional cigarettes declined significantly from 2011 to 2014
- But smoking remains the leading cause of preventable death

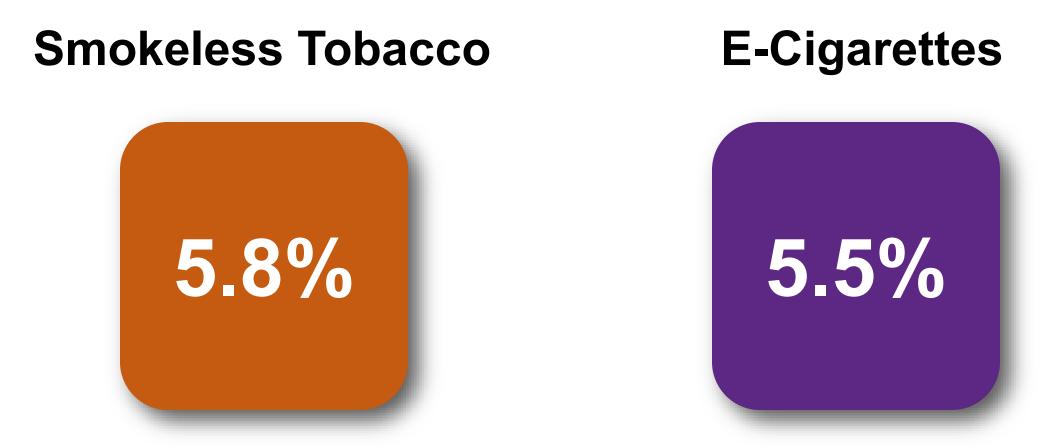
2011-2018 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment

2018 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention

U.S. Department of Health and Human Services. *The Health Consequences of Smoking – 50 Years of Progress: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, 2014.



Prevalence of Current Use, KS Adults



2018 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment



COPD and **Tobacco** Use



 COPD is most common among current smokers at 15.2% compared to 7.6% among former smokers and only 2.8% among people who never smoked

Smoking & Tobacco Use, Centers for Disease Control and Prevention. Health Effects. Last updated February 8, 2018. U.S. Food & Drug Administration. How Cigarettes are Made and How You Can Make a Plan to Quit. Last updated December 19, 2017.



Asthma and Smoking



- The rates of smoking among people with asthma are nearly 25% higher than the general population.
- Cigarette smoke can cause and exacerbate asthma

Centers for Disease Control and Prevention. <u>https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm</u> Centers for Disease Control and Prevention. <u>https://www.cdc.gov/tobacco/campaign/tips/diseases/copd.html</u>



Benefits of Cessation

There is no safe amount of tobacco that can be smoked when it comes to lung diseases



- Preventing cigarette smoking is a critical step in stopping the development of asthma and COPD
- Quitting smoking may reduce asthma symptoms, improve treatment success and overall quality of life.
- The progression of COPD may be slowed.

Surgeon General Report;



Quitting Tobacco

 In Kansas, more than 5 out of 10 (54.9%) adults who currently smoke made a quit attempt in the past year.¹

 Most smokers will cycle through several periods of remission and relapse.²

¹2018 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, KDHE. ²Caponnetto P, Keller E, Bruno CM, Polosa R. Handling relapse in smoking cessation: strategies and recommendations. Intern Emerg Med. 2013;8:7-12



Promote KanCare Cessation Benefits

- KanCare 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



There is insufficient evidence from randomized controlled trials about the effectiveness of e-cigarettes as cessation aids compared with no treatment or to FDAapproved cessation aids.



National Academies of Sciences, Engineering, and Medicine. 2018. *Public health consequences of e-cigarettes*. Washington, DC: The National Academies Press. doi: <u>https://doi.org/10.17226/24952</u>. Image: <u>https://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/Electronic-Cigarettes-Infographic-508.pdf</u>



Ask about tobacco and nicotine use in the context of routine screening, using language that your clients will understand.

Sample screening questions include:

"Do you use any tobacco products, like cigarettes, chewing tobacco, or hookah? Have you used them in the last year?"

"Do you use any vaping products, like e-cigarettes or JUUL? Have you used them in the last year?"

American Academy of Pediatrics. Supporting Youth who are Addicted to Nicotine: Advice for Pediatricians. Retrieved from: <u>https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Richmond-Center/Pages/Fact-Sheets.aspx</u>



The 2A and R Brief Tobacco Intervention

• <u>Ask</u>

 Ask every patient if they use tobacco at every visit. If they don't use tobacco or have already quit, provide approval and encouragement.

<u>Advise</u>

 Advise every tobacco user to quit. Personalize advice to their particular health issues or goals. Offer encouragement and materials if the patient is not ready to quit.

• <u>Refer</u>

 Refer tobacco using patients who are ready to quit to a quit resource where they can receive help, like KanQuit Ask patients if they have ever used or currently use any type of tobacco product, rather than if they smoke.

Keep the door open to future conversations about quitting

Communicate that you will follow up with them about their tobacco use at the next appointment.

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/books/NBK63952/



- The Kansas Tobacco Quitline provides evidence-based coaching (via phone or web) for <u>free to all Kansas tobacco users</u> who want to quit.
- Enrollment options
 - Phone: toll-free 1-800-QUIT-NOW (784-8669)
 - Web-based services @ KSquit.org
 - Fax and Web referrals



- Intake & Coaching offered 24 hours a day/7 days a week
- Currently offering 4 weeks of FREE NRT to all enrollees
- English, Spanish, Arabic and other languages
- Experienced health coaches provide one-on-one support to form a quit plan



Mental Heath & 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



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 (<u>https://mylifemyquit.com/</u>)
- Enrollees work with a coach who has received additional training on developmentally appropriate methods for engaging youth



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)



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



KTQL Web Referral

- Visit: <u>https://kansas.quitlogix.org/en-</u> <u>US/Health-Professionals/Make-a-Referral</u>
- 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

https://kansas.quitlogix.org/en-US/Just-Looking/Health-Professional/How-to-Refer-Patients/Provider-Web-Referral

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- Free online courses-offers CME, CNE and CPE credit <u>http://quitlogixeducation.org/kansas/</u>
- Structured into 8 learning modules: Medicaid & Quitline benefits, how to counsel patients, special programs, behavioral health, chronic diseases, secondhand and thirdhand smoke 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



Free Materials

Order free KanQuit! materials!

https://kdheks.co1.qualtrics.com/jfe/form/SV_2ukW5mW9TG Az4Ro

Kansas

YOU HAVE YOUR REASONS TO QUIT USING TOBACCO. WE'LL HELP YOU CREATE A PLAN TO QUIT.





USTED TIENE SUS MOTIVOS

PARA DEJAR DE FUMAR.

LE AYUDAREMOS A

CREAR UN PLAN

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LÍNEA DE AYUDA PARA DEJAR DE FUMAR DE KANSAS 1-855-DEJELO-YA (1-855-335-3569) 7 días a la semana, 24 horas al día







Brief Tobacco Intervention Online Training www.KSTobaccoIntervention.org Learn how to effectively talk with your patients about tobacco in less than 3 minutes.



expanded benefit for tobacco cessation is

MEDICATIONS: Comprehensive, barrier-free

Chantix, Bupropion, all nicotine

· Evidence-based combination

(e.g., concurrent patch/lozenge

No prior authorization or copays

Individual (Billing Codes 99406/99407)
 Group Counseling (Billing Code s9453)

COUNSELING: No annual or lifetime limit:

· Patients want to hear from you!

a healthier life

-877-542-9238

 Let them know about the expanded benefits today.

Prescribe medications and counseling

For more information, contact

1-877-644-4623

aetna

UnitedHealthcare sunflower

gether and double their chances for

verage of all FDA-approved medications:

replacements (patch, gum, lozenge inhaler, nasal spray)

now available. Benefits include:



Improves your baby's health throughout their

childhood, especially the health of their lungs.
Makes it more likely that you will have a healthy pregnancy without complications.

 Makes it less likely that your baby will be born early (before 37 weeks) or born with a low birth weight.

 Makes it less likely that your baby will be born with certain birth defects.

Quitting smoking and staying quit is important to your baby's health. Children who grow up in smoke-free homes:

 Are at lower risk for sudden infant death syndrome (SIDS).

 Have lower risk of having bronchitis and pneumonia and have fewer ear infections.

Are less likely to ever have asthma.
 Children with asthma who are not exposed to

 secondhand smoke sleep better and miss fewe school days.
 Are less likely to become smokers as teenagers.

TOBACCO FREE BUILDING

KSquit.org



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