

Positive Quality Intervention: Smoking Cessation

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Description

This positive quality intervention (PQI) aims to provide screening, treatment options, and additional patient resources for smoking cessation

Background

- Smoking and other forms of tobacco use can cause various different types of cancer, including but not limited to lung, mouth, and esophageal¹
- A smoker's cancer risk is between two and ten times higher than a nonsmokers
- Smoking cessation can reduce the risk of lung cancer by 30-50% in 10 years compared to those who continues to smoke²
- Smoker's can also reduce their risk of mouth and esophageal cancer by half within five years of quitting
- While quitting can be daunting for patients, there are many ways a provider can support their journey by offering education, pharmacological and non-pharmacological therapies

PQI Process

- Tobacco dependence is a two-part problem – physical and behavioral
- Smoking cessation should be individualized to address both the addiction and the habit, by utilizing motivational interviewing to strengthen the patient's commitment to change
- Use the four steps of motivational interviewing in conjunction with the 5 A's or 5 R's for patients willing or not willing to quit smoking, respectively
 - Engage: Establish a trusting and respectful relationship by using open-ended questions, affirmations, and expressing empathy
 - Focus: Maintain direction, reflect, summarize, and identify discrepancies
 - Evoke: Determine underlying concerns and resolve ambivalence to change
 - Plan: Utilize a plan personalized to the patient's needs

Motivational Interviewing

- For Patients willing to quit: 5 A's³
 - Ask about tobacco use and exposure in every health encounter
 - Advise to quit by offering education about benefits of tobacco cessation
 - Assess willingness to make an attempt to quit
 - Assist with the quit attempt: brief counseling, medication. Combination nicotine replacement therapy (NRT) and behavioral training is most effective, with a 21% success rate⁴
 - Arrange a follow-up counseling session and provide continuing support
- For patients not willing to quit: 5 R's
 - Relevance - use motivational information relative to the patient's disease status, family or social situation, health concerns, age, and other important patient characteristics
 - Risks - encourage the patient to identify potential negative consequences of tobacco use and highlight those that seem most pertinent to the patient
 - Rewards - identify benefits most rewarding to the individual patient
 - Roadblocks - identify barriers to quitting and note elements of treatment that could address barriers
 - Repetition - reassess readiness to quit at every visit by utilizing

S.T.A.R. Method

- Educate patients on the S.T.A.R. Method⁵
 - Set a quit date, ideally within 2 weeks
 - Tell family, friends and co-workers about quitting to gain support
 - Anticipate challenges, especially during the first few weeks
 - Remove tobacco products, make the home and places where the patient spends time smoke-free

Patient Centered Activities

- Provide over-the-counter NRT guide when appropriate
- Assist by personalizing therapy to meet the individual needs of each patient
- Provide behavioral therapy, physician advice, telephone-based interventions, peer/group or individual smoking cessation programs
- Patient resources
 - Online: CDC resources, North American Quit Line
 - Phone: Call 1-800-QUIT-NOW or Text QUIT to 47848
 - Encourage use of smoke-free apps
 - State/local resources may vary, including pharmacist prescriptive authority



Figure 1: Over-the-counter NRT Guide

References

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