

# Tobacco Use Screening and Cessation Intervention

## Impact of Tobacco Use in Rural Northern California

- Cigarette smoking is one of the leading cause of preventable disease and death in the United States, accounting for more than 480,000 deaths every year, or 1 of every 5 deaths.<sup>30</sup>
- At the state level, each year Californians spend over \$13 billion on health care and other costs associated with smoking and suffer an average of 40,000 smoking attributed deaths.<sup>31</sup>
- Rural communities across California have higher rates of smoking than urban communities. For example, in the state’s largely rural northern counties the current smoker rate is 20.4%, much higher than the state’s average of 12.5%.<sup>32,33,34</sup>
- Low-income adults in the area are twice as likely to be current smokers (31%) compared to the state low-income population (15%); that means roughly one in three adults living below the poverty level in northern California smoke.<sup>35</sup>
- Rural Northern California communities also have higher rates of smokeless tobacco use.<sup>36</sup>
- In the recent years, there has been an explosion of e-cigarette/vaporizer tobacco products often marketed as harmless or less harmful, less addictive, and with flavors that can be attractive to youth.<sup>37</sup>

## How Health Centers Provide the Necessary Care

### Clinical Interventions

- Utilize the U.S. Public Health Service recommended “5 A’s”:  
  - Ask every patient about tobacco use.
  - Advise all smokers to quit.
  - Assess smokers’ willingness to quit.
  - Assist smokers with treatment and referrals.
  - Arrange follow-up contacts.
- Make tobacco assessment part of the patient intake process and use automated provider reminders to assess tobacco users’ willingness to quit.
- Provide patients with quit packet (gum, toothpicks, etc.), educational materials, and information about the California Smokers’ Helpline at time of visit if patient is open to quitting.
- Follow-up with patients making a quit attempt. Contact patient within 1 week and 1 month to monitor progress.

### Community Interventions

- Participate in American Cancer Smoke Out campaign and conduct educational outreach during health fairs and other community events.

<sup>30</sup> U.S. Department of Health and Human Services (2014). The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2016 Mar 14].

<sup>31</sup> SAMMEC Smoking Attribute Expenditures 2009. CDC State Highlights: California

<sup>32</sup> “Far Northern California” = all counties in the Northwest and Northeast HEDIS reporting regions for Partnership HealthPlan of California: Del Norte, Humboldt, Siskiyou, Trinity, Shasta, Modoc, and Lassen.

<sup>33</sup> The California Department of Public Health, California Tobacco Control Program. (2015). California Tobacco Facts and Figures 2015.

<sup>34</sup> California Health Interview Survey (2012-2014). CHIS Adult Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research.

<sup>35</sup> Ibid. [Note: Low-income was defined as <200% FPL for these calculations].

<sup>36</sup> Ibid.

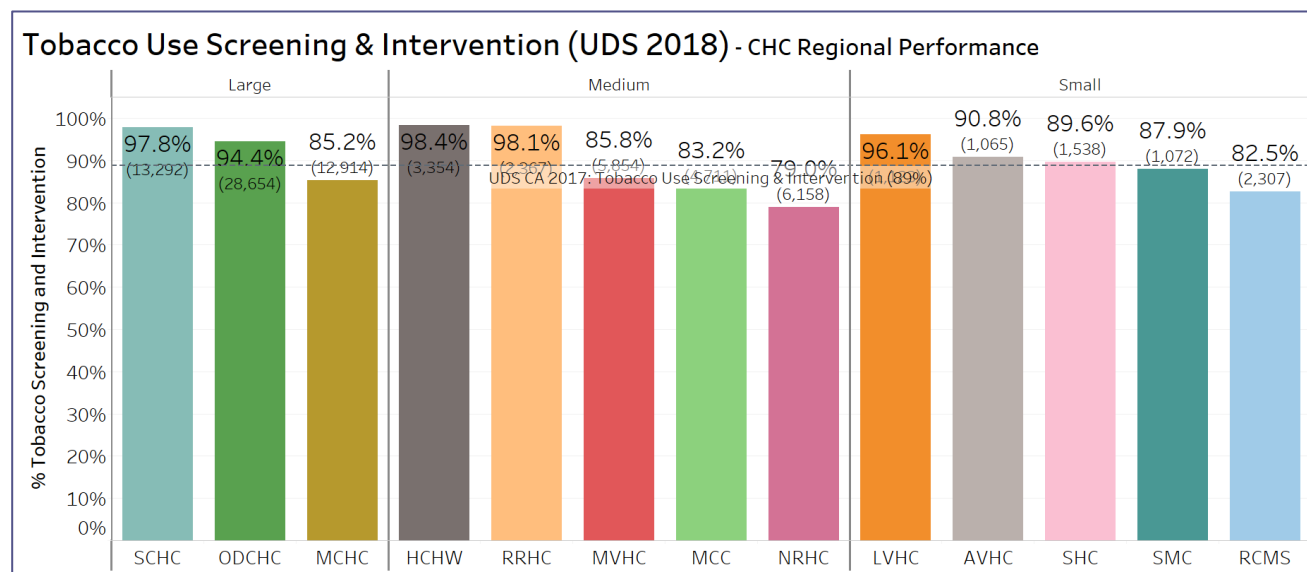
<sup>37</sup> Olson, S. (2014). E-Cigarettes Anger Candy and Cookie Makers with Infringing Flavor Names. Medical Daily. May 27, 2014. ; see also Dennis, B (2014). Booming e-cigarette market in need of greater oversight, studies say. The Washington Post. June 27, 2014.

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## Rural Northern California Health Center Data

### Key Points

- Identifying tobacco users and tracking cessation counseling and interventions can be a challenge due to limitations in some EHR configurations. EHR updates are helping to improve documentation.
- Definitions for cessation counseling and interventions may differ between providers, which may lead to variation in the data across health centers.



## Quality Measure Definition (UDS)

The percentage of patients 18 and over:

- Who were screened for any and all forms of tobacco use one or more times within 24 months; **and**
- Who received tobacco cessation counseling intervention and/or pharmacology if identified as a tobacco user.
  - Current research shows that provider participation and advice lead to a greater likelihood of successfully quitting smoking by as much 66 percent.<sup>38</sup>
  - As few as three minutes of counseling or other primary care interventions can increase the success rate of smoking cessation.<sup>39</sup>

## National and State Quality Benchmarks

**UDS 2017 U.S. Average:** The average performance among health centers across the U.S. for 2017 was 87.50%.

**UDS 2017 CA Average:** The average performance among health centers in California for 2017 was 88.9%.

<sup>38</sup> USPSTF.2010. What to tell your patients about smoking: A report of the surgeon general: How tobacco smoke causes disease. Available at: [http://www.cdc.gov/tobacco/data\\_statistics/sgr/2010/clinician\\_sheet/pdfs/clinician.pdf](http://www.cdc.gov/tobacco/data_statistics/sgr/2010/clinician_sheet/pdfs/clinician.pdf)

<sup>39</sup> Counseling and Interventions to Prevent Tobacco Use and Tobacco-Caused Disease in Adults and Pregnant Women, Topic Page. April 2009. U.S. Preventive Services Task force. <http://www.uspreventiveservicestaskforce.org/uspstf/uspstbac2.htm>