

Parental Smoking Cessation & Pediatric Practice



Objectives

1. Explain the implications of tobacco smoke exposure for pediatric practice
2. Describe how child health providers can encourage smoking cessation among parents and caregivers of the pediatric patient

Speakers & Disclosures

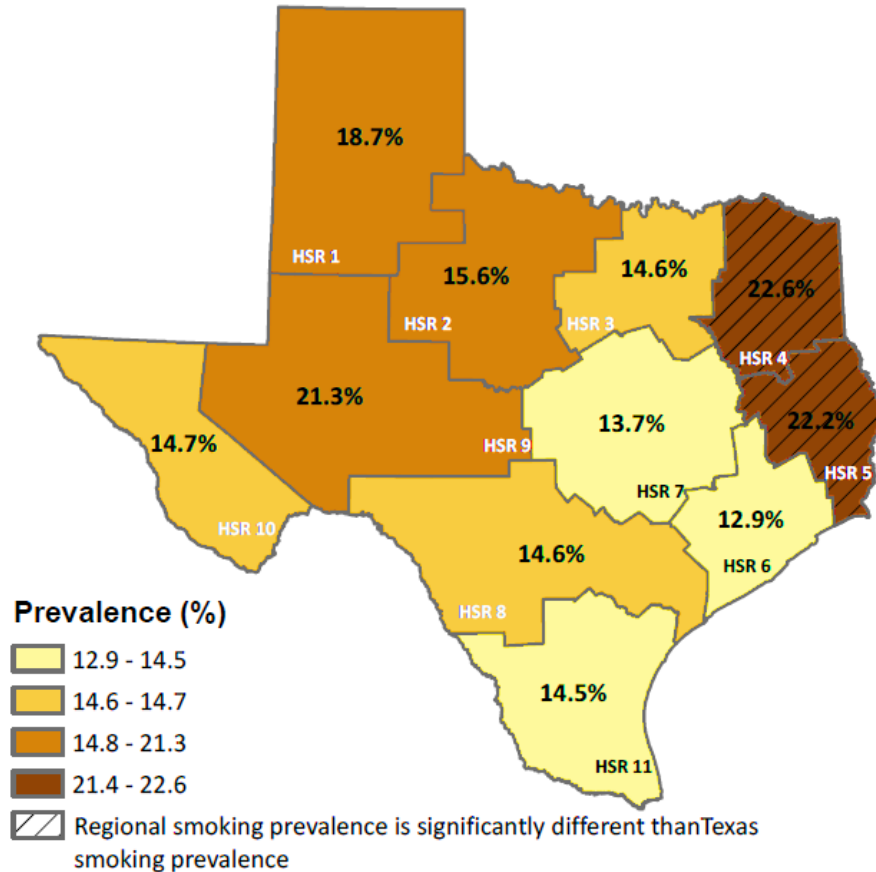
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 - Texas Department of State Health Services
- **Shelley Karn, EdD**
 - Program Director, Tobacco Research & Evaluation Team
 - The University of Texas at Austin
- **No conflicts of interest to disclose**

Background

Jessica R. Hyde, MS, CHES

- Prevalence of cigarette smoking
- Youth secondhand smoke exposure
- Types of tobacco smoke
- Risks of exposure
- The importance of parental smoking cessation
- The role of the pediatrician in parental smoking cessation

Prevalence of Cigarette Smoking Texas, 2014



Texas Current Cigarette Smoking Prevalence = 14.5% (95% CI: 13.6-15.5)

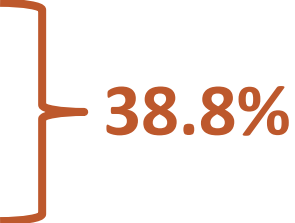
Adults

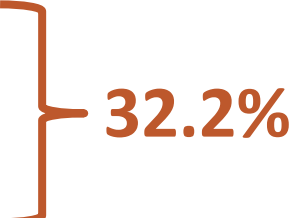
State	14.5%
25-34 year olds	18.7%
Income <\$35,000	18.6%
Separated/divorced	25.3%

Youth

Cigarette smoking	
- past month	11.7%
- lifetime	25.5%
E-cigarette use	
- past month	14.0%
- lifetime	23.6%

Texas Youth Tobacco Survey, 2014 – Secondhand Smoke Exposure

- **36.9%** of youth reported living in a home with a smoker
- During the past 7 days, on how many days were you in the same room with someone who was smoking cigarettes?
 - 0 days 61.2%
 - 1-2 days 18.9%
 - 3-4 days 7.1%
 - 5-6 days 2.7%
 - 7 days 10.1%

38.8%
- During the past 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?
 - 0 days 67.8%
 - 1-2 days 14.6%
 - 3-4 days 5.7%
 - 5-6 days 2.4%
 - 7 days 9.5%

32.2%

Types of Tobacco Smoke

1. Mainstream smoke

- Smoke drawn in and exhaled by smoker

2. Sidestream smoke

- Given off by smoldering cigarette or other combustible tobacco product

3. Secondhand smoke (SHS)

- Mixture of exhaled smoke + sidestream smoke
- Also known as environmental tobacco smoke, passive smoking, or involuntary smoking

4. Thirdhand smoke

- Residue that settles on surfaces after smoking
- Builds up over time and can remain for days or weeks
- Contains harmful, carcinogenic substances
- Young children are at higher risk of exposure

Exposure to Tobacco Smoke

- There is **NO** safe level of exposure to tobacco smoke
- SHS exposure increases a child's risk of:
 - Sudden infant death syndrome (SIDS)
 - More severe and frequent asthma attacks
 - Respiratory illness, such as bronchitis and pneumonia
 - Middle ear infections
 - Slowed lung growth
- Children of smokers are more likely to become smokers themselves
- Tobacco dependence is a pediatric disease: nearly **90%** start before age 18

Exposure to Tobacco Smoke

- 60% of children ages 3-11 in the U.S. are exposed to SHS
- The home is a primary source of SHS exposure
 - 1 in 4 children lives in a home with a smoker
 - Children are also exposed to SHS in vehicles
- Exposure is higher among low-income and African-American children
- Texas Pregnancy Risk Assessment Monitoring System (PRAMS), 2011
 - **3 months prior:** 19.3% (25.8% - Medicaid recipients)
 - **3rd trimester:** 7.4% (11.2% - Medicaid recipients)
 - **Postpartum:** 12.2% (18.9% - Medicaid recipients)
- Pediatric offices come in contact with approx. **25%** of smokers in the U.S.

Tobacco Users Want to Quit

- **70%** of tobacco users report wanting to quit
- Tobacco users say health expert advice is important to their decision to quit
 - This means YOU!
- Majority of parents would be more satisfied with the visit if their child's doctor addressed their smoking
- Majority of parents who smoke want to be enrolled in a telephone quitline
 - Only 1% get enrolled
- Interventions in the pediatric office have been proven successful:
 - Decreased number of cigarettes smoked and home nicotine levels
 - Increased number smoke-free homes and confirmed quit rates

The Pediatrician as the Smoking Cessation Counselor

- Pediatric offices come in contact with approx. **25%** of smokers in the U.S.
- Parents:
 - tend to have higher smoking rates and lower quit rates than non-parents
 - tend to see their child's healthcare provider more often than their own doctor
 - welcome and expect advice on secondhand smoke exposure from their child's healthcare provider, **even those who smoke.**
- You can bill insurance for time spent on smoking cessation counseling!
 - Check out the American Academy of Pediatrics billing codes guide:
<http://www2.aap.org/richmondcenter/pdfs/TobaccoCodingFactSheet2012.pdf>

Why is parental cessation so important?

- Eliminate the #1 cause of preventable death and disease
- Eliminate tobacco smoke exposure for all household members
 - The only way to protect non-smoking family members *completely* is for all family smokers to *quit* completely
- Decrease economic impact
 - Average cost per pack across the U.S. is >\$5
- Decrease teen smoking rates
 - Children and adolescents who live in tobacco-free homes are less likely to start using tobacco
 - Strict smoke-free home rules encourage cessation among smoking members of household
 - Home smoking bans reduce smoking rates and cigarette consumption among youth

How? Ask, Advise, Refer

Shelley Karn, EdD

- What services does the Texas Quitline offer?
- Connecting to the Quitline
- Ask, Advise, Refer: Applications to help refer your patients
- Resources

Texas Quitline = Value Added at no cost to Texas residents

- Quitline counseling is offered in English and Spanish; other languages are available with simultaneous interpretation service.
- Free service.
- Calls answered and counseling available on a 24/7 basis.
- Up to 5 counseling sessions.
- Over-the-counter Nicotine Replacement Therapy (NRT) available for qualified callers 18 and older who are enrolled in counseling (includes patch, gum or lozenges).
- Health care systems with eTobacco Protocol that make referrals receive feedback on their patient's progress.
- HIPAA-compliant: private and confidential.
- Refer as many times as needed; enroll up to twice per year.

Requirements for Quitline Services

- Patient must have a Texas address.
- Patient must be 18 years or older for counseling and nicotine replacement therapy.
- Or, patient is 13-17 years, counseling only.
- Must answer their telephone.
- Private & confidential.

Benefits of Using the Texas Quitline App

- Increase healthcare provider referrals the Quitline.
- Free and easy access to referrals.
- Alternative when eTobacco referral through the EMR is not available.
- The app is available on both Android and Apple app markets.

Connecting to the Quitline

- Fax referral
- Web referral: www.yesquit.org
- App (Android and iPhone “Texas Quitline”)
- Telephone: 877-YES-QUIT
- eTobacco Protocol

Ask-Advise-Refer Resources

- **Ask** if the patient uses tobacco.
- **Advise** the patient to quit.
- **Refer** the patient for assistance if ready to quit within 30 days by clicking a button in the EHR.

Texas Quitline App

For Patient Referrals

1. **ASK** patients if they use tobacco and whether they want to quit.
2. If yes, **ADVISE** patients to quit and educate them on treatment options.
3. **REFER** patients to the Quitline, explaining the benefits and success rate of doing so when coupled Replacement Therapy or prescription medication.

ASK

At every visit, ask patients about their smoking status.

- Are you a current or former user?
- What type of tobacco is used (including any exposure to secondhand smoke)?
- How often is tobacco used?
- Document the information in the medical record.

ADVISE

Patients listen to and respect the advice of their health providers.

- Urge every tobacco user to quit in a clear and personalized way.
- Remind the patient that most smokers attempt to quit 3-8 times before quitting for good.
- Link the patient's current situation to reasons for quitting.

REFER

You can make a difference!

- Assess if the patient is ready to quit.
- Use a referral system to tobacco cessation support services, such as the Quitline.
- Refer the patient to local tobacco cessation programs when available.

You can refer patients to the Texas Quitline directly from this app using the Refer tab below.

Para referencias de pacientes

1. **PREGUNTE** a los pacientes si usan tabaco y si desean dejar de hacerlo.
2. Si le contestan que sí, **ACONSEJE** a los pacientes que dejen de usar tabaco e infórmeles sobre opciones de tratamiento.
3. **REFIERA** a los pacientes a la línea telefónica de ayuda para abandonar el uso de tabaco, Quitline, y explíqueles los beneficios y la tasa de éxito cuando lo hacen junto con terapia de sustitución de nicotina o medicamentos de venta con receta.

Pregunte

En cada visita pregunte al paciente su estado como fumador.

- ¿Fuma actualmente o fumó anteriormente?
- ¿Qué tipo de tabaco usa (incluida cualquier exposición a humo de segunda mano)?
- ¿Con qué frecuencia usa tabaco?
- Documente la información en el expediente médico.

Aconseje

Los pacientes escuchan y respetan el consejo de sus proveedores médicos.

- Urja en una manera clara y personalizada a todos los usuarios de tabaco que dejen de usarlo.
- Recuerde a los pacientes que la mayoría de los fumadores intenta dejar de fumar de 3 a 8 veces antes de tener éxito.
- Relacione la situación actual del paciente con las razones para dejar de usar tabaco.

Refiera

¡Usted puede hacer la diferencia!

- Evalúe si el paciente está listo para abandonar el tabaco.
- Use un sistema de referencia a servicios de apoyo para dejar de usar tabaco, como Quitline.
- Refiera al paciente a programas locales de cesación de uso de tabaco cuando los haya disponibles.

Puede referir a los pacientes a Texas Quitline directamente desde esta aplicación usando la pestaña Refiera que aparece abajo.



My Profile » Please complete this profile to refer patients to the Tobacco Quitline. You only need to fill out this profile once. **You will be able to update it if anything changes.**

Are you in Texas?
 Yes
 No

Clinic / Facility Please tell us where you work.

Clinic Phone #

Clinic Fax #

Clinic Zip Code

Your Name

Your Email

Are you a HIPAA covered entity?
 Yes
 No
 Unknown

✓ Save



Mi perfil » Complete este perfil para referir a los pacientes a Tobacco Quitline. Solamente necesita rellenar este perfil una vez. **Podrá actualizarlo en caso de que haya algún cambio.**

¿Se encuentra en Texas?
 Sí
 No

Clínica / Instalación Indíquenos dónde trabaja.

Número de teléfono de la clínica

Número de fax de la clínica

Código postal de la clínica

Su nombre

Su dirección electrónica

¿Pertenece a una entidad cubierta por HIPAA?
 Sí
 No
 No sabe

✓ Guardar



iPad 3:52 PM 100%

English Español

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Refer a patient » The information will be sent to Texas Tobacco Quitline. You can [update your profile](#) if needed.

Patient Name

Date of Birth MM/dd/yyyy

Primary Phone

Tobacco Types (check all that apply)

- Cigarettes
- Smokeless Tobacco
- Cigar
- Pipe
- E-cigarette

The patient is ready to quit tobacco in the next 30 days and requests the Quitline contact him or her with quit plan help.

The patient **DOES NOT** give permission to the Quitline to leave a message when contacting him or her.

Language

- English
- Español
- Other

Best time to call

- 6 am - 9 am
- 9 am - 12 pm
- 12 pm - 3 pm
- 3 pm - 6 pm
- 6 pm - 9 pm

Refer this patient

Menu Advise Videos Quitline Referrals

iPad 3:10 PM 64%

English Español

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Refiera a un paciente » La información será enviada a Texas Tobacco Quitline. **Desplácese hacia abajo** para verificar la información de su perfil antes de enviarla. Puede [actualizar su perfil](#) si ha habido algún cambio.

Nombre del paciente

Fecha de nacimiento MM/dd/yyyy

Teléfono primario

Tipos de tabaco (marque todo lo que aplique)

- Cigarrillos
- Tabaco sin humo
- Puro
- Pipa
- Cigarrillo electrónicos

El paciente está listo para abandonar el tabaco en los siguientes 30 días y solicita que Quitline se comunique con él para ayudarlo a establecer un plan de cesación.

El paciente **NO** autoriza que Quitline deje un mensaje cuando se comunique con él.

Idioma

- Inglés
- Español
- Otro

Mejor hora para llamar

- 6 am - 9 am
- 9 am - 12 pm
- 12 pm - 3 pm
- 3 pm - 6 pm
- 6 pm - 9 pm

Menú Aconseje Videos Quitline Referencias

English

Español

Enviado Tue, Oct 27, 2015

[Referrals](#)

Patient Information

Patient Name	Redacted
Date of Birth	11/23/1975
Patient Phone	Redacted
Tobacco	Redacted
Ready to quit in 30 days?	Redacted
Can leave message?	Redacted
Language	Redacted
Best contact time	Redacted

Referrer Information

Referrer Name	Jane Roe
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Learn



Video



Referrals



Badges



Refer



English | Español

Badges

Badges you earned



You have earned this badge after your first patient referral to the Texas Tobacco Quitline!

Badges you not yet earned



You will earn this badge after your 5th patient referral to the Texas Tobacco Quitline!



You will earn this badge after your 10th patient referral to the Texas Tobacco Quitline!



You will earn this badge after your 25th patient referral to the Texas Tobacco Quitline!



English | Español

Insignias

Insignias que ganó



Se han ganado esta placa después de su primera referencia de pacientes a la Quitline Tabaco de Texas!

Insignias que aún no gana



¡Ganará esta insignia después de que refiera a 5 pacientes a Texas Tobacco Quitline!



¡Ganará esta insignia después de que refiera a 10 pacientes a Texas Tobacco Quitline!



¡Ganará esta insignia después de que refiera a 25 pacientes a Texas Tobacco Quitline!

eTobacco Protocol

Efficient counseling and referral option

Feedback to EHR (bidirectional interface)

Technical assistance

System impact

Public health impact

Revenue: bill Medicaid up to 3 minutes for counseling

Eradicate the #1 cause of preventable death

Protect adults and children

HIPPA Compliant

Centex Tobacco Intervention

Log
Navigation

Tobacco Use
Tobacco Intervention

Tobacco Cessation Intervention:

Ready and willing to quit tobacco?

- Ready to quit within 30 days Thinking about quitting at some point Not interested in quitting

Consent to referral to

- Refused Referral Quit Line Tobacco Resource Center

Print Education:

Tobacco cessation discussed

Place Order

Cessation Counseling:

Education Date	Class Outcome	Counseled By	Education Materials/Service	Referred To	Reason For Refusal	Service

Assessment/Plan:

- History of Tobacco use (V15.82) Tobacco use disorder (305.1)
 Tobacco use disorder complicating pregnancy (649.01)

Add Assement to: Chronic List

My List:

Techniques Discussed:

- Aversive Conditioning Delaying tactics Mentor program Smoke free car Substituted behavior
 Daily diary Literature given Remove triggers and cues Smoke free house Support program

Patient education:

- Benefits of quitting Nicotine dependance Secondhand smoke (passive smoking)
 Hazards of tobacco Nicotine withdrawal Ways to quit tobacco

Recommended Treatment:

- Acupuncture Hypnotherapy Nicotine lozenge Nicotine Inhaler
 Cognitive behavioral therapy Bupropion Nicotine nasal spray Nicotine Patch
 Counseling Varenicline/Chantix Nicotine Gum None

Other Method:


Return to office in:


Place Order


Save & Close

eTobacco Training Resource

<http://www.uttobacco.org>


 **TOBACCO RESEARCH & EVALUATION TEAM**
THE UNIVERSITY OF TEXAS AT AUSTIN



MENU 

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Clinical Training



Helping Our Patients Quit Using Tobacco

This video will tell you a little bit about the role that the clinical care team can play in lowering tobacco use. The video includes facts about tobacco use in the United States, scenarios between key players, including the medical assistant, provider, and patient that will help you learn about the importance of asking, advising, and referring patients, and tips on how to

Contact Us

Fast Facts

- Tobacco use is the single most preventable cause of disease, disability, and death in the US.
- Each year, an estimated

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