Tobacco Dependence Treatment: People with Mental Illness Deserve Help Too

Karen S. Brown, MPA
Tobacco Dependence Treatment Specialist
Michigan Department of Community Health
Smoking kills more Americans than all of the following *combined*:

- AIDS
- Alcohol
- Motor vehicle injuries
- Fires
- Heroin
- Cocaine
- Homicide
- Suicide
Tobacco Use in Michigan

- Heart Disease, Cancer, Stroke, and COPD are the four leading causes of death in Michigan and all associated with smoking.

- Tobacco use is the leading preventable cause of death.

- Tobacco-related illnesses including cancer, heart disease and lung disease are among the most common causes of death for people with mental illness.
A Clinical Practice Guideline for Treating Tobacco Use and Dependence: 2008 Update

- A highly significant health threat
- A disinclination among clinicians to intervene consistently
- Presence of effective interventions
Smoking Cessation Activities of Psychiatrists$^{2,3}$

- Identify and document smoking status (Ask); 35% (90)
- Advice to Quit; 60% (71)
- Assess willingness to quit; 40% (56)
- Assist; 10-30% (49)
- Arrange follow up; 0% (9)
Smoking Cessation Activities Psychologists

- Ask; Often=8%, Never=41%
- Advice to Quit; Often=9%, Never=48%
- Give cessation support; Often=1%, Never=81%
Smoking reduces life expectancy an average of about 14 years by way of lung cancer, heart disease other illnesses, according to the CDC.
People with serious mental illness die 25 years younger than the general population, largely due to conditions caused or worsened by smoking.\textsuperscript{5}
<table>
<thead>
<tr>
<th>Lifetime diagnosis</th>
<th>U.S. population (%)</th>
<th>Current smoker (%)</th>
<th>Lifetime smoker (%)</th>
<th>Smoking quit rates(^a) (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No psychiatric diagnosis</td>
<td>50.7</td>
<td>22.5</td>
<td>39.1</td>
<td>42.5</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social phobia</td>
<td>12.5</td>
<td>35.9</td>
<td>54.0</td>
<td>33.4</td>
</tr>
<tr>
<td>Posttraumatic stress disorder</td>
<td>6.4</td>
<td>45.3</td>
<td>63.3</td>
<td>28.4</td>
</tr>
<tr>
<td>Agoraphobia</td>
<td>5.4</td>
<td>38.4</td>
<td>58.9</td>
<td>34.5</td>
</tr>
<tr>
<td>Generalized anxiety disorder</td>
<td>4.8</td>
<td>46.0</td>
<td>68.4</td>
<td>32.7</td>
</tr>
<tr>
<td>Panic disorder</td>
<td>3.4</td>
<td>35.9</td>
<td>61.3</td>
<td>41.4</td>
</tr>
<tr>
<td>Mood disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major depression</td>
<td>16.9</td>
<td>36.6</td>
<td>59.0</td>
<td>38.1</td>
</tr>
<tr>
<td>Dysthymia</td>
<td>6.8</td>
<td>37.8</td>
<td>60.0</td>
<td>37.0</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>1.6</td>
<td>68.8</td>
<td>82.5</td>
<td>16.6</td>
</tr>
<tr>
<td>Psychotic disorder (nonaffective)</td>
<td>0.6</td>
<td>49.4</td>
<td>67.9</td>
<td>27.2</td>
</tr>
</tbody>
</table>

\(^a\)Smoking quit rate was defined as the proportion of lifetime smokers who were not current smokers (no significant difference in these rates when quit rate was defined as having quit smoking for more than the past year).
Big Tobacco

- Decades of targeting people with mental illness
- Specifically marketed cigarettes to patients with schizophrenia
- Worked to exempt psychiatric hospitals from smoking bans.
- Funded research to support the idea that people with schizophrenia needed to smoke as a form of self-medication.
Project SCUM

- RJR plan to market Camels specifically to gay people in the Castro district:
- "rebellious, Generation X"-ers (young people),
- people of "International influence" (immigrants & foreigners)
- "street people," (homeless)"
A marketing study done for RJ Reynolds (RJR) noted in a downscale market profile that this demographic was “more impressionable to marketing/advertising… they’re more susceptible. They’re less formed intellectually… more malleable”
What is Tobacco Costing us?
Costs of Tobacco Use in Michigan

Tobacco Use By Michigan Citizens Cost The State:

- $4.59 billion in Direct Medical Expenditures
  - (that is about $606 for every household in Michigan)
- $3.95 billion in Productivity Costs (lost wages, etc)
- 554,064 Medicaid Smokers
- $1.1 billion of Medicaid expenditures in Michigan is due to tobacco use
Michigan’s Personal Costs

Each year 14,200 Michigan Residents die prematurely due to their own smoking.
A Chronic Disease?

“Giving up smoking is the easiest thing in the world. I know because I've done it thousands of times.”

-Mark Twain
Tobacco: A Risk Factor for Chronic Disease

- Since the 1964 Surgeon General’s report, cigarette smoking has been causally linked to diseases of nearly all organs of the body, to diminished health status, and harm to the fetus.\(^9\)

- As of 2012, about half of all adults—117 million people—have one or more chronic health conditions.\(^{10}\)

- Integration of tobacco dependence treatment into chronic disease programs is recognized as a CDC Best Practice.
Oral Health Risks for People with Mental Illness

- Poor diet and an increased sugar intake.
- Housing conditions, homelessness and access to privacy for personal hygiene.
- Smoking leads to an increased incidence of dental diseases.
Tobacco Use and Oral Health

- Smoking may be responsible for almost 75% of periodontal diseases among adults.¹¹
- Increased risk of cavities
- Increased plaque and tartar accumulation
- Increased likelihood of tooth loss
- Higher risk of oral cancer
Tobacco Dependence: A Chronic Disease

Similar to diabetes, heart failure, hypertension, hyperlipididemia

- Expectation for remission and relapse
- Provide ongoing treatment:
  - advice/counseling
  - support
  - appropriate pharmacotherapy
Tobacco Dependence: A Chronic Disease

- There is a spectrum of disease severity
- Effective treatments are available
- High dose and multi-drug regimens may be necessary to achieve the target goals
- May require referral to specialists
- Individualized therapy is important
How Does Tobacco Deliver Its Effects?

- Very efficient drug delivery system
- By inhaling tobacco smoke, the average smoker takes in 1-2 mg of nicotine per cigarette
- Nicotine rapidly reaches peak levels in the bloodstream and enters the brain
Peter Jennings

ABC NEWS

PETER JENNINGS
1938-2005

DARYL CAGLE
MSNBC.COM
Effects of Neurotransmitters & Hormones Released by Nicotine

NICOTINE

- Dopamine ⇒ Pleasure, Appetite Suppressor
- Norepinephrine ⇒ Arousal, Appetite Suppressor
- Acetylcholine ⇒ Arousal, Cognitive Enhancement
- Vasopressin ⇒ Memory Improvement
- Serotonin ⇒ Mood Modulation, Appetite Suppressor
- Beta-Endorphin ⇒ Reduction of Anxiety & Tension

Nicotine Withdrawal Symptoms

- Can be triggered with abrupt cessation of as few as 5 cigarettes/day
- Can begin within hours of cessation of smoking
- Peak: 1-4 days
- Diminish in intensity over 2-4 weeks
- Craving may persist intermittently for months to years
Is it Mental Illness?

Or is it withdrawal?
Symptoms of Nicotine Withdrawal

- Feeling down or sad
- Having trouble sleeping
- Feeling irritable, on edge, grouchy
- Having trouble thinking clearly and concentrating
- Feeling restless and jumpy
- Slower heart rate
- Feeling more hungry or gaining weight
- Medications and behavior changes can help manage the symptoms.
How Can You Fight Back?
Clinicians Can Make a Difference!

- Treatment delivered by a variety of clinician types increases abstinence rates.

- Treatments delivered by multiple types of health care providers (nurse, medical assistant, psychologist, social worker or dentist) are more effective than interventions delivered by a single type of clinician.
Who Could be Better?

- Trust/An Established Relationship
- More Frequent Visits than Other Providers
- Accessible-Doesn’t Require Additional Visit or Travel to a Different Site
- Already Trained in Behavior Change Techniques
Barriers to Intervention

- Belief that quitting smoking impairs mental health recovery.
  - On the contrary, tobacco use is associated with greater depressive symptoms, a greater likelihood of psychiatric hospitalization and an increase in suicidal behavior.\textsuperscript{13}
Barriers to Intervention

- Belief that people with mental illness do not want to quit.
  - “It’s their only pleasure.”
  - “They can’t quit.”
  - “It’s part of the culture.”
A Social Justice Issue

- People with mental illness want to quit at the same rate as the general population-70%.\textsuperscript{14}
Encouraging Findings
British Medical Journal

- Smoking cessation is associated with an improvement in mental health in comparison with continuing to smoke.

- The effect estimates are equal or larger to those of antidepressant treatment for mood disorders.
Tobacco use dependence treatments are both clinically effective and highly cost-effective.

Assessing and treating tobacco use generally leads to greater patient satisfaction with health care.

Even for patients unwilling to quit, brief interventions enhance motivation and increase the likelihood of future quit attempts.
Most of the following slides are taken directly from two documents

Treating Tobacco Use and Dependence Quick Reference Guide for Clinicians 2008 Update

and

A how-to packet for implementing the US Public Health Service Clinical Practice Guidelines
The 5 “A” Intervention

- ASK about Tobacco Use (Tobacco as a vital sign)
- ADVISE to stop
- ASSESS willingness to make an attempt
- ASSIST in the stop attempt
- ARRANGE for a follow-up visit

“Not since the polio vaccine has this nation had a better opportunity to make a significant impact in public health.”

-- David Satcher, MD, MPH
US Surgeon General
1998-2002
The "5 A's" Model for Treating Tobacco Use and Dependence - 2008

**ASK**
Do you currently use tobacco?

- **YES**
  - **ADVISE**
    - to quit
  - **ASSESS**
    - Are you willing to quit now?
      - **YES**
        - **ASSIST**
          - Provide appropriate tobacco dependence treatment
      - **NO**
        - **ASSIST**
          - Intervene to increase motivation to quit

- **NO**
  - **ASK**
    - Have you ever used tobacco?
      - **YES**
        - **ASSESS**
          - Have you recently quit? Any challenges?
            - **YES**
              - **ASSIST**
                - Provide relapse prevention
            - **NO**
              - **ASSIST**
                - Encourage continued abstinence
      - **NO**
        - **ARRANGE FOLLOW UP**
Ask

- Systematically identify all tobacco users at every visit
Advise

- Strongly urge all tobacco users to quit
  - In a clear, strong, and personalized manner, urge every tobacco user to quit.
    - Clear – Important, cutting down not enough
    - Strong – Most important thing you can do to protect your health
    - Personalized – link to current symptoms and health concerns, social and or economic situations
Special Considerations

- Often need more intensive behavioral treatment, e.g. more and longer sessions, more follow-up.
- Often need protracted preparation time prior to quitting. Need more education and time to master coping skills.
- Need flexibility; predetermined schedules for quitting and follow up may be too structured.
Assess

- Determine willingness to make a quit attempt at the time
  - If the patient is willing to participate in intensive treatment deliver such treatment or make a referral
  - Modify for special populations
  - Don’t want to quit? – provide motivational intervention
Aid the patient in quitting

- Pharmacological—if not contraindicated
- Set a quit date
- Counseling
  - Skills training-Anticipate Challenges
  - Problem solving
- Social Support
  - Intra-treatment social support
  - Extra-treatment social support
Integrating Tobacco Cessation Into Mental Health Care for Posttraumatic Stress Disorder

- Integrated care
- 5 weekly core tobacco cessation sessions focusing on
- tobacco use education
- behavioral skills for quitting
- setting a quit date (following session 5)
- relapse prevention
Combinations: Medication and Counseling

Effectiveness of and estimated abstinence rates for the combination of counseling and medication versus medication alone (n = 18 studies)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Number of arms</th>
<th>Estimated odds ratio (95% C.I.)</th>
<th>Estimated abstinence rate (95% C.I.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication alone</td>
<td>8</td>
<td>1.0</td>
<td>21.6</td>
</tr>
<tr>
<td>Medication and counseling</td>
<td>39</td>
<td>1.3 (1.1, 1.6)</td>
<td>27.0 (22.7, 31.4)</td>
</tr>
</tbody>
</table>
Pharmacotherapy

- Monitor psychiatric medications.
- Most will need cessation pharmacotherapy.
- Most pharmacotherapy is NOT contraindicated in people using psychiatric medications.

**Smoking cessation** can increase effect of some psychiatric medications. Monitoring of symptoms is important; potential dose adjustment may be needed.
Medication

Seven first-line medications shown to be effective and recommended for use by the Guideline Panel:

- Bupropion SR
- Nicotine Gum
- Nicotine Inhaler
- Nicotine Lozenge
- Nicotine Nasal Spray
- Nicotine Patch
- Varenicline
Guidelines for pharmacotherapy

- Second line Pharmacotherapies
  - Clonidine
    - Oral
    - Transdermal
  - Nortriptyline

- Lighter smokers - lower NRT
  - 10-15 cigarettes/day
  - no adjustment for bupropion SR or varenicline
Varenicline

- Market name Chantix®
- Non-nicotine tobacco cessation aid
- Monotherapy
- Partial agonist/antagonist
  - Increases the brain’s response to nicotine
  - Blocks the brain’s natural response to nicotine
- Begin treatment 7-10 days before quit date
- Dosing: 0.5 mg daily for three days, then 0.5 mg BID for four days, then 1 mg BID
Bupropion Hydrochloride

- Marketed Wellbutrin® (anti-depressant), Zyban® (smoking cessation aid)
- Similar effects on brain as nicotine (60% people) – mechanism unknown
- Rx
  - Begin 7-10 days before quit date
  - 3-6 days 150mg; 150mg bid
- Contraindications: Seizure disorder, active eating disorder, recent MI, unstable angina, MAOIs, hypertension
I'm on the pacifier patch.
Possible Side Effects for all Nicotine Replacement products

- Dizziness
- Nausea
- Headaches
- Should not be used after recent MI (2 weeks)
- Not approved for prenatal patients
NRT Indicators

- Anyone who smokes > 10 cigarettes per day
- Anyone who reports withdrawal symptoms during a past quit attempt
- Each quit attempt is different so okay to try same medication again – motivation may have shifted
- All NRTs are better than placebo
Rationale for Nicotine Replacement

- Prevention/relief of nicotine withdrawal symptoms
- Allows patients time to develop strategies to avoid relapse
- Avoids the exposure to carcinogens in cigarette smoke
- Allows for controlled tapering of the nicotine
Nicotine in Tobacco Products

1 cigarette = 1-2mg (12 – 14 mg)

1 can spit tobacco = approx. 60 - 80mg
1 average size dip = approx. 3 - 5mg

1.5 ounce cigar = 12 – 24 mg the same as a pack of cigarettes
Nicotine Gum

- Nicotine absorbed in mucosa
- 2mg and 4mg doses
  - Insert recommendations < 25 cigarettes 2mg;
  - >25 cigarettes 4mg
- Each piece is good for 20-30 minutes
- Chew gum until “peppery” taste; “park” between gum and cheek until peppery taste is gone, repeat process
Nicotine Lozenge

- Nicotine is absorbed from mucosal
- Lozenge dissolves while between cheek and gum
- User must not suck, chew or swallow lozenge
- 2mg and 4mg strengths –
  - Package recommendation:
    - < 24 cigarettes - 2 mg lozenge
    - 1st cigarette >30min after waking
    - >24 cigarettes - 4mg lozenge
    - 1st cigarette <30min after waking
- Use up to 20 lozenges per day – no more than 5 in one hour
Nicotine Patch

- Six dosages: 21mg, 14mg, 7mg, 15mg, 10mg, 5mg
- OTC
- 16-24 hour doses
- Place on non-hairy area above the waist
Nicotine Spray

- Nicotine absorbed through nasal mucosa
- 1 spray to each nostril after exhale - SHOULD NOT BE INHALED
- Not recommended for patients with asthma, nasal allergies, sinusitis
- Each bottle contains 100 doses (200 sprays)
- Recommend to not be use more than 5 times an hour or 40 times in 24 hours
Nicotine Inhaler

- Absorbed in mucosa
- Mouthpiece with 10mg cartridge
- User “sucks” on mouthpiece to deliver nicotine – use like a straw
- Each cartridge good for 80 puffs or 20 minutes
- Minimum use 6 cartridges, maximum 16 cartridges per day
- No food or drink within 15 minutes of use
- Does not work well in cold air <40 degrees F
E-cigarettes (or electronic cigarettes) are battery powered devices that claim to provide inhaled doses of nicotine by way of a vaporized solution.
E-Cigarettes

- Are **NOT** FDA approved for treating tobacco dependence.
- Do not have dosage recommendations and have varying levels of nicotine.
- Contain detectable levels of carcinogens and toxic chemicals.
- There is no scientific evidence that e-cigarettes help smokers quit.
Medication Abstinence Rates
6 Months Post Quit

- Placebo: 13.8%
- Varenicline (2 mg): 33.2%
- Nicotine Nasal Spray: 26.7%
- High Dose Nicotine Patch: 26.5%
- Long-Term Nicotine Gum: 26.1%
- Varencline (1 mg): 25.4%
- Nicotine Inhaler: 24.8%
- Clonidine: 25%
- Bupropion SR: 24.2%
- Nicotine Patch (6-14 weeks): 23.4%
- Long-Term Nicotine Patch (>14 weeks): 23.7%
- Nortripyline: 22.5%
- Nicotine Gum: 19%

_Treating Tobacco Use and Dependence Meta-analysis (2008)_
Arrange – schedule follow up

- **Timing**
  - Quit week
  - First month

- **Follow-up conversation**
Motivational Interviewing
For the Patient Unwilling to Quit

- **Express empathy**
  - “How important do you think it is for you to quit?” “What might happen if you quit?”

- **Develop discrepancy**
  - “It sounds like you are very devoted to your family/friends/job. How do you think your smoking is affecting your children/relationships/work?”

- **Roll with resistance**
  - “Sounds like you are feeling pressured about your smoking.” “Would you like to hear about strategies that can help you address your concerns when you quit?”

- **Support self-efficacy**
  - “So you were fairly successful the last time you quit.”
Resources to Help you Succeed!
Michigan Patient Resources

- The Michigan Department of Community Health
  [www.michigan.gov/tobacco](http://www.michigan.gov/tobacco)

- American Cancer Society offers printed material and sponsors the Great American Smokeout on the third Thursday in November. Call 1-800-227-2345. [www.cancer.org](http://www.cancer.org)

- American Heart Association offers printed material. Call 1-800-242-8721. [www.americanheart.org](http://www.americanheart.org)

- American Lung Association offers quit smoking classes, printed material, cessation website. Call 1-800-586-4872. Telephone referral and cessation advice is available by calling 1-866-784-8937. [www.lungusa.org](http://www.lungusa.org)

- National Cancer Institute offers a quit kit and telephone advice at 1-877-44U-QUIT. [www.cancer.gov/cancertopics/smoking](http://www.cancer.gov/cancertopics/smoking)
Michigan Patient Resources

- **Nicotine Anonymous** at 415-750-0328.  [www.nicotine-anonymous.org](http://www.nicotine-anonymous.org)

- **QuitNet Online Smoking Cessation**  [www.quitnet.com](http://www.quitnet.com)

- **Try to Stop:** A website offering an online quit smoking program called Quit Wizard.  [www.trytostop.org](http://www.trytostop.org)

- **BecomeanEX:** A website offering an online quit smoking program.  [www.becomeanex.org](http://www.becomeanex.org)

- **U.S. Public Health Service** offers a free booklet, *You Can Quit Smoking Now!* Call 1-800-QUITNOW.  [www.surgeongeneral.gov/tobacco](http://www.surgeongeneral.gov/tobacco)
Provider Cessation Resources

- MI Providers Tobacco Cessation Tool Kit: [www.michigancancer.org/WhatWeDo/tob-providerstoolkit.cfm](http://www.michigancancer.org/WhatWeDo/tob-providerstoolkit.cfm)
- University of Wisconsin Center for Tobacco Research & Intervention offers videos and other tobacco training materials at [www.ctri.wisc.edu](http://www.ctri.wisc.edu)
- Web-based training offered by the State of Michigan at [www.michigan.gov/tobacco](http://www.michigan.gov/tobacco)
Information for Behavioral Health Providers

- National Mental Health Partnership for Wellness and Smoking Cessation
- Smoking Cessation Leadership Center
- Rx for Change
- NAMI-Hearts and Minds
- SAMHSA-HRSA Center for Integrated Health Solutions
<table>
<thead>
<tr>
<th>Michigan Medicaid Tobacco Cessation Benefits</th>
<th>Pharmacy (Members must have drug benefit)</th>
<th>Cessation Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Plan</strong></td>
<td><strong>Rx</strong></td>
<td><strong>Cessation</strong></td>
</tr>
<tr>
<td>BlueCross BlueShield</td>
<td><strong>OTC covered with RX 90 days/year</strong></td>
<td><strong>Patches</strong></td>
</tr>
<tr>
<td>1-800-228-9654</td>
<td></td>
<td><strong>PA: Not covered</strong></td>
</tr>
<tr>
<td><strong>Care Source</strong></td>
<td><strong>OTC covered with RX 90 days/year</strong></td>
<td><strong>Not available</strong></td>
</tr>
<tr>
<td>1-800-590-7102</td>
<td></td>
<td><strong>1-800-764-9805</strong></td>
</tr>
<tr>
<td>United Healthcare Great Lakes</td>
<td><strong>OTC covered with RX 90 days/year</strong></td>
<td><strong>Michigan Tobacco</strong></td>
</tr>
<tr>
<td>Health Plan</td>
<td></td>
<td><strong>Quitline Partner</strong></td>
</tr>
<tr>
<td>1-800-597-6250</td>
<td></td>
<td>**<a href="http://www.michigan.gov**">www.michigan.gov**</a></td>
</tr>
<tr>
<td>Health Plan of Michigan</td>
<td><strong>OTC-covered with RX Limited to one</strong></td>
<td><strong>Not available</strong></td>
</tr>
<tr>
<td>1-800-637-9406</td>
<td>30 patches per day for a total of 12 weeks</td>
<td><strong>1-800-764-9805</strong></td>
</tr>
<tr>
<td>Health Plan Partners - Medicaid</td>
<td><strong>OTC-covered with RX Limited to 60%</strong></td>
<td><strong>Michigan Tobacco</strong></td>
</tr>
<tr>
<td>1-800-555-8511 or 1-800-642-9416</td>
<td>of 30 patches per month for a total of</td>
<td><strong>Quitline Partner</strong></td>
</tr>
<tr>
<td><strong>McLaren Health Plan-Mid-MI</strong></td>
<td><strong>OTC-covered with RX 90 days/year</strong></td>
<td>**<a href="http://www.michigan.gov**">www.michigan.gov**</a></td>
</tr>
<tr>
<td>1-800-927-4971</td>
<td></td>
<td>Michigan Tobacco**</td>
</tr>
<tr>
<td>Midwest Health Plan</td>
<td><strong>OTC-covered with RX 90 days/year</strong></td>
<td><strong>Quitline Partner</strong></td>
</tr>
<tr>
<td>1-800-445-2200</td>
<td></td>
<td>**<a href="http://www.michigan.gov**">www.michigan.gov**</a></td>
</tr>
<tr>
<td>St. Johns Behavioral Health Care Institute</td>
<td><strong>OTC-covered with RX 90 days/year</strong></td>
<td><strong>Not available</strong></td>
</tr>
<tr>
<td>1-800-518-7794</td>
<td></td>
<td><strong>1-800-764-9805</strong></td>
</tr>
<tr>
<td>Physicians’ Health Plan of Mid-MI</td>
<td><strong>OTC-covered with RX 90 days/year</strong></td>
<td><strong>Michigan Tobacco</strong></td>
</tr>
<tr>
<td>1-800-652-2417</td>
<td></td>
<td><strong>Quitline Partner</strong></td>
</tr>
<tr>
<td>Priority Health Care</td>
<td><strong>OTC-covered with RX 90 days/year</strong></td>
<td>**<a href="http://www.michigan.gov**">www.michigan.gov**</a></td>
</tr>
<tr>
<td>1-800-764-9805</td>
<td></td>
<td>Michigan Tobacco**</td>
</tr>
<tr>
<td>ProCare Total Health Care</td>
<td><strong>OTC-covered with RX 90 days/year</strong></td>
<td>**<a href="http://www.michigan.gov**">www.michigan.gov**</a></td>
</tr>
<tr>
<td>1-800-226-1292</td>
<td></td>
<td>Michigan Tobacco**</td>
</tr>
<tr>
<td>Upper Peninsula Total Health Plan</td>
<td><strong>OTC-covered with RX 90 days/year</strong></td>
<td>**<a href="http://www.michigan.gov**">www.michigan.gov**</a></td>
</tr>
<tr>
<td>1-800-955-2869</td>
<td></td>
<td>Michigan Tobacco**</td>
</tr>
</tbody>
</table>

**Rx**: Prescription required for coverage

**PA**: Prior Authorization

**CL**: Quantity Limit

**SA**: Step 2/Step 3 Program

**Notes**: The member may obtain brand name drug, but may have an additional co-pay (higher cost).

Benefits are subject to change at each carrier’s discretion.

Check with your carrier to confirm coverage eligibility.
Diagnosis and Billing Codes

- ICD-9 305.1 Tobacco Use Disorder will become:
- ICD-10 F17.2 Nicotine Dependence with multiple use subsections

- CPT 99406
  - Intermediate
  - Smoking and tobacco-use cessation counseling visit more than 3 minutes, up to 10 minutes.

- CPT 99407
  - Intensive
  - Smoking and tobacco-use cessation counseling visit more than 10 minutes.
Telephone Quitlines
Tobacco Quitlines

- Work in conjunction with physician intervention.
- Can provide the treatment intensity that often cannot be provided in a clinical setting due to time constraints.
- Provide feedback to physicians and health plans on patient progress.
- Increase access to treatment and reduce barriers.
- Can provide assistance in multiple languages.
The Michigan Tobacco Quitline

- 1-800-QUIT-NOW (784-8669)
- 1-877-777-6534 (TTS)
- Calls answered 24 hours a day year round
- Counseling appointments available between 7 am to 1 am EST
- Provides:
  - Referrals to local programs
  - One time counseling
  - Intensive counseling proactive sessions
  - Unlimited reactive calls for one year
  - Free NRT to the uninsured
  - Self-help materials
  - Text-messaging or emails
Michigan Tobacco Quit Line Services

- All Michigan Callers Receive
  - Information & Referral, Online Program
  - Text Messaging

- Medicaid & Veterans
  - Counseling
    - 4 sessions for general enrollees
    - 9 sessions for prenatal

- Medicare, Uninsured, Prenatal, Cancer Patients & County Health Plan
  - Counseling (same as above)
  - Up to 8 weeks of nicotine patch, gum or lozenge
Michigan Tobacco Quitline FAX Referral Form

Fax Number: 1-800-663-3314

Provider Information:
Fax Send Date: __/__/___

Clinic Name: ________________________

Health Care Provider: ____________________________

Fax Contact Name: ________________________

I am a HIPAA-Covered Entity (Please check one) □ Yes □ No □ I Don’t Know

Fax: (_____) _______ Phone: (_____) _______

Comments: ____________________

Patient Information:

Gender: Male / Female
Pregnant? Y N

Name: ________________________ DOB: __/__/___

Address: ________________________ City: ___________ Zip: ___________

Primary #: (_____) _______ Secondary #: (_____) _______

Types: ______ HM ______ WK ______ CELL ______ OTHER

Language Preference: (check one) ______ English ______ Spanish ______ Other ______

Tobacco Types (check ALL that apply): ______ Cigarettes ______ Snuffless Tobacco ______ Cigar ______ Pipes

I am ready to quit tobacco and request the Michigan Tobacco Quitline contact me to help (Initial) me create my quit plan.

I DO NOT give my permission to the Michigan Tobacco Quitline to leave a message (Initial) when contacting me.

Congratulations on having taken this important step! Telephone support from a Tobacco Treatment Quit Coach® will greatly increase your chance of success.

Patient Signature: ________________________ Date: __/__/___

The Michigan Tobacco Quitline will call you. Please check below the BEST 3-hour time frame during the week for them to reach you. NOTE: The Quitline is open 7 days a week call attempts over the weekend may be made at times other than during this 3-hour time frame.

☐ 8am - 9am ☐ 9am - 12pm ☐ 12pm - 3pm ☐ 3pm - 6pm ☐ 8pm - 9pm

Within this 3-hour time frame, please contact me at (check one): ________hm/____ wk/____ call
Upcoming Awareness Events

- September: National Recovery Month
- November: Lung Cancer Awareness and COPD Awareness Month.
- December: New Year’s Resolutions
American Cancer Society Great American Smokeout
Thursday, November 20

- Time to plan
- What can your sites do to promote the American Cancer Society Great American Smokeout?

BRAINSTORM!
With Special Thanks to:

- Gregory S. Holzman, MD, MPH
  Formerly, Chief Medical Executive, MDCH
- Wendy Bjornson, MPH
  Director, Tobacco Cessation Leadership Network
- Some of the slides in this presentation were borrowed from previous lectures.
References


Karen S. Brown, MPA
Michigan Department of Community Health
Tobacco Control Program
517-335-8803
brownks@michigan.gov