



<b>Body System:</b> Psychogenic		
<b>Session Topic:</b> Smoking Cessation and Tobacco Use Prevention		
<b>Educational Format</b>		<b>Faculty Expertise Required</b>
<b>REQUIRED</b>	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
<b>OPTIONAL</b>	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>
<b>Professional Practice Gap</b>	<b>Learning Objective(s) that will close the gap and meet the need</b>	<b>Outcome Being Measured</b>
<ul style="list-style-type: none"> <li>Family physicians should screen all patients for tobacco use and counsel them to quit smoking.</li> <li>Family physicians should be able to educate patients about the health risks of tobacco use.</li> <li>Family physicians may need additional guidance or training to offer effective smoking cessation tools and resources.</li> <li>Family physicians should be able to help patients develop an individualized smoking cessation plan.</li> <li>Family physicians should understand the evidence base behind currently available pharmacotherapy and know when and how to prescribe these treatments.</li> </ul>	<ol style="list-style-type: none"> <li>Screen all adult patients and pregnant women for tobacco use.</li> <li>Educate patients, utilizing motivational interviewing, about the health risks of tobacco use.</li> <li>Create an individualized smoking cessation plan for patients.</li> <li>Know how to prescribe tobacco cessation pharmacotherapy and evidence base behind various therapies.</li> </ol>	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.
<b>ACGME Core Competencies Addressed</b> (select all that apply)		
X	Medical Knowledge	Patient Care



X	Interpersonal and Communication Skills	Practice-Based Learning and Improvement
	Professionalism	Systems-Based Practice
<b>Faculty Instructional Goals</b>		
<p>Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.</p> <ul style="list-style-type: none"> <li>• Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy &amp; reference citations</li> <li>• Facilitate learner engagement during the session</li> <li>• Address related practice barriers to foster optimal patient management</li> <li>• Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the <u>References</u> section below are a good place to start <ul style="list-style-type: none"> <li>○ Visit <a href="http://www.aafp.org/journals">http://www.aafp.org/journals</a> for additional resources</li> <li>○ Visit <a href="http://familydoctor.org">http://familydoctor.org</a> for patient education and resources</li> </ul> </li> <li>• Provide recommendations regarding screening all adult patients and pregnant women for tobacco use.</li> <li>• Provide resources and strategies to educate patients, utilizing motivational interviewing, about the health risks of tobacco use.</li> <li>• Provide recommendations for creating an individualized smoking cessation plan for patients.</li> <li>• Provide recommendations and evidence-based sources regarding the prescribing of tobacco cessation pharmacotherapy and evidence base behind various therapies.</li> </ul>		

**Needs Assessment**

Cigarette smoking is the leading preventable cause of death in the United States. Cigarette smoking causes more than 480,000 deaths each year in the United States. This is nearly one in five deaths.<sup>1</sup> Family physicians are uniquely positioned to offer health promotion for their patients in order to help them understand harmful behaviors and activities that compromise their health. Smoking is one of the most damaging activities patients can engage in because it leads to decreased lung functioning and can eventually cause chronic obstructive pulmonary disease and several types of cancers. It is estimated that approximately 46 million people (20.6% of all adults) in the United States currently smoke cigarettes, and each day an estimated 1,000 young people (between the ages of 12 and 17 years) become daily cigarette smokers.<sup>1</sup> Cigarette smoking causes an estimated 438,000 deaths each year, and approximately 38,000 deaths are caused each year by exposure to second smoke.

**Practice Gaps**

Data from a recent American Academy of Family Physicians (AAFP) CME Needs Assessment survey indicate that family physicians have statistically significant and meaningful gaps in the medical skill necessary to provide optimal smoking cessation and tobacco use prevention



management.<sup>2</sup> More specifically, CME outcomes data from 2014 AAFP Assembly (currently FMX) *Smoking Cessation and Tobacco Use Prevention* sessions, suggest that physicians have knowledge and practice gaps regarding combination therapy; appropriate dosing of tobacco cessation medications; effective counseling strategies; and being aware of available patient education and supportive resources.<sup>3</sup>

Family physicians should educate patients regarding the risks associated with smoking and encourage them to consider quitting.<sup>4</sup> A combination of behavioral therapy, support groups and pharmacotherapy may be necessary to help patients quit smoking. Only approximately 4% to 7% of people can quit smoking without medication or other help. Studies have reported that approximately 25% to 33% of smokers who use medication remain smoke-free for more than 6 months.<sup>5</sup>

Physicians may improve their care of patients with smoking cessation and tobacco use prevention by engaging in continuing medical education that provides practical integration of current evidence-based guidelines and recommendations into their standards of care, including, but not limited to the following:<sup>4</sup>

- All adults should be screened routinely for tobacco use.
- All smokers should be encouraged to quit at every clinical contact.
- Motivational interventions should be used with patients who are not yet ready to quit smoking.
- Physicians should encourage appropriate patients to use effective medications for treatment of tobacco dependence to improve quit rates.
- Heavy smokers should be encouraged to use higher dosages of a nicotine replacement therapy, or more than one form (“patch plus” regimen).
- Pregnant smokers should be offered person-to-person psychosocial interventions that exceed minimal advice to quit.
- Sustained-release bupropion (Zyban) or a nicotine replacement therapy (particularly gum and lozenges) may be more appropriate for smokers who are concerned about weight gain after quitting.

The U.S. Preventive Services Task Force (USPSTF) and the AAFP finalize recommendation on smoking cessation in adults. These recommendations are summarized as follows:<sup>6,7</sup>

- The AAFP recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco. (2015)
- The AAFP recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. (2015)
- The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant women. (2015)
- The AAFP concludes that the current evidence is insufficient to recommend electronic nicotine delivery systems (ENDS) for tobacco cessation in adults, including pregnant women. The AAFP recommends that clinicians direct patients who smoke tobacco to



other cessation interventions with established effectiveness and safety (previously stated). (2015)

- The AAFP recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents. (2013)

A study published in the May/June issue of *Annals of Family Medicine* ([www.annfammed.org](http://www.annfammed.org)) examined use of the Ottawa Model for Smoking Cessation (OMSC) in primary care practices and found it successful in increasing rates of tobacco cessation treatment delivery. The model was tested in 32 primary care practices in Ontario, Canada, with 481 clinicians and 3,870 patients participating.<sup>8</sup> Continuing medical education for physicians should include an overview of this program, along with recommendations for implementation strategies.

Physicians should also be kept up to date on new treatment therapies, changes to therapies, or warnings associated with existing therapies. Provide recommendations regarding new FDA approved medications for smoking cessation; including safety, efficacy, tolerance, and cost considerations relative to currently available options. Recently (2016), the FDA has removed the *Boxed Warning* from varenicline, warning about potential neuropsychiatric side effects.<sup>9</sup>

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented. As such, physicians require continuing medical education to assist them with making decisions about specific clinical considerations.

#### Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- Promoting smoking cessation<sup>4</sup>
- AAFP Tobacco and Nicotine Prevention and Control (several resources)<sup>10</sup>
- Adding health education specialists to your practice<sup>11</sup>
- Envisioning new roles for medical assistants: strategies from patient-centered medical homes<sup>12</sup>
- Engaging Patients in Collaborative Care Plans<sup>13</sup>
- Health Coaching: Teaching Patients to Fish<sup>14</sup>
- Encouraging patients to change unhealthy behaviors with motivational interviewing<sup>15</sup>
- FamilyDoctor.org. Tobacco Addiction | Overview (patient education)<sup>16</sup>

#### References



1. Centers for Disease Control and Prevention. Smoking & Tobacco Use: Health Effects of Cigarette Smoking. *Data and Statistics* 2017;
2. AAFP. 2012 CME Needs Assessment: Clinical Topics. American Academy of Family Physicians; 2012.
3. American Academy of Family Physicians (AAFP). AAFP Assembly CME Outcomes Report. Leawood KS: AAFP; 2014.
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5. American Cancer Society. How to Quit Smoking or Smokeless Tobacco. 2017;
6. National Guideline C. Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women: U.S. Preventive Services Task Force recommendation statement. 2015;
7. American Academy of Family Physicians (AAFP), U. S. Preventive Services Task Force. Tobacco Use. *Clinical Preventive Service Recommendation* 2015;
8. Crawford C. Study Highlights Success of Ottawa Model for Smoking Cessation. *AAFP News*. 2016.
9. U.S. Food and Drug Administration. FDA Drug Safety Communication: FDA revises description of mental health side effects of the stop-smoking medicines Chantix (varenicline) and Zyban (bupropion) to reflect clinical trial findings. *Drug Safety and Availability* 2016;
10. American Academy of Family Physicians (AAFP). Tobacco and Nicotine Prevention and Control. *Patient Care* 2017;
11. Chambliss ML, Lineberry S, Evans WM, Bibeau DL. Adding health education specialists to your practice. *Family practice management*. 2014;21(2):10-15.
12. Naughton D, Adelman AM, Bricker P, Miller-Day M, Gabbay R. Envisioning new roles for medical assistants: strategies from patient-centered medical homes. *Family practice management*. 2013;20(2):7-12.
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15. Stewart EE, Fox CH. Encouraging patients to change unhealthy behaviors with motivational interviewing. *Family practice management*. 2011;18(3):21-25.
16. FamilyDoctor.org. Tobacco Addiction | Overview. 2009;