

# Making It Work

#### Incorporating cessation practices



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QUİTWORKS-RI



### **Objectives**

- Recall the brief intervention model: "the 5As"
- Describe the service provided by QuitWorks-RI
- Incorporate a sustainable health systems change in tobacco treatment at your healthcare setting
- Utilize the "3As" and empower your team in smoking cessation





ASK about tobacco use at every visit

ADVISE all tobacco users to quit

**ASSESS** willingness to quit

ASSIST the patient in quitting

ARRANGE follow-up contact

Each of these interventions can independently double quit rates



Your advice to quit Counseling longer than ten minutes Pharmaceuticals in the form of cessation medications or NRT

## Estimated Abstinence Rates by Clinician Type (n=29 studies)



Type of clinician	Estimated abstinence rate (95% C.I.)	Estimated odds ratio (95% C.I.)
No clinician	10.2	1.0
Nonphysician clinician	15.8 (12.8, 18.8)	1.7 (1.3, 2.1)
Physician clinician	19.9 (13.7, 26.2)	2.2 (1.5, 3.2)

## Estimated Abstinence Rates by Length of Contact (n=43 studies)



Length Contact	Estimated abstinence rate (95% C.I.)	Estimated odds ratio (95% C.I.)
No Contact	10.9	1.0
Counseling < 3	13.4	1.3
minutes	(10.9, 16.1)	(1.01, 1.6)
Counseling 3-10	16.0	1.6
minutes	(12.8, 19.2)	(1.2, 2.0)
Counseling > 10	22.1	2.3
minutes	(19.4, 24.7)	(2.0, 2.7)

#### Effectiveness of First Line Meds: Results from Meta-Analysis (n=83 Studies)



Medication	Odds Ratio	Estimated Abstnence Rate
Varenicline	3.1	33.2
Nasal Spray	2.3	26.7
Inhaler	2.1	24.8
Bupropion SR	2.0	24.2
Patch	1.9	23.4
Gum	1.5	19.0