

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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1



Integrating the Treatment of Tobacco Dependence into the Wisconsin Behavioral Health Care Delivery System: Where do We Stand and How do We Motivate Our Patients to Quit?

WPPNT
November 6, 2014 and April 23, 2015

Objectives:

1. Part 1: How do you treat tobacco dependence, especially smokers who are not motivated to make a quit attempt? (clinical change)
2. Part 2: Integrating the treatment of tobacco dependence into the Wisconsin behavioral health care system (system change)



3

Outline

1. Brief review
2. Results of a recent Wisconsin integration survey
3. Comments from programs that are integrating
 - Kathy Rohr, Regional Community Support Program Coordinator, Family and Children's Center, La Crosse
 - Brenda Goettl, Clinical Supervisor, LE Phillips Libertas, Chippewa Falls
4. Tell us about your efforts to treat tobacco dependence



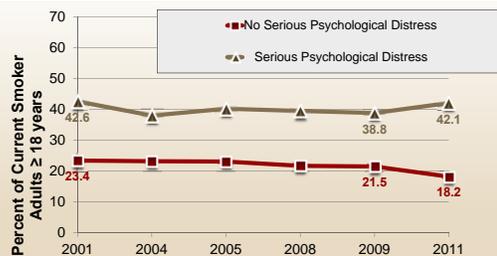
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1. Brief Review



5

Smoking rates of those with mental illness



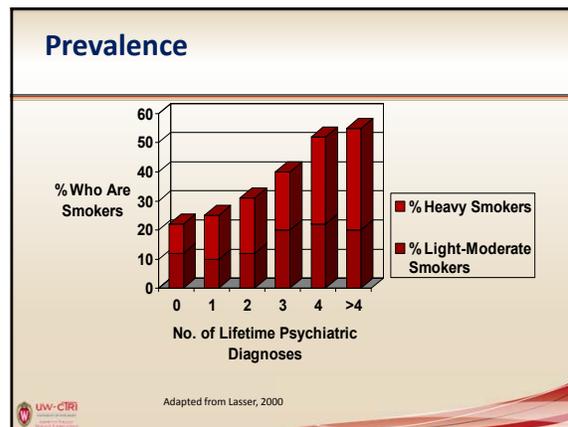
Sources: National Household Survey on Drug Abuse, United States—2000-2001
National Survey on Drug Use and Health—2004-2011



Tobacco Use by Diagnosis

Schizophrenia	62-90%
Bipolar disorder	51-70%
Major depression	36-80%
Anxiety disorders	32-60%
Post-traumatic stress disorder	45-60%
Attention deficit/hyperactivity disorder	38-42%
Alcohol abuse	34-80%
Other drug abuse	49-98%

(Beckham et al., 1995; De Leon et al., 1995; Grant et al., 2004; Hughes et al., 1986; Lasser et al., 2000; Morris et al., 2006; Pomerleau et al., 1995; Stark & Campbell, 1993; Ziedonis et al., 1994)



2. Wisconsin Integration Survey

How much have we integrated addressing tobacco dependence into our mental health/substance use disorder care delivery system?

WiNTiP

Wisconsin Nicotine Treatment Integration Project

Mission: Integrate the treatment of tobacco dependence into the Wisconsin mental health and substance use disorder care delivery systems

Funded by the Tobacco Prevention and Control Program, Division of Public Health and the Bureau of Prevention, Treatment, and Recovery, Division of Mental Health and Substance Abuse Services both in the Wisconsin Department of Health Services

Survey Construction

<http://www.ctri.wisc.edu/tobaccofree.pdf>

Developed by WiNTiP (Wisconsin Nicotine Treatment Integration Project) and sponsored by the Wisconsin Department of Health Services. HelpUsQuit.org

Integration Standards



13

Survey Description

1. 76 questions
2. 10 measured program qualities
3. 53 measured integration across three domains:
 - a. Tobacco policy (27 items)
 - b. Providing evidence-based tobacco dependence treatment (23)
 - c. Helping staff quit (3)
4. 12 attitude questions
5. 1 open ended question



14

Tobacco Policy Questions

- Combustible, non-combustible, e-cigarettes
- In facility, on grounds, in cars on grounds
- Signage and Web
- Signed by patients
- Told to volunteers
- Enforcement policy
- Escalating enforcement



15

Treating Tobacco Dependence Questions

- Assess all patients for tobacco use
- Make diagnosis, part of treatment plan
- Provide cessation medicines
- Provide counseling
- Provide motivational intervention
- Provide staff training
- Part of staff evaluation



16

Helping Staff Quit Questions

- Provide resources
- Covered by health insurance
- Includes volunteers



17

Survey Procedures

- Database of contacts for all certified programs
- Redundancy of contacts eliminated (asked to respond on behalf of a single, named location)
- Final pool – 620
- E-mail announcement a week before
- Two e-mail reminders
- \$10.00 thank you
- Calculated scores as points earned as a percent of points that could have been earned (excludes NA)



18

Results

- Response rate – 27.1%
- Responders did not differ from non-responders on number of certifications, type of certification, and ZIP three



19

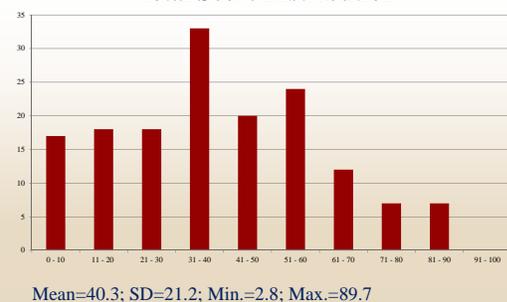
Results

- 49.7% treat both mental illness and substance use disorders; 36.6% primarily mental illness
- 95.0% treat both men and women
- 96.9% treat adults; 67.5%, adolescents; 58.1%, children
- Average number of certifications: 1.8
- Average annual treated patients: 819
- Average number of employees: 31.9
- Treatments in more than one building at that location: 21.9%
- Share space with other organizations: 53.8%



20

Total Score Distribution



21

Policy Questions: Selected Results

- 78.5% have a tobacco use policy
- Least included element is prohibition of e-cigarettes in cars on grounds (14.0%)
- 64.8% signs in building; 43.1% signs on grounds
- Posted on 21.5% of web sights
- 10.7% have patient sign policy
- 82.1% enforce with employees as any other work violation
- Only 33.0% have policy for consequences to patients
 - Of those, 40.4% have escalating consequences for repeat offenses
 - Of those, 33.3% include discharge/transfer (2.9% of all)



22

Treatment Questions: Selected Results

- 89% record smoking status
- 18% make the diagnosis
- 57.7% assess interest in quitting
- 39.1% provide motivational intervention for those that don't want to quit
- 70.0% provide support to those that want to quit
- 62.1% provide cessation medications (or explain why not)
- 57.9% make referrals to the Wisconsin Tobacco Quit Line



23

Treatment Questions: Selected Results (cont.)

- 32.4% inform users about outside resources at time of discharge
- 28.1% provide a relapse prevention plan at time of discharge
- 44.1% of programs that treat a significant number of American Indians make a distinction between sacred and commercial tobacco
- 83.6% do **not** provide specific training to staff
- 89.5% of those that do formal clinician evaluations do **not** include an evaluation of treating tobacco dependence skill
- For those programs that do formal QA such as chart reviews, only 21.6% check for the presence of a tobacco dependence treatment plan

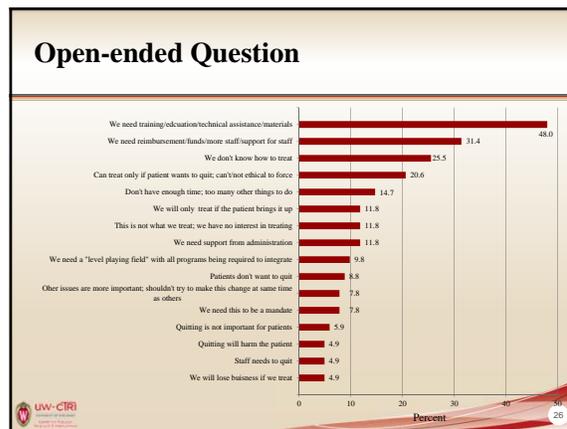


24

Attitude Questions

	Mean ¹
Patients won't accept treatment if we also require them to quit using tobacco.	3.59
We need support and technical assistance if we are to treat tobacco dependence.	3.58
I'm not sure how to bill for tobacco dependence treatment.	3.49
If we require patients to stop smoking they will go to a different treatment program.	3.42
We would do more to integrate the treatment of tobacco dependence if our staff had better training.	3.39
It's a good idea to treat tobacco dependence at the same time that we treat the reason the person came into treatment in the first place.	3.38
We'll get better clinical outcomes if we also treat tobacco dependence.	3.27
We'd be more likely to have a tobacco free policy that is enforced if we had technical assistance and support to make the needed system changes.	3.01
We need a level playing field so that all programs have to be tobacco free before we can go tobacco free.	2.95
Clinic staff don't know how to treat tobacco dependence.	2.86
Our patients want to quit.	2.70
Treating tobacco dependence is a vital part of our mission.	2.70

¹ 1 = strongly disagree to 5 = strongly agree



- ### Thanks to:
- WiNTiP team:
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 - Sandy Keller
 - Dave Macmaster
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- Additional CTRI survey staff:
- Rachel Berger
 - Katrina Bundy
 - Samantha Dunn
 - Elizabeth Sargent

For more information....

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Watch for on-line integration training by 1-1-16



- ### 3. Comments from the field
- Kathy Rohr, Regional Community Support Program Coordinator, Family and Children's Center, La Crosse
 - Brenda Goettl, Clinical Supervisor, LE Phillips Libertas, Chippewa Falls

4. Tell us about your efforts to treat tobacco dependence

