



# Physicians Counseling Smokers Office Practice Newsletter

Second Edition

Spring 1992

## The Art of Making Referrals

**When to Refer:** Your patient has attempted to quit smoking several times. But she has not been able to get beyond the first week of cessation. Is this the time to refer to a formal program?

Reviews of randomized studies of physician-delivered interventions have shown that smoking cessation rates are higher when contacts are more frequent, more intensive, and include multiple modalities. If the patient's first attempts show that more skills and support are needed, stepping up to a more intensive treatment may be a good idea.

**Making Referrals Stick:** Physician's advice on referral is very influential. However, the advice is more likely to be accepted with a specific recommendation, a phone number, and with a description of what to expect (see the PCS Smoking Cessation Resource Directory). The most effective smoking cessation programs will address both the physical and behavioral aspects of smoking. As you would in prescribing medication, match the treatment intensity with the patient's needs, considering cost and convenience to improve adherence. Then, follow-up to reinforce and/or to offer another referral, if needed.

## Nicotine Patch Update

**The newest patch.** *Prostep*, marketed by Lederle, has recently joined the market. It differs in some important respects from Nicoderm and Habitrol. First, it is currently available in only one strength, 22mg. with average plasma nicotine levels most similar to 14mg Nicoderm and 21mg Habitrol. While an 11mg patch was also approved, it will not be available in the near future. This rationale allows Lederle to capitalize on the lower cost of a one-patch system and is based on the initial Prostep trial results. Patients receiving a six-week course of 22mg Prostep patch had approximately two times the abstinence rates at the end of treatment as placebo controls. However, published six months and one year outcomes did not show any significant differences, suggesting a higher relapse rate for the active treatment group. This was not found when Nicoderm and Habitrol were used with tapering to lower dose patches and *suggests that tapering is an important component of nicotine patch treatment.*

Lederle also offers rebates to patients for subsequent courses of Prostep if they relapse. Patients must register with the program's 800 number to be eligible for rebates and to receive telephone counseling.

**Managing relapse.** Controlled studies have found that more than 70% of smokers attempting to quit using the nicotine patch will relapse, even when they receive behavioral counseling. However, you and your office staff can help your patient to overcome relapse and eventually quit smoking for good. **First** - help your patients to anticipate the possibility of relapse as a normal part of quitting and to not give up if it should occur. **Next** - offer the patient a follow-up visit or phone call. **Third** - if the patient has slipped or relapsed, help him or her learn what to do differently for the next attempt. If the patient relapsed as a result of withdrawal symptoms, you may need to increase the patch dose or suggest cutting down before attempting to quit with the patch.



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## Guest Column

### *The Office Staff's Role in Smoking Cessation*

By Robin Rodgers, R.N.C. & Janet Berard, R.N.C.

As a private family practice clinic in R.I., we feel as though we have a unique opportunity to access a great number of families and encourage more healthy lifestyles. The two Family Medicine Doctors and two Family Nurse Practitioners treat people in families that sometimes span two generations or more. The impact our teaching has on one person is often passed down through other family members. As Nurse Practitioners, we often see patients on a more regular basis for routine problems. As such we often take the opportunity to do health promotion and health prevention teaching. We always have counseled patients about smoking, since it is one of the top health risks.

In our office, when patients request an appointment to discuss smoking cessation, they are referred to one of the physicians or to one of the nurse practitioners, depending on whether medical issues are present. The physician or nurse practitioner continues to monitor the patients' progress through bi-weekly follow-up sessions. The initial counseling session takes 1/2 hour and bi-weekly sessions are about 15-20 minutes. In between follow-up appointments we designate an office staff member who contacts the patients by phone. A 3-carbon copy form is kept to record and facilitate weekly follow-up phone contacts. We feel the results far outweigh our efforts.

With the help of PCS we are now able to offer a much wider variety of resources. We now focus our teaching strategies from stage to stage as patients go through the process of stopping their smoking habit. The patches have, for the most part, helped encourage people to come in and ask about smoking cessation. We also can and do use our opportunities as Nurse Practitioners to help patients see the habit-illness connection, specifically with regards to smoking. We have used the material and guidelines set down by the PCS program to help entire families "Kick the Habit".



Both nurse practitioners are employed by Gary Cummins, M.D., and Arthur Frazzano, M.D., in the Portsmouth Family Practice Center.

## Q & A:

***“What are the best patient education materials to help my patients quit smoking?”***

The best education materials are the ones that meet the specific needs of smoking patients. While some patients are ready to quit, others may or may not be thinking about it. It is important to determine your patient's readiness to quit prior to making recommendations for quitting. This can be done by simply asking if he or she is considering quitting smoking. It is also useful to learn if your patient has any past experience with quitting, along with specific fears about trying again. This assessment will help you choose a strategy, including educational materials that most closely address your patient's concerns about quitting.

Pamphlets providing information that seriously encourage patients to consider quitting are often useful for smokers in the early stages of quitting (“precontemplators” and “contemplators”). Examples of such materials are quizzes or assessments that allow patients to learn more about their smoking habit, and informational brochures that emphasize the benefits of quitting for both the patients and those around them. In contrast, materials that focus on specific steps of quitting are more appropriate for patients who are actively trying to kick the habit (those in “action” and “maintenance”).

In the NCI manual, which was given to you by our project, appendices C and D offer resource suggestions, descriptions, and ordering information. If you would like to see samples of these pamphlets or discuss the best way for using these resources, call our PCS consultants.

*Q & A: Have a question of general interest? Ask your PCS Office Practice Consultant -- or call 331-8500, ext. 3731, and PCS will answer it.*

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PCS would like to thank Marion Merrell Dow for their contribution to publishing this newsletter.

## The New “Freedom From Smoking” Clinic!

The American Lung Association has recently revised their group program with a systematic approach to quitting. The focus on behavior change emphasizes the benefits to health and mastery of one’s own life. Activities and assignments show smokers how to change their behavior; they also incorporate new features in nutrition and exercise. Anyone can stop smoking but the difficult part is staying off. *The major difference between FFS and other programs is that it deals with Maintenance.* The program consists of 7 sessions:

### Session 1: “On The Road to Freedom”

- Decision Process
- Studying The Habit
- Building Motivation

### Session 2: “Wanting to Quit”

- Nicotine Fading
- Coping With Urges

### Session 3: “Quit Day”

- Cigarette Discarding Ritual
- Survival Kit

### Session 4: “Winning Strategies”

- Recovery and Support

### Session 5: “The New You”

- Stress Management
- Weight Control

### Session 6: “Staying Off”

- Active Fun - Exercise
- Assertive Communication

### Session 7: “Celebration”

- Relapse Prevention
- Graduation

This newly revised clinic is a very comprehensive behavior oriented program geared toward group interaction and support. The program cost is \$75 per person & is available at various locations throughout the state. Contact the Rhode Island Lung Association at 1-401-421-6487 for more information.

*In future reviews we will feature other formal smoking cessation programs.*

## \$ What About Patch Reimbursement?

With the cost of a typical prescription for a 3 stage nicotine patch running around \$350, patients and physicians alike are wondering about reimbursement. The popularity of the patches seems to have caught us all by surprise! Everyone is wondering: Is a support group important? Is behavior modification necessary? How many times will a person potentially relapse? These answers just aren’t known yet, but insurance companies are beginning to “think” about reimbursement. This is where they are as of this writing:

**HARVARD HEALTH.** Federal patients are not covered. Other patients are covered under their prescription rider, provided they have an initial appointment with a physician and have follow-up appointments at 3 month and 6 month intervals. These patients are also required to attend a supportive, behavioral skills training program.

**BLUE CROSS.** This company is paying for the patches as long as they are FDA approved. There are no restrictions yet. But they are looking at different options of tightening-up reimbursement, perhaps by requiring patients to attend small group sessions - either in-house or by referring to an outside agency. BLUE CROSS has 3 prescription reimbursement plans and they function in the following ways:

SCRIPT	20% Co-pay
MAJOR MEDICAL	deductible + 20% Co-pay
FEE-FOR-SERVICE	\$2 to \$3 Co-pay

**PILGRIM.** Patches fit under their medical rider with a \$5 Co-pay. They are now working on developing guidelines for use and for reimbursement.

**AETNA, TRAVELERS, NEW YORK LIFE AND PACIFIC MUTUAL.** All are beginning to review old policy and to establish new policy on the patches. To date, they report no claims have been submitted.

**OCEAN STATE.** The patient must file an enrollment form to be reimbursed 50% of the cost - up to \$400 for the patch combined with a behavioral/support program.

**MEDICAID.** There is no reimbursement for anyone.

**JOHN HANCOCK.** Company policies are all individually negotiated. Thus, benefit plans vary.



*Physicians Counseling Smokers*  
*Miriam Hospital*  
*Center for Health Promotion*  
*Providence, RI 02906*



## **Coming Event for Physicians and Office Staff!!**

### **Edgehill Newport CME Training Session**

Monday, June 1, 1992, 6 to 9 P.M.  
Edgehill Newport, 200 Harrison Avenue, Newport, RI

**“The Role of the Health Care Professional in Treating Nicotine Dependence”**

Michael G. Goldstein, M.D. & Catherine Dube, Ed.D.

**Register now! Deadline is May 22, 1992**  
**Please call Alice Baker at 331-8500, ext. 3731.**