Self-Management Programs

Grantee In-Person Training
June 9, 2015

Oregon Health Authority

What is Self-Management?

With people at your table, take 5 minutes to create a list self-management programs.

Oregon Health Authority

How many thought of cessation as a self-management program

What are key components of these programs?

Cessation and Self-Management Programs

- What are the or differences?
- What are the similarities?

Oregon Health Authority

Differences between chronic disease and acute disease

Cessation strategies- just counseling and medications or are environmental (policy) strategies included?

Components of Self-management programs

- Goal setting
- Problem solving
- Social support
- Practicing behaviors to increase self-efficacy
- Learning from practice attempts (or failed quit attempts)

Reframing cessation as a continuous event, rather than a one-time event (personal continuous quality improvement).

Oregon Health Authority

Average number of quit attempts is between 8 to 11 times

Only about 4% to 7% of people are able to quit smoking on any given attempt without medicines or other help.

The American Cancer Society estimates that "between about 25% and 33% of smokers who use medicines can stay smoke-free for over 6 months.

Framing tobacco addiction as a chronic disease

- USPHS Clinical Practice Guidelines call for a "chronic disease model" for treating tobacco dependence.
- What is the chronic disease model?

Oregon Health Authority

If tobacco dependence is recognized as a chronic disease, clinicians will better understand the relapsing nature of the condition and the requirement for ongoing, rather than just acute, care. The existence of numerous effective treatments gives the clinician and patient many options should repeated quit attempts be needed.

A chronic disease model emphasizes for clinicians the importance of continued patient education, counseling, and advice over time.

Chronic Disease Model

A chronic disease model recognizes the long-term nature of the disorder with an expectation that patients may have periods of relapse and remission.

A chronic disease model emphasizes for clinicians the importance of continued patient education, counseling, and advice over time.

Oregon Health Authority

The manner in which our society discusses smoking and tobacco dependence treatment reveals several biases that underscore an agenda seeking to “cure” smoking in a defined period of time instead of treating it as a chronic condition. Examples include:

- smokers “quit” smoking
- insurers reimburse a set number of counseling sessions or medication prescriptions per year

It is typical for people diagnosed with diabetes, hypertension, and high cholesterol to be on treatment medications for decades, if not for the patient’s lifetime. These medications are commonly reimbursed by most insurance plans. In contrast, tobacco cessation pharmacotherapies often are not covered at all, and if covered, often carry a limit in terms of the duration of allowable use. The differences in coverage for the leading risk factor of cardiovascular disease reflect the bias against treating smoking as a chronic disease and need to be corrected.

Continuum of Care for Treatment of Tobacco Dependence

- Each smoker possesses a unique severity of dependence and need for treatment.
- As with other chronic diseases, smoking needs to be treated across a continuum of care. Tobacco dependence treatment can occur in a variety of settings, each of which contributes an important component to comprehensive care.

Oregon Health Authority

Continuum of Care for Treatment of Tobacco Dependence

Primary care setting

- remains one of the most important delivery sites for tobacco treatment.
- allows for longitudinal care with familiar clinicians, regular follow-up, and awareness of the patient's full medical and psychiatric history.
- access to all cessation pharmacotherapies*

Oregon Health Authority

It also provides potential access to all cessation pharmacotherapies, including prescription-only medications, written by the patients' provider at the time of the visit. However, the primary care setting does present barriers for tobacco treatment.

Providers perceive tobacco treatment encounters as time consuming, so a lack of time is typically identified as an issue, as are competing priorities, lack of training, and poor reimbursement. However, certain system interventions can help improve the delivery of tobacco treatment in primary care, such as a universal system for tobacco use identification, provider reminders, dedicated staff, proper training on effectively treating tobacco dependence, and referral systems.

Continuum of Care for Treatment of Tobacco Dependence

Repeated contact at multiple encounters across health care settings:

- nurses
- respiratory therapists
- psychologists
- physicians
- social workers
- dentists
- addiction counselors
- health educators
- pharmacists

Oregon Health Authority

What are some settings that you have supported in tobacco cessation activities?

Continuum of Care for Treatment of Tobacco Dependence

- Tobacco treatment and education can be delivered outside of the health care setting
- Where is your community?

such places as health fairs, workplaces, 12-step programs (eg, Nicotine Anonymous), correctional facilities, addiction treatment programs, day programs, halfway houses, and so forth.

No "one-size-fits-all" solution

- Multiple tobacco treatment modalities provide an individualized level of care, including:
  - Medications
  - Counseling
  - Length of interventions

Oregon Health Authority

Just as one would not simply offer all patients with cardiac disease the sole option of bypass surgery regardless of their specific disease severity or needs, these. Multiple treatment options exist for patients with cardiac disease, including primary prevention medications (eg, statins), secondary prevention medications (eg, β-blockers, nitrates, aspirin), angioplasty, pacemaker/ defibrillator, and bypass surgery. Just as cardiac disease is not a "one-size-fits-all" condition, a continuum of care is appropriate for all chronic conditions, including smoking.

Oregon Health Authority