

Executive Summary: Investigating How to Change Systems of HIV Care in Oregon to Support Smoking Cessation

Background:

Many people living with HIV (PLWH) use tobacco, which is associated with preventable adverse health outcomes. However, little is known about how to tailor cessation interventions for PLWH.

In Oregon, the tobacco burden is high among clients in our AIDS Drug Assistance Program (ADAP), known locally as CAREAssist. CAREAssist provides health insurance coverage, co-pays, and prescription drugs to more than 3,000 low-income PLWH in Oregon. The CAREAssist Program has been tracking smoking prevalence and quit behaviors among its client population since 2006. About 42% of CAREAssist clients identified as current smokers on surveys in 2006 and 2009, compared to about 19% of adult Oregonians.

Most CAREAssist clients who smoke say they want to quit, and smoking cessation resources, including payment for pharmacotherapy and full coverage for counseling through the Oregon Tobacco Quit Line, has been available to them since 2008. However, these resources have been underutilized.

Program Design & Evaluation Services, a research and evaluation unit within the Multnomah County Health Department and Oregon Public Health Division, received a grant from the National Institutes of Health in 2011-2013 to conduct a study about this issue. The purpose of the study was to learn more about current HIV medical provider and HIV case manager knowledge, attitude, and practices regarding tobacco cessation and to describe client-level, provider-level, and system-level barriers related to smoking cessation in order to inform interventions.

Methods & Study Population:

In this qualitative study, we conducted in-depth, open-ended interviews and focus groups with HIV case managers and HIV medical providers, and in-depth, open-ended interviews with CAREAssist clients.

In 2012, we interviewed 53 HIV providers in individual and group settings; in 2013, we conducted in-depth interviews that included both closed-ended and open-ended items with 50 CAREAssist clients. The final sample of 103 key informants included:

- 17 medical providers,
- 34 case managers/clinic staff, including nurse case managers, psychosocial care coordinators, and members of the HIV care team like medical assistants, and

- 50 CAREAssist clients, including 42 who were current smokers and 8 who had successfully quit within 1-4 years. Among current smokers, we interviewed 12 clients who had no past-year quit attempts and 30 who had past-year quit attempts.

Key Results:

HIV medical provider and HIV case managers' attitudes, knowledge, and practices regarding tobacco cessation

- Both HIV medical providers and case managers say that helping clients quit is important and fits within their respective scopes of practice. HIV case managers generally focused on psychological issues and behavioral supports, whereas HIV medical providers spoke more frequently about addressing cessation as part of chronic disease management, usually by employing pharmacotherapy and/or nicotine replacement therapy (NRT).
- Still, providers say that ensuring appropriate HIV medical treatment for clients is their top priority. Case managers focus on supporting clients' initial entry and ongoing engagement in medical care, as well as addressing deficits in basic needs that might prevent clients from achieving HIV treatment success. Medical providers said that adherence to ART is their highest priority.
- Provider knowledge about the two main resources that CAREAssist clients can tap for cessation help—the Oregon Tobacco Quit Line and free pharmacotherapies through the CAREAssist Program—varied. Providers were familiar with the Quit Line and the CAREAssist Program, but many were confused about what those programs can do for clients.
- Providers approach cessation very differently, depending on their professional training and role. HIV case managers said that they take a “holistic” and “client-centered” approach, letting the client determine when, how much, or even whether smoking cessation will be addressed. Medical providers said they took a more directive approach with patients, using practices that match the ‘AAR’ model,¹ a briefer version of the ‘5As.’ Specifically they ask about smoking, advise patients to quit, and refer them to resources.

¹ The Centers for Disease Control lists the AAR model as an alternative to the 5As. The model was initially piloted by the American Dental Hygienists' Association as the 'Ask, Advise, Refer Initiative.' It modifies the 5As by emphasizing only 3 steps: 1) ask about tobacco use, 2) advise the patient to quit, and 3) refer the patient to a quit line for telephone counseling in support of cessation. The 5As include the additional steps of assisting the client to access resources and arranging for follow-up.

Provider and system-level barriers to helping clients quit tobacco

- Both HIV case managers and HIV medical providers consistently said that they lack the time it takes to thoroughly address smoking cessation.
- Many providers said they lacked knowledge about specific resources available to clients and believe there are not enough behavioral supports available.
- Medical providers and case managers mentioned two systems that support their efforts to provide cessation screening and counseling: electronic reminders and the inclusion of tobacco use on annual assessment forms.
- Some providers said that insurance companies block payment for multiple quit attempts. However, no clients reported having this experience, so it's difficult to know how pervasive this problem might be.
- Many key informants—clients, case managers, and medical providers—said that the main barrier is client readiness to listen to cessation messaging and to access the available resources, rather than a system barrier.

Client-level barriers to using cessation services, taking cessation pharmacotherapies, and successfully quitting tobacco

Why clients use tobacco and why they want to quit:

- Smoking among CAREAssist clients was most commonly associated with emotional regulation and mental health issues: the two main themes that emerged were stress (smoking as self-medication) and loneliness/isolation (smoking as a companion).
- Most CAREAssist clients who use tobacco said they want to quit. Most have tried to quit many times (median: 5 quit attempts), using a variety of quit methods.
- Clients and providers identified health and finances as the leading client motivators for cessation. Other factors included family, negative impacts on appearance, and smoking bans in apartments, hospitals, or correctional facilities.

Client experiences with NRT and pharmacotherapies:

- Clients reported mixed experiences with NRT and other cessation pharmacotherapies. Many clients had positive experiences with NRT and pharmacotherapies, and some successfully quit.
- Many others experienced side effects from NRT and pharmacotherapies, ranging from mild to serious. However, fears about serious side effects generally did not prevent providers from prescribing cessation meds or keep clients from taking them. Providers said they evaluate whether Chantix and other pharmacotherapies are right for clients on

a case-by-case basis, rather than always considering mental health issues as a contraindication.

- Medication burden did not appear to be a barrier to PLWH choosing cessation pharmacotherapies and taking them as directed.
- Clients who used NRT and other pharmacotherapies overwhelmingly reported that accessing them was easy and involved little or no cost to them.

Client experiences with behavioral supports:

- Despite having free services, most clients did not use the Oregon Tobacco Quit Line during cessation attempts. Many clients believed they did not need the Quit Line because they could quit on their own; others said they did not know about the Quit Line.
- CAREAssist clients who successfully quit emphasized the importance of support.

Main client barriers to quitting and staying quit:

- Clients and providers identified several key barriers to CAREAssist clients quitting smoking and staying quit, including competing needs, tobacco addiction, and lack of social support.

Messaging to help clients get ready to use existing resources to make an effective quit attempt

We identified two issues to address through well-targeted health communications: a lack of awareness of CAREAssist program resources related to tobacco cessation (for both clients and providers) and a lack of readiness among smokers to access resources.

- Many current smokers did not know that CAREAssist provided free smoking cessation resources to them, and many providers seemed unclear about the specific resources to which they could refer clients.
- Clients and providers said that pharmacotherapies are not “a magic bullet” because client readiness is the main factor driving quit success or failure.
- CAREAssist clients appear to listen to health messages from their doctors’ more than similar messages delivered by others.
- We shared six basic cessation messages with clients. Consistent with the information they provided about reasons for wanting to quit, the cessation messages that resonated with the most clients related to saving money and improving their health.
- Providers and clients suggested that having a positive tone in health promotion messages may be helpful in moving clients along the stages of change towards quitting tobacco.

- Some of the best messaging about the benefits of quitting smoking may come from CAREAssist clients themselves. Former smokers shared many of the benefits they are experiencing from being tobacco-free, including improved physical, emotional, and financial health, and greater enjoyment from food and favorite activities.

Next Steps: Developing Messages and Interventions

PDES is working with CAREAssist and Oregon's Tobacco Education & Prevention Program to design a promotional/informational campaign for HIV providers, case managers, and clients, and to design and implement simple system changes that will make accessing available resources easier.

Client Benefits through CAREAssist:

The CAREAssist Program wants to make sure that all CAREAssist clients who want to quit using tobacco have access to the resources they need to help them quit and stay quit. If a CAREAssist client's insurance will not cover the following services, CAREAssist will pick up the cost for:

- Smoking cessation drugs like Wellbutrin and Chantix,
- Oregon Tobacco Quit Line services, including: (a) 4 outbound calls from a quit counselor and as many calls into the Quit Line as desired and (b) 8 weeks of nicotine replacement therapy (NRT) patches or gum. On-line services are also available.

This information is accurate as of December 2013. If you have questions, contact the CAREAssist Program.

For More Information:

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To help you quit smoking www.quitnow.net/oregon/, 800-QUIT-NOW (784.8669)

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