

Tobacco Control: Policy, Systems, and Patient- based Approaches

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Overview

- Present three representative studies representing policy-, systems-, and patient-level approaches to tobacco control:
 - Health impact of clean-air laws
 - Implementation of evidence-based treatments for tobacco dependence
 - Tailored tobacco intervention for rural Veterans



Health Impact of Smoke-Free Laws

- Aims: Examined associations between smoking bans and hospital admissions for both smoking-related and non-smoking-related conditions in all 3,182 US counties from 1991-2008
- Data sources: American Non-smokers' Rights Foundation database and hospital discharge data from the Centers for Medicare & Medicaid Services (CMS).
- Data analysis: Poisson regression analyses adjusting for county population characteristics, hospital supply, and beneficiary state of residence

Key Findings

- Compared to counties with no bans, hospital admissions for acute MI declined 20-21% by 3+ years after implementation of smoking bans
- Admissions for COPD declined by 11-17%
- Health benefits tended to increase in relation to the number of settings covered by the bans
- Minimal changes were observed in admissions for non-smoking-related conditions (hip fracture and gastrointestinal hemorrhage)

Implementation of Clinical Practice Guidelines in the Inpatient Setting

- Design: Multi-site, quasi-experimental, before after cessation induction trial designed to facilitate delivery of recommended smoking cessation services based on the “5As”
- Primary Aims: Determine the effectiveness of a nurse-initiated intervention which couples clinical reminders and low intensity inpatient counseling with proactive telephone counseling.
- Intervention: Based on Chronic Care Model
 - Practice redesign and clinician training
 - Self-management support for patients
 - Clinical information system modification



Key Findings

- Most areas of nurse counseling improved during the intervention period (4 of 5 “As”)
- Advice to quit and cessation medications did not increase. Quitline referrals were infrequent.
- Nurses’ self-efficacy and satisfaction with their role in cessation improved
- No differences in 7-day point prevalence abstinence rates at 6 months were observed (13.5% vs. 13.9%).



Katz et al. (2014). *Jt Comm J Qual Patient Saf*, 40, 493-502.
Vander Weg et al. (Under review).

A Tailored Tobacco Cessation Intervention for Rural Veterans

- Background: Rural residents have elevated rates of tobacco use and reduced access to treatment
- Smokers also frequently present with comorbid issues that may interfere with quitting (e.g., depression, risky alcohol use, weight concerns) but which are rarely addressed as part of treatment
- Design: Five-site, randomized clinical trial evaluating a tailored intervention for rural smokers which screens for and addresses comorbid issues compared to enhanced usual care



Funded by VA Office of Rural Health

Treatment Conditions

- Enhanced usual care: Referral to state tobacco quitline
- Tailored intervention: Standard 6-session phone-based intervention for smoking cessation combined with supplemental treatment(s) as appropriate
 - Elevated depressive symptoms – Behavioral activation
 - Risky alcohol use – Risk reduction approach consistent with NIAAA/VA recommendations
 - Weight concerns – Standard behavioral strategies for attenuating weight gain
- Pharmacotherapy: Both conditions receive identical pharmacological intervention in which cessation medications are selected based on a shared decision making protocol