Using clinical practice guidelines for tobacco cessation in dental settings

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Overview

- Tobacco use in Ontario
- Health Effects of Tobacco
- Introducing CAN-ADAPTT
- 5 A’s
- Developing a CDHO activity plan for smoking cessation
Objectives

1. Learn about the development of the first Canadian clinical practice guideline (CPG) for tobacco cessation
2. Develop skills to incorporate CPG’s for tobacco cessation in your practice
3. Identify possible learning goals for a CDHO professional development portfolio on tobacco cessation
Tobacco Use in Ontario

Leading cause of premature death in Ontario – kills more than 13,500 people each year

= 300 school buses full of people/year
Rates of Smoking Across Ontario

Figure 5: Current Smoking (Past 30 Days), by Tobacco Control Area Network, Ages 12+, Ontario, 2007/08, %

Note: Vertical lines represent 95% confidence intervals.
Source: CCHS 2007/08.
Tobacco Use and Oral Cancer

- All forms of tobacco (cigarettes, cigars, pipes, smokeless) have been established as risk factors for oral/pharyngeal cancer.
- Oral cancers: tongue, mouth, gums, tonsils, pharynx.
- Death rate from oral cancers exceeds the death rate from cervical cancer.
- In 2009, 3400 Canadian developed oral cancer, 9th most common for males; 14th in females.

Canadian Cancer Society 2009
Centre for Disease Control, 1989
Other Oral Health Effects of Tobacco Use

- Periodontal disease
  - Smokers 4x more likely; heavy smokers (>31 cigarettes/day) 6x more likely than non-smokers*
- Discoloured teeth
- Persistent bad breath
- Increase in tartar build-up
- Jaw bone loss
- Shifting teeth
- Sinusitis
- Hairy tongue
- Smoker’s lip
- Delayed wound healing
- Altered sense of taste and smell
- Mouth sores
- Root caries
- Tooth loss

Tomar SL., Asma S.; J Periodontol. 2000; 71
## Overall Health Effects of Tobacco Use

<table>
<thead>
<tr>
<th>Causes cancer, including:</th>
<th>More than Cancer…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>Cardiovascular &amp; respiratory diseases</td>
</tr>
<tr>
<td>Esophagus</td>
<td>Reproductive effects</td>
</tr>
<tr>
<td>Breast</td>
<td>Healing complications of surgery</td>
</tr>
<tr>
<td>Kidney, liver &amp; pancreas</td>
<td>Hip fractures, low bone density</td>
</tr>
<tr>
<td>Uterine, Cervix</td>
<td>Cataracts</td>
</tr>
<tr>
<td>Breast</td>
<td></td>
</tr>
<tr>
<td>Stomach</td>
<td></td>
</tr>
<tr>
<td>Bone marrow</td>
<td></td>
</tr>
<tr>
<td>Colon and colorectum</td>
<td></td>
</tr>
</tbody>
</table>
Smokeless Tobacco

- Also known as: spit tobacco, snus, snuff, chew, dip
- Overall prevalence rates are low (>1%, recent; 8% for ever use)*
- Marketed as an alternative to cigarettes when smoking isn’t possible – but not safe

*Canadian Tobacco Use Monitoring Survey, 2006
Why should Dental Hygienists get involved?

- Ideally suited to deliver tobacco use cessation treatment through education, motivation & follow up visits
- Experts in: health promotion, disease prevention, behaviour modification
- “Captive audience” in your chair
- Part of a larger interdisciplinary health professional team including physicians, nurses, pharmacists, etc.
Tobacco Cessation and the Dental Office team

How many of you currently:

- Ask about tobacco use with your patients?
- Know that tobacco status is consistently asked by other members of the dental team?
- Work in settings where tobacco status is documented?
- Work in a setting that provides tobacco cessation resources for clients wanting to quit?
Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment

- Guideline development and dissemination project
- Multidisciplinary, national network

Funding provided by Drugs and Tobacco Initiatives Program, Health Canada
Dr. Peter Selby, Director, CAN-ADAPTT
Clinical Practice Guidelines (CPG’s)

Health care providers/practitioners have identified that CPG’s:

- don’t reflect local or current circumstances
- are quickly out of date
- reflect large gaps between the perspectives of experts and the day-to-day experiences of practitioners
National Network
- Practitioners
- Researchers
- Policy-makers

Practice-informed Research Agenda
- Seed grants
- Discussion board
- AGM

Knowledge Translation
- Seed grants
- Discussion board

Dissemination & Engagement
- Stakeholders
- Professional Advisory Groups
Practice-informed Approach

- Ensures guideline is relevant to practice and readily useable
  - Discussion board
  - Professional Advisory Group (CDHA, CDA)
  - Guideline revision workshops
  - Teleconferences/Webcasts
  - Member surveys
**Perceived Barriers**

- Lack of time
- Lack of reimbursement
- Fear of alienating patients
- Lack of knowledge/experience

Brothwell DJ., Gelsky SC.; J Can Dent Assoc. 2008; 74
## Lack of Time

<table>
<thead>
<tr>
<th>Total Contact Time</th>
<th>Estimated Abstinence Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>11.0%</td>
</tr>
<tr>
<td>1-3 minutes</td>
<td>14.4%</td>
</tr>
<tr>
<td>4-30 minutes</td>
<td>18.8%</td>
</tr>
<tr>
<td>31-90 minutes</td>
<td>26.5%</td>
</tr>
<tr>
<td>90-300 minutes</td>
<td>28.4%</td>
</tr>
<tr>
<td>&gt;300 minutes</td>
<td>25.5%</td>
</tr>
</tbody>
</table>

Slide from TEACH (Fiore et al., 2008)
Lack of Reimbursement

ODHA Suggested Fee Guide for Dental Hygienists, 2009
Counselling for tobacco use cessation – (00820)
- 1 unit of time (00821), 2 units (00822), 3 units (00823), 4 units (00824), ½ unit of time (00827), Each additional unit of time >4 (00819)

Canadian Dental Association’s (CDA) Uniform System of Coding & List of services
Tobacco use cessation services - (98100)
- 1 unit of time (98101), 2 units (98102), each additional unit of time (98109)
Fear of alienating patients

- Majority of tobacco users want to quit
- Approach
  - TEACH video vignettes: “Good Doc”/”Bad Doc”
“Bad Doc”

Video by TEACH Project
Available online: http://www.youtube.com/user/teachproject
“Good Doc”

Video by TEACH Project
Available online: http://www.youtube.com/user/teachproject
Lack of knowledge/experience

- Learning opportunities
- Resources
- CAN-ADAPTT
- TEACH Project
Dental Office Intervention

- 5 A’s – doubles the # of patients who quit
  - Ask
  - Advise
  - Assess
  - Assist
  - Arrange

Ask

Tobacco use status should be updated, for all patients/clients, by all health care providers on a regular basis.*

- “Have you used any form of tobacco in the past six months?”
- Watch for oral signs
- Systematic approach is the best
  - Use chart reminders/stickers
  - Medical questionnaire and updates

*CAN-ADAPTT Guideline v.2.0, Final Draft, for external review.
Advise

Health care providers should clearly advise patients/clients to accept treatment (quit).*

• Advise in a clear, strong and personalized statement
• *i.e.: “Mr. Packaday, smoking is very hard on your gums and I suggest that you quit.”

*CAN-ADAPTT Guideline v.2.0, Final Draft, for external review.
Health care providers should assess the readiness of patients/clients to engage in treatment to achieve abstinence (quitting).*  

- “Are you interested in quitting? In the next 6 months?”
  - No
    - Precontemplation stage
  - Yes, but not in the next 6 months
    - Contemplation stage, offer to help when ready
  - Yes
    - Preparation & Action

*CAN-ADAPTT Guideline v.2.0, Final Draft, for external review.
Every tobacco user who expresses a readiness to engage in treatment (to quit) should be offered assistance.*

- Resources in your community (i.e.: Smokers Helpline, booklets, comprehensive smoking cessation programming)

*CAN-ADAPTT Guideline v.2.0, Final Draft, for external review.
Assist cont’d

- Pharmacotherapy
  - Over the counter: Patch, gum, lozenge, inhaler
  - Under the counter: Zyban, Champix
- Counselling
- Telephone quitline
- Self-help materials
- Refer to other HCPs who can provide more specialized support
Health care providers:

a) should conduct regular follow-up to assess response, provide support and modify treatment as necessary.

b) are encouraged to refer patients/clients to relevant resources as part of the provision of treatment, where appropriate.*

- For example, Smokers Helpline fax referral, local smoking cessation services, etc.

*CAN-ADAPTT Guideline v.2.0, Final Draft, for external review.
## Example of Continuing Quality Improvement Activity Plan (CDHO) for Smoking Cessation

### Total Number of Learning Goals: _____  * Every learning goal listed on Form 6 requires a completed Form 7*

<table>
<thead>
<tr>
<th>Goal #</th>
<th>I am Planning to Improve my Dental Hygiene Practice by...</th>
<th>Type(s) of Continuing Quality Improvement Activities I Plan to Use to Achieve this Goal: (check all that apply)</th>
<th>Did these CQI Activities Address my Learning Goals?</th>
</tr>
</thead>
</table>
| 1     | Becoming more familiar with the 5 A’s of smoking cessation |  ✔  Continuing Education  
      |                                                                 |  ✔  Self-Study  
      |                                                                 |  ✔  Professional Journals/Articles  
      |                                                                 |  ✔  Professional Activities  
      |                                                                 |  ✔  Interaction with Peers  
      |                                                                 |  ✔  Other: (Specify)  
      |                                                                 |  ✔  modify chart, health history as needed  |  ✔  Yes ☐ No  
      |                                                                 |  ✔  Yes ☐ No  
      |                                                                 |  ✔  Yes ☐ No  
      |                                                                 |  ✔  Yes ☐ No  
      |                                                                 |  ✔  Yes ☐ No  
      |                                                                 |  ✔  Yes ☐ No  |
| 2     | Teach the 5 a’s of smoking cessation to other staff in our office in order to implement a universal approach to smoking cessation |  ☐  Continuing Education  
      |                                                                 |  ☐  Self-Study  
      |                                                                 |  ☐  Professional Journals/Articles  
      |                                                                 |  ☐  Professional Activities  
      |                                                                 |  ☐  Interaction with Peers  
      |                                                                 |  ☐  Other: (Specify)  |  ☐  Yes ☐ No  
      |                                                                 |  ☐  Yes ☐ No  
      |                                                                 |  ☐  Yes ☐ No  
      |                                                                 |  ☐  Yes ☐ No  
      |                                                                 |  ☐  Yes ☐ No  
      |                                                                 |  ☐  Yes ☐ No  |
| 3     | Modify my practice to ensure that all my clients over the age of 12 are asked about their smoking status, congratulating those who are smoke free and implementing 5 a’s to those who are currently smoking |  ☐  Continuing Education  
      |                                                                 |  ☐  Self-Study  
      |                                                                 |  ☐  Professional Journals/Articles  
      |                                                                 |  ☐  Professional Activities  
      |                                                                 |  ☐  Interaction with Peers  
      |                                                                 |  ☐  Other: (Specify)  |  ☐  Yes ☐ No  
      |                                                                 |  ☐  Yes ☐ No  
      |                                                                 |  ☐  Yes ☐ No  
      |                                                                 |  ☐  Yes ☐ No  
      |                                                                 |  ☐  Yes ☐ No  
      |                                                                 |  ☐  Yes ☐ No  |

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Resources and Links

- CAN-ADAPTT – www.can-adaptt.net
- TEACH Project – www.teachproject.net
- Smokers Helpline – www.smokershelpline.ca 1 877 513-5333
- Canadian Cancer Society – www.cancer.ca
- My Last Dip – www.mylastdip.com (web based smokeless tobacco cessation project)
- Canadian Dental Hygienists Association – Clinical Tobacco Intervention Course available at: www.cdha.ca
You Can Make It Happen

The majority of people who smoke want to quit.

• In less than 3 minutes, you can make a difference in your patients’ health.

• Follow the 5 A’s
  – Ask, Advise, Assess, Assist, Arrange

• For more information on helping your clients to quit smoking, visit:
  www.youcanmakeithappen.ca
Contact Information

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1-800-755-0394 X 3440

For more information on CAN-ADAPTT or to join the network visit:  www.can-adaptt.net