Improving Outcomes: The 5As in the Health Neighborhood

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Conflicts of Interest Disclosure

The presenter has no conflicts of interest, financial or otherwise, to disclose concerning the contents of the following presentation.
Communities are not destinations for health delivery, they are sources of health.
Module Objectives

• Brief review of the health neighborhood concept
• Explore the evidence-based clinical best practices for treating nicotine dependence
• Outline the steps needed to identify and define a health neighborhood for a select community
• Provide guidance for formalizing and growing a health neighborhood
Why the Health Neighborhood Matters

Medical Care is not Enough
New Drug Court Model

Risk Factors
- Low SES
- Discrimination/Stigma
- Chronic Illness
- ACES/Trauma
- Housing/Food Instability
- Employment status
- Ed. status

Addiction
Criminal Behavior
Justice-Involvement
OECD Healthcare Spending, per capita ($US)—2016

- Years of Life at Birth: 27/35
- Ischemic Mortality: 24/35
- Asthma/COPD Admissions: 23/34
- Medical coverage: 34/35
- Medical Appts skipped: 16/17
- Obesity: 35/35
- Obstetric trauma: 18/21
HEALTH EQUITY
An Explanatory Model for Conceptualizing the Social Determinants of Health

National Influences
Government Policies
US Culture and Cultural Norms

Life Course
Social Determinants of Health
Health Factors
= Population Outcomes

Pregnancy
Economic Opportunity
Income
Employment
Education
Housing

Physical Environment
Built Environment
Recreation
Food
Transportation
Environmental Quality
Housing
Water
Air

Social Factors
Participation
Social Support
Leadership
Political Influence
Organizational Networks
Violence
Racism

Health Behaviors and Conditions
Nutrition
Physical Activity
Tobacco Use
Skin Injury
Violence
Weight
High Blood Pressure

Mental Health
Mental Health Status
Stress
Substance Abuse
Functional Status

Access, Utilization & Quality Care
Health Insurance Coverage
Received Needed Care
Provider Availability
Preventive Care

QUALITY OF LIFE
MORBIDITY
MORTALITY
LIFE EXPECTANCY

QUALITY OF LIFE
MORBIDITY
MORTALITY
LIFE EXPECTANCY
# Health Equity & Tobacco Use

**An Explanatory Model for Conceptualizing the Social Determinants of Tobacco Use**

## National Influences
- Government Policies
- US Culture and Cultural Norms

### Life Course
- Pregnancy
- Early Childhood
- Childhood
- Adolescence
- Adulthood
- Older Adults

### Social Determinants of Tobacco Use
- Economic Opportunity
  - Income
  - Employment
  - Education
  - Housing
- Physical Environment
  - Built Environment
    - Recreation
    - Food
    - Transportation
  - Environmental quality
    - Housing
    - Water
    - Air
    - Safety
- Social Factors
  - Participation
  - Social Support
  - Leadership
  - Political influence
  - Organizational networks
  - Violence
  - Racism

### Health Factors
- Health Behaviors and Conditions
  - Nutrition
  - Physical activity
  - Tobacco use
  - Skin injury
  - Oral health
  - Sexual health
  - Weight
  - Cholesterol
  - High blood pressure
- Mental Health
  - Mental health status
  - Stress
  - Substance abuse
  - Functional status
- Access, Utilization & Quality Care
  - Health insurance coverage
  - Received needed care
  - Provider availability
  - Preventive care

### Population Outcomes
- Quality of Life
- Morbidity
- Mortality
- Life Expectancy

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Common Values

Public Health

Addiction Recovery

Criminal Justice
Sequential Intercept Model

- Initial law enforcement interaction
- Detention & Hearings
- Jails and Courts
- Incarcerated Period
- Re-entry/Discharge
- Community Corrections
Systems of Care Components

1. The care that is delivered
2. Where the care is delivered
3. Processes that connect care sites

Public Health 3.0

- Service
- Non-traditional Sites
- Referrals
A health neighborhood incorporates a broad array of services and supports organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships in order to help individuals achieve wellness no matter how they define it.
Introduction to the 5As
Tobacco Use Interventions

- Clinician advice
- Cognitive-Behavioral Therapy & Motivational Interviewing
- Individual counseling
  - > 4 sessions, > 10 minutes
- Psycho-educational groups
- Telephonic counseling
- Peer support
- Age-tailored self-help materials
- Cessation medications

- Screening
- Assessment
- Education
Elements of Tobacco Counseling

1. Harms of Tobacco Use
2. Benefits of Quitting
3. Triggers and Barriers
4. Treatment Plan
   1. Pharmacotherapy Options
   2. How to set a quit date
   3. Other resources
The 5As

- Evidence-based best practice
- Applicable across chronic disease prevention efforts
  - Nutrition improvement
  - Physical activity
  - Diabetes management
  - High blood pressure mgmt
- Not a silver bullet
Referrals

- Accessible to consumer
- Relevant to consumer’s goals as well as their capacity
- Adequate to address consumers dependency level
- Provider should set proper expectations
- “Warm hand off” when possible
- Tour referral facilities, meet referral staff
- Create in-reach opportunities
Practical Considerations of the 5As
Tobacco Cessation Interventions: 5 A’s

ASK

• Denominator: All Patients that can answer the question (e.g., conscious, not agitated, not intoxicated)
• Goal: 100% of patients—frequency is variable
• Data:
  • Tobacco use (not smoking) Status
  • Secondhand smoke exposure
  • History of tobacco use
Why Ask Everybody All the Time?

Tobacco use is a risk factor for dozens of mental and medical conditions—this is a basic screener (and fast)

People change their minds fast

Sudden quantity changes can be indicative of major life changes

Sudden quantity changes can affect medication balance
Tobacco Cessation Interventions: 5 A’s

ADVISE

- Denominator: All Tobacco-Users
- Goal: 100%
- Data:
  - Did advise to quit occur during the visit
  - Who provided (what clinical role) the advice to quit?
Tobacco Cessation Interventions: 5 A’s

ASSESS Stage of Readiness

• Denominator: All Tobacco Users
• Goal: 100%
• Data:
  • Stage of Readiness
Tobacco Cessation Interventions: 5 A's

**ASSESS 2**
- Denominator: All ≥ Preparation
- Goal: 100%
- Data:
  - Level of Dependence
  - Diagnosis
  - Lung health
  - Cotinine/Anabasine levels

**ASSIST**
- Denominator: Planning; Action
- Goal: Varies
- Data (Highly Variable):
  - Quit date
  - Prior authorization
  - Prescription
  - Consultations and referrals
  - Billing codes attached to service
  - Modality of service (if applicable)
5As and USPSTF Recommendations

- Ask
- Advise
- Assess
- Assist
- Arrange

- Telephonic Counseling
- Group Support
- Individual Counseling
- Peer Support
- M.A.T.
Tobacco Cessation Interventions: 5 A’s

ARRANGE

• Denominator: Action, Maintenance
• Goal: Varies
• Data:
  • Mutually agreed upon date for follow-up and method (e.g., future visit, phone call)
  • Documentation of warm hand-Off
  • Adjust tobacco-use status
Integrating the 5As Beyond the Clinic
The 5A’s Model

Ask if patient uses tobacco
“Have you smoked our used other tobacco/nicotine products in the past month”?

- no
  - Assess for recent or lifetime tobacco/nicotine use
    “Have you ever smoked or used other tobacco or nicotine products?”
    - no
      - Help patient avoid second-hand smoke exposure
      - Stop
    - yes
      - Assess last quit
        “When was the last time you smoked or used other tobacco or nicotine products?”
        - <1 year ago
          - Provide relapse prevention counseling and congratulate
        - >1 year ago
          - Congratulate
  - yes
    - Arrange follow-up

Assess if patient wants to set a quit date
“Would you like to quit in the next month?”

- no
  - Help patient avoid second-hand smoke exposure
  - Stop
- yes
  - Advise in a clear, personalized manner to seriously consider quitting

Assess last quit
“When was the last time you smoked or used other tobacco or nicotine products?”

- <1 year ago
  - Provide relapse prevention counseling and congratulate
- >1 year ago
  - Congratulate

Ask if anyone else smokes around the patient

- yes
  - Help patient avoid second-hand smoke exposure
  - Stop
- no
  - Help patient avoid second-hand smoke exposure
  - Stop

Assist with accessing treatment:
- Medications,
- Behavioral interventions,
- Self-help materials,
- Referrals

Arrange follow-up
Tobacco Cessation Workflow

Front Desk/ Admin
- Screening form
- Post/place tobacco cessation promotional materials in waiting area
- Fax quitline referral preauthorizations
- Billing

Clinician/ Medical Assistant (5A’s Model)
- Verify screening form & complete tobacco use assessment
- Current or recent tobacco use
- No
  - Discuss sustaining abstinence and healthy living strategies
- Yes
  - Utilize Motivational Interventions to Address Use*
  - Onsite cessation group and/or individual counseling

Physician (2A’s & R Model)
- Review screening & tobacco use assessment
- Brief counseling*
- Visual Prompt on Exam Room Door
- Rx meds**
- Follow up appointment set within 1 month
- Collaborative treatment planning
- Preauthorization & referrals
- Enter interventions into EHR and/or chart

* 5As algorithm
** Cessation medications protocol

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ASK
ADVISE

REFER

Continuity of Care
Sequential Intercept Model as Health Neighborhood

- Initial law enforcement interaction
- Detention & Hearings
- Jails and Courts
- Incarcerated Period
- Re-entry/Discharge
- Community Corrections

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## 5As Functions

<table>
<thead>
<tr>
<th>A</th>
<th>Function</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask</td>
<td>Screening</td>
<td>Ensure services are delivered to all who are at risk and not to those who are not</td>
</tr>
<tr>
<td>Advise</td>
<td>Motivation</td>
<td>Advise, especially from a physician, has the power to motivate a quit attempt</td>
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<tr>
<td>Assess</td>
<td>Evaluation</td>
<td>Helps determine the intensity of the intervention needed</td>
</tr>
<tr>
<td>Assist</td>
<td>Exploration</td>
<td>Helps tailor cessation supports to meet the user’s unique needs and connects users to the modality(ies) that best addresses those needs</td>
</tr>
<tr>
<td>Arrange</td>
<td>Follow-up</td>
<td>Knowledge of future meetings is itself a motivation to succeed. Also provides an opportunity to fine-tune the treatment plan</td>
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CASE STUDY 3

- Validated assessment instrument
- List of resource providers
- Better match between service and needs
- Better case manager retention
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