

Developing and Implementing a Comprehensive Tobacco Cessation Program



Tobacco use has declined over the years, but there remain over 50 million tobacco users in this country, and tobacco use continues to be a major health care concern.¹ Tobacco use remains the leading cause of preventable disease, disability, and death in the United States.¹ The use of tobacco products has a ripple effect and causes a strain on the health care system. In 2018, nearly \$240 billion was spent on health care costs associated with smoking.² Additionally, 20% of deaths in the United States are directly linked to cigarette smoking, accounting for more deaths than caused by HIV infection, car accidents, alcohol, drugs, and firearms combined.³

People who use tobacco or who have secondhand exposure are at increased risk of developing cancer. Tobacco use is associated with 40% of all cancers diagnosed in this country.⁴ Tobacco use may also negatively impact a patient's outcomes after a cancer diagnosis. For example, worse response to treatment, increase in cancer recurrence, development of new primary cancers, decreased survival rates, and death from other health complications may occur due to tobacco use.³ Quitting tobacco at any point in the cancer journey can improve prognosis, survival rate, and quality of life.³ The understanding that people are more likely to quit smoking or to stop using tobacco if a health care professional provides information on tobacco cessation was an underlying reason for the development and implementation of the tobacco cessation program at Dorcy Cancer Center at St Mary-Corwin Hospital in Pueblo, Colorado.³

Community Background

The Dorcy Cancer Center at St Mary-Corwin Hospital serves the southern part of Colorado and parts of northern New Mexico and western Kansas. Pueblo is a working-class town that is known as the *Home of the Heroes*. The nickname was given in recognition of the numerous Medal of Honor recipients who call Pueblo home. As with many small communities, available resources are limited. Smoking and tobacco use are more common among populations with greater disparities; this is no different in our community, where it is estimated that the median household income in 2021 was estimated to be just over \$40,000, the percentage of people with a college education was around 20%, and members of minority groups make up approximately half of the population.⁵ These socioeconomic and educational demographics, when combined with a large population of veterans,

puts our community at high risk of being targeted by the tobacco industry, leading to higher tobacco use rates when compared with the rest of Colorado. To help fill gaps in care and reduce disparities, the cancer center has developed resources that include an integrative therapy program, a patient resource center, a cancer survivorship program, cancer screening events, a generous financial foundation to help patients overcome barriers to cancer care, and, now, a smoking cessation program.

Program Development

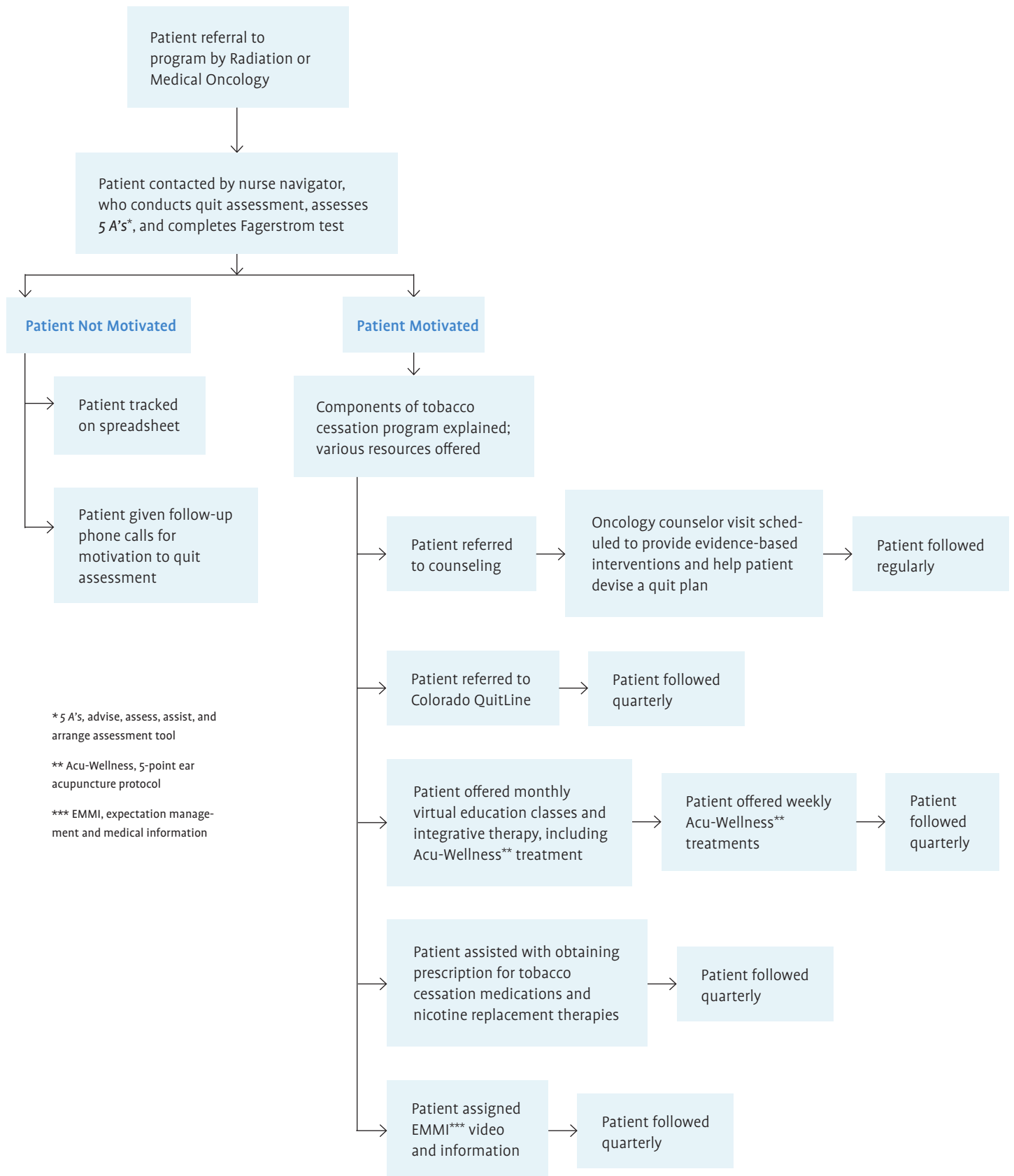
In April 2022, the Dorcy Cancer Center at St Mary-Corwin Hospital piloted its tobacco cessation program to address a lack of tobacco cessation programming available to its oncology patients. The creation of a smoking cessation program also aligned with the cancer center's mission to care for those who are ill by nurturing the health of the people in our communities. Perhaps most importantly, evidence shows a clear correlation in increased cancer survival rates, positive outcomes, and tobacco cessation.⁶

One of the initial steps in the development process was to gain buy-in from administration. This buy-in included obtaining approval for tuition reimbursement for our nurse navigator and oncology counselor to become tobacco treatment specialists through The University of Texas MD Anderson Cancer Center's Certified Tobacco Treatment Training Program. Once this training was complete, our nurse navigator and oncology counselor met to strategize the next steps in program development, feasibility, and implementation. During these meetings, the 2-person team analyzed evidence-based programs, conducted a thorough literature review to determine characteristics necessary for successful tobacco cessation programs, identified possible barriers, and brainstormed solutions to meet those barriers. Once key components of the program were defined, the team gained endorsement from key stakeholders, including referring nurses, radiation and medical oncologists, and department managers.

One important component of a successful tobacco cessation program is access to smoking cessation medications and nicotine replacement therapies. Our radiation oncologist agreed to be the prescribing physician for smoking cessation medications and nicotine replacement

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Figure 1. Workflow for the Dorcy Cancer Center Tobacco Cessation Program



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therapies for patients who chose these courses of action. Once a patient is no longer followed in the oncology setting, our team works with primary care providers to continue this prescription support.

Most tobacco users acknowledge that tobacco is harmful to the body, yet the impulse to use nicotine is greater than the realization of the consequences of smoking, because nicotine is a highly addictive substance.⁷ In fact, nicotine dependence is a recognized disorder in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. Stigma is strongly associated with tobacco use, and people who use tobacco and are diagnosed with cancer often feel guilt and shame that they caused their disease.⁸ Recognition of this stigma can help clinicians build rapport with patients who use tobacco.

Referral Process

The team understood that a simple, yet effective, process for sending and receiving referrals was key to getting the program off the ground. The nurse navigator and oncology counselor collaborated with referring clinicians on issues regarding timing, eligibility, frequency of contact, and a referral method that would work well with existing workflows. By consensus, it was determined that the best time for a referral to this program would be at the time of the initial medical consult—prior to the start of treatment. While the clinical team, namely nursing, takes the lead for initiating most referrals, any associate within the cancer center can provide a referral to the tobacco cessation program at any time.

Program Components

Our comprehensive tobacco cessation program includes various components and interventions, as outlined in Figure 1. The program was designed to give patients the flexibility to participate in all or

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- some of the programming, depending upon their preference. We wanted to ensure that our program was accessible for all learning types, and we included these interventions:
- In-person counseling
 - Virtual monthly education presentations
 - [QuitLine referral](#)⁹
 - Patient resource folders
 - EMMI (expectation management and medical information) education videos
 - Nicotine replacement therapies
 - Prescription for tobacco cessation medications

Table 2 shows the number of patients who received these interventions between April 2022 and June 2023.

After the referral is received, our nurse navigator contacts the patient by phone or in person at their oncology appointment to conduct

Table 2. Number of Patients Receiving Various Interventions Between April 2022 and June 2023	
INTERVENTION	NUMBER OF PATIENTS
Packet	35
EMMI Video Assigned	35
Quitline Information	35
Nicotine Replacement Therapy	16
Cessation Medication	10
Counseling	9
Acu-Wellness (implemented June 2023)	2

a quit assessment and gauge their motivation to stop using tobacco products. The initial assessment includes the evidence-based [5 A's \(ask, advise, assess, assist, and arrange\) assessment tool](#) and the [Fagerstrom Test for Nicotine Dependence](#). Upon completion of the assessment, patients are given the details of the tobacco cessation program and asked to select the therapeutic methods that are best for them.

If in-person or virtual tobacco cessation counseling sessions are needed, the oncology counselor uses evidence-based interventions, including motivational interviewing, solution-focused therapy, cognitive behavioral therapy, and acceptance and commitment therapy. The first session is scheduled to last 60 minutes; it includes an assessment of motivation to quit, tobacco use history, medical and mental health history, other substance abuse history, and general psychosocial support. The initial session also includes development of a quit plan that is agreed upon by clinicians and patients. After the initial session is completed, subsequent 30-minute sessions are scheduled either weekly or biweekly, depending upon patient preference, to assess and support the smoking cessation journey. Follow-up sessions cover topics like relapse prevention, coping strategies, problem solving, motivation to quit, change talk, and encouragement techniques.

The virtual monthly presentations are led by a multidisciplinary team that includes a dental hygienist, a dietitian, the oncology counselor, the nurse navigator, an oncology nurse, a patient care coordinator, and auricular acupuncture technicians. These presentations are offered during the lunch hour for easy access by patients who are employed. The presentations cover various tobacco-related topics such as:

- Nicotine replacement therapies
- How to pack a healthy lunch and snacks
- Tobacco use and oral health
- The cost of tobacco use
- Acu-wellness treatments and how they help with addiction
- Relapse prevention
- Risks of using tobacco while on treatment
- Complimentary therapies
- A question-and-answer panel session.

Access to the Colorado QuitLine is also offered during this time if patients prefer such support. The QuitLine offers a telephone assessment of readiness to quit, a customized plan to quit, motivation and problem-solving advice, up-to-date information about nicotine replacement therapies, and a *quit kit* tailored to the patient's needs. The QuitLine is appropriate for tobacco users in any state of readiness to quit.

Tobacco cessation folders are provided to every patient; they include a welcome letter with handouts about the Colorado QuitLine, substance use resources in the community, and a general list of online tobacco resources. The folders include handouts with titles such as:

- "Look What Quitting Does Over Time"
- "It's Never Too Late to Quit Smoking or Vaping"
- "Tobacco Withdrawal Symptoms"
- "When Triggered to Use Tobacco-Tip Sheet."

A tobacco journal is given with the folder to help the patient track successes, tobacco use, a plan for moving forward, and time for reflection. Also included is the cancer center's monthly Integrative Therapy Program calendar, which provides various programming

and stress coping tools. Furthermore, EMMI education videos and handouts are assigned to each patient. Information on how to access the EMMI videos is included within the folder.

We plan to extend the program by expanding the catchment for referrals to include tobacco cessation at time of oncology surgery, referral acquisition from the low-dose CT lung screening program, and increased referrals from in-network primary care physicians.

Quarterly phone calls are made to patients no longer connected to the tobacco cessation program and to patients who were not ready to engage with the tobacco cessation program at the time of initial contact. During these phone check-ins, patients report on progress with their quit plan and indicate whether they need to reconnect with the program for support.

Our Tobacco Treatment Specialists (nurse navigator and oncology counselor) also participate in Project ECHO (Extension for Community Healthcare Outcomes) from The University of Texas MD Anderson's [Project TEACH](#) (Tobacco Education and Cessation in the Health System). This weekly tobacco cessation telemonitoring program provides a comprehensive educational platform for clinicians to assist individuals who desire freedom from nicotine addiction.¹⁰ We use this program to enhance our skill set, provide evidence-based care and interventions, and continue professional growth. Furthermore, the program provides an opportunity for networking, peer consulting, continuing education credits, and evidence-based strategies to assist.

Looking Ahead

The development of our tobacco cessation program has been rewarding and well received by administration, the multidisciplinary cancer care team, physicians, and patients. These stakeholders supported the program from the onset, because they understood the value in providing support to patients who want to quit, and they knew that the program would improve treatment outcomes and overall quality of life. Radiation oncology nurse Sheila Gomez said, "It has been nice for me as a nurse to have a program to refer patients to...where I know they will get the support and guidance they need. I recognize the importance [that] a comprehensive smoking cessation program provides to our patients."

We are always looking for professional growth opportunities that provide value to our patients and community. In 2023, the nurse navigator and oncology counselor became certified auricular acupuncture technicians; they began performing Acu-Wellness treatments for tobacco cessation patients in May of that year. Acu-Wellness is a 5-point ear acupuncture protocol in which 5 needles are placed in

5 specific points in the ear. This treatment can be used for a wide range of indications, including tobacco cessation. When people use this technique in combination with education, their success for quitting tobacco increases exponentially.¹¹ Patients embrace Acu-Wellness as part of their tobacco cessation journey. Michael Snyder, a tobacco cessation patient, said, “Acu-Wellness has really helped me deal with stress, relaxation, anger, and quitting smoking.” We hope to offer an ongoing Acu-Wellness program as part of the Integrative Therapy Program at the cancer center to provide access to free treatments and help patients desire to quit tobacco use.

Now that the tobacco cessation program has been implemented for a more than a year, we have identified ways to improve and augment the program. Our next steps include standardizing the follow-up care that is provided, enhancing the interdisciplinary team, expanding the referral base, and tracking data for the program.

We plan to improve follow-up care through the standardization of protocols. For example, we follow up with patients quarterly after they are no longer connected to the tobacco cessation program. Standardizing this step includes developing a script so that each patient receives the same information and contact numbers. It also includes identification of a multidisciplinary team member who is comfortable with making the follow-up calls. We believe that these 2 changes will create consistency within the tobacco cessation program, allowing us to make positive connections with patients, permit those who have not yet met their goal to gain program re-entry, provide an extra layer of support to those who may not be aware that they can re-enter into the program, and increase the number of people who succeed with becoming free of tobacco use.

We plan to extend the program by expanding the catchment for referrals to include tobacco cessation at time of oncology surgery, referral acquisition from the low-dose CT lung screening program, and increased referrals from in-network primary care physicians.

Lastly, it will be important to track the effectiveness of the tobacco cessation program’s interventions by collecting and measuring outcomes. We hope to capture whether the interventions provided were successful, whether 1 intervention had more success than another, and whether all individuals who were current tobacco users at the time of consultation were reached. In addition, we hope to discover how many patients have quit tobacco use successfully. To accomplish these goals, we need to document within the patients’ electronic health records so that we can pull reports to reflect work being done.

Final Thoughts

While tobacco use has decreased overall, it remains a foremost health concern today because it is the number one cause of preventable disease, disability, and death in this country, including cancer. Providing a comprehensive tobacco cessation program within our community cancer center has allowed us the opportunity to provide support to patients at a vulnerable time in their life. As clinicians,

developing this program has allowed us to find meaning in the work that we do. We were able to advocate for change within our healthcare system, develop a supportive multidisciplinary team, and build relationships with providers and patients to provide support to those who have a cancer diagnosis and a desire to quit tobacco. We are excited for the future and will continue to grow, develop, and implement a tobacco cessation program that will encourage, support, and advocate for those who wish to be tobacco free. 

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