

May 18, 2007
QUITCENTER MEETING
MINUTES

Present: UMDNJ-TDC/New Brunswick-Jonathan Foulds, Roena Vega, Jose Cruz, Michael Steinberg & Jyoti Dasika. UMDNJ-TDC-Newark -Heather Jordan. NJ DHSS Gail Ernst, Ed Kazimir. SBBHN-Allison Goldshlag & Helene Long. Virtua Health-Cynthia Grant. UMDNJ/SPH-TSERP Dan Gunderson. Shore Memorial-Stephen Katzen. Somerset Medical Center-Chris Kotsen. Mercer County Quitcenter- Donna Drummond. Monmouth County Correctional- Emma Williams. (n=16)

I. NJ DHSS- news from CTCP

- a. Data Brief- In the process of drafting -Tobacco Surveillance and Evaluation Research Program is cleaning and organizing the data. Almost complete. The first brief will be on NJ Quitcenters 101 and will be published on the CTCP website. This brief will include historical, demographics total number of smokers treated, percentage quit at 6months..... Information will illustrate what the Quitcenters are doing; this will also provide advertisement for the Quitcenters. There are approximately 6000pt currently in the qc data
 1. Volunteer for work group by email to Gail Ernst and meet after the Quitcenter meetings
 2. Once this one is complete we can consider subsequent brief reports on Quitcenter work.

- b. Quitcenter database -Report any technical issues with the database to Karen Farrell.
 1. Master Update of all QC databases at the beginning of the new fiscal year. All QC will send your database to Karen Farrell at the same time for an update. Date to be determined.

II. Jill Williams, MD-Trail of Transdermal Selegiline (FDA approved for Parkinson disease and depression).

- a. This study is funded by NIDA and conducted at UMDNJ-Robert Wood Johnson Medical School, 317 George St., New Brunswick, NJ, Suite 105. UMDNJ-IRB approved 4/12/07. The purpose of this research study is to compare the effectiveness of a potentially new quit smoking (selegiline patch) medication vs. placebo medication. Benefits include a comprehensive medical evaluation, free medication, and free treatment and compensation of \$240. The study will be advertised in news papers and will refer patients who are not eligible to NJ Quitcenters and Quitcenters can refer patients to the study.
 1. Patient must be able to commute to New Brunswick in order to participate in the study.
 2. Very strict criteria - healthy smokers. No patients with mental illness, good option for uninsured young healthy patients. 60 recruits –over 9 months to meet wkly for 10 minutes. For more details contact Dr. Williams @ 732-235-3904

III. Fax -to-Quit- Jonathan Foulds

a. This form is intended for patients who express an interest in quitting smoking. Quitcenters are encouraged to contact their hospital outpatient clinics and department managers to utilize the fax

to quit form; this can also be used by non-health care professionals. The directions are on the form, which makes it very easy to use.

1. This form has been posted on the Tobacco Dependence Program website (<http://www.tobaccoprogram.org/faxtoquit.htm>). Quitcenters can download this form and replace TDP logos with their own.
2. The QC will contact the patient to see if they're interested in coming in for an appointment.
3. Keep a record of how many referrals you are actually getting and how many are turning into patients attending the QC. Make up to three phone calls to schedule an appt.
 - a. JF-TDC just started Fax to Quit and received 7 referrals and 2 appointments.
 - b. HL-SBHC has used Fax to quit in 2 locations and received approximately 20 referrals and 5 appointments in the last month.

IV. Chris Kotsen-

Updated PHS Guidelines for 2008 (will be released 1/2008).

A draft/summary of the guidelines will be released prior to the 2008 public version-You will have a chance to make comments before PHS Guidelines are made public. Once its available we will send a copy out on the list serve.

Insurance issues in NJ (high deductibles, high co-payments) and "releasing" Conway bill

1. The bill has not been released. Herb Conaway is head of the health care committee. Write to the senator to inform him about the need for coverage of tobacco treatment. Some changes in the wording may be necessary to state the certification process utilizing ATTUD standards and to specify who the providers can be.
 - a. 1615-Requires health insurers to cover costs of tobacco use cessation services. Herb Conaway-primary sponsor and Robert Gordon co-sponsor. To review bill, go to: <http://www.njleg.state.nj.us/>

New Resources to share with HR directors for cessation services.

1. CK was invited to give a talk sponsored by a credit union to human resource staff with a number of companies in Central Jersey. This seminar is on "Wellness & Tobacco Cessation" and participants will receive HR continuing education credits.
 - a. Return on investment -More dollars spent on prevention by the employers is a cost saving intervention as smokers pay higher premiums.
 - b. Presentations on cost savings to employers-- Quit to Win website may be helpful.

Efficacy of lower dose Chantix for renal impaired smokers--- Pharmacies have .5mg pills.

V. Steven Katzen- Updates on Community Partners Relationship with QC

1. Community partners help promote Quitline, Quitnet & Quitcenters at events (hand out brochures and do presentations). They recruit community ambassadors that can get the information out about New Jersey's quit services. Partners are also required, when ever possible to utilize a sign in sheet and an evaluation at events.

- a. Quitcenters should develop a procedure with your local community partner regarding their events and the best way to follow up with interested parties.
- b. Quitcenters and Partners should also be working with there local cancer coalitions. If you have any problems contact –Ed K Kazimir.
- c. Utilize tools such as: Quit to Win website and fax to quit.

2. 4 week follow-up clarification

Ideally the 4 week follow-up is done face to face 4 weeks after the Initial Target Quit Date arranged during the initial assessment. The 4wk follow-up is timed from the initial target quit date, whether the patient fails or keep trying, the follow-up should take place 28 days after the initial target quit date.

- a. 6wk Group – last group date –4wk follow-up should be done
- b. Individual treatment-Arrange to see the patient around the 28th day so the 4wk follow-up can be done.
- c. Those who dropped out- call them on the phone at least 4 times (at different times of day). If no contact, leave a message then mail the forms or send an email.
- d. People who don't have a target quit date when contacted and they have quit, prorate the quit date. (i.e. It is important that everyone who makes a quit attempt has their Initial Target Quit Date entered in the database. Quitcenters should aim to have an ITQD for over 90% of clients who attend an appointment. The only exceptions should be (a) those who come for an assessment and decide they are not ready to quit and (b) those who come for an assessment, but it isn't completed in the first session, (and no QD set) who then don't return. Those without a quit date may then not be followed up, and won't be included in the dominator for quit rates calculations. But we shouldn't be inflating our quit rates by failing to enter a quit date in the database for those who fail. If you have less than 90% of patients with a TQD in the database, this suggests you're assessing too many unmotivated clients, or you should be getting onto agreeing a QD in the first session more frequently.

Other Business

JF-Paper posted on tobaccoprogram.org

“Advice on using over-the-counter nicotine replacement therapy-patch, gum, or lozenge-to quit smoking.” Consumer friendly version formatted in Spanish and English educating patients about NRT medications.

This can be accessed at:

<http://proyectovidanofume.org/espanol/publication-span.htm> (Spanish) and

<http://proyectovidanofume.org/publication.htm> (English - under “Guidance for smokers on use of nicotine replacement therapy”). These documents also contain a link to the published version of the paper.

Don’t assume everyone knows about NJ quit services

1. Jyoti Dasika (MPAT coordinator) presented TDP’s grant proposal to the Middlesex county health department officers committee meeting. This is the first year we were asked to do this. Despite the fact that for the past 7 years they sign for our whole grant, they had no idea what we do!
2. MPAT is also sponsoring an Open House for the Tobacco Dependence Clinic on May 31st . NJN News attended and the story was on TV June7th. Please visit <http://www.njn.net/newspublicaffairs/healthreports/> to view the segment.
3. NJ has a help line – 211 see if you’re listed, if not get listed and you’ll receive referrals from those inquiring an about smoke cessation.
4. The DHSS website- Download information from the CTCP regarding programs in the state of NJ.

FYI

Chantix—Pharm reps give \$10.00 coupon, advise patients to shop around for the best price. Shop-Rite, Costco and Eckerd’s all have competitive prices.

Navigating Pham companies’ websites for discount medications is very difficult and time consuming. Go to:<http://endsmoking.org/> to request Professional Assisted Cessation Therapy (PACT) materials.

EK- will be meeting with the Governors council on alcohol and other drugs and will discuss Community Alliances promoting things regarding tobacco.

JF-Met with the director of DAS- Re: addressing tobacco in the addiction treatment community.

Next CTCP Grantee Meeting will likely be in October 2007. (Date TBD)

NEXT NJ Tobacco Treatment Provider’s MEETING IN NEW BRUNSWICK WILL BE 9.30-11.30am, FRIDAY June 22, 2007.

Please send items for the agenda to Lisa Underwood: lisa.underwood@umdnj.edu

From now on the minutes will be recorded and posted on www.tobaccoprogram.org