Tobacco Guideline Revision Committee Meeting Minutes					
Date: Thursday, January 29, 2009 12:00 – 1:00 pm			**Location:** CCGC Conference Room; conference call; webinar		
Friday, January 30, 2009, 3:00-4:00 pm					
Participants:	**Thurs**	**Fri**	**Participants:**	**Thurs**	Fri
Alicia Appel, MD, Denver Health			Chad Morris, PhD, University of Colorado Denver		X
Linda Archer, RN, CDPHE	X		Ralph Pollack, Business Health Forum		
Jill Bednarek, MSW, CDHPE- STEPP		X	Juanita Redfield, MD, Colorado Permanente Group		
David Brody, MD, Denver Health Managed Care	X		Erik Stone, MS, CAC III, Signal Behavioral Health Network		
Clifford Croan, MA, LPC, DAPA, Enigami Systems, Inc.	X		Sharon Tracey, Tri County Health Department	X	
Janice Ferguson, RNC, Rocky Mountain Health Plans/ Baby & Me Tobacco Free			Johnn Young, Denver Public Health		
Ron Gowins, BS, CACIII, Denver Health Medical Center, OBHS					
Laura Borgelt Hansen, PharmD, University of Colorado Denver			Elizabeth Kraft, MD, CCGC	X	X
Deb Montgomery Osborne, MPH, RD, CDPHE-STEPP		X	Alison Long, MPH, CCGC		X
Diane Herrick, RRT-NPS, The Children's Hospital		X	Michele Patarino, MBA, MSHA, CCGC		X
Lisa Latts, MD, MSPH, MBA, Anthem/ Wellpoint		X	Debbie Dion, CCGC	x	
Diana Maier, MPH, CPHQ, New West Physicians	x		Emily Gingerich	X	x

Agenda Item	**Summary- Thursday**	**Summary- Friday**	**Action Items**
I. General operations & logistics			
II. Background to guideline revision process			-Turn in Conflict of Interest and Member Information Forms -Check out Guideline webpage
III. Background to current guideline	- STEPP is grantor - Combined SHS and tobacco cessation - The next guideline will be the third revision - This is will be main guideline and will have supplements on youth, prenatal, mental health, etc. - Ask, Advise Refer- to the Colorado QuitLine	Same as Thursday	
IV. Feedback on the current	- Font size small, pharmacotherapy side	Chad- Three A's and an R model. Heard	Dr. Brody will share

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guideline a. Effective evidence based interventions b. Utility/usefulness in daily practice c. Review of suggestions/comments about current guideline	difficult to read Sharon- Too much information on front side with circle and all the talking points on the other side. Make it more user-friendly. Clifton- Are additional resources and references necessary? Or should we shrink them down? Dr. Brody- PHS has some points that aren't made in the current guideline: 1. Recommendation that providers make tailored materials available both in print and web-based, with a list of those materials/websites 2. Combination of counseling and medications are most effective. 3. Recommendation to provide motivational interviewing techniques Diana- There's a need for more practical tools for physicians. Also, combination therapy is important and should be emphasized.	through the QuitLine that they need to be assessed before being sent there. Michele- Are we here to discuss practical usefulness or new evidence that would keep it moving forward. Don't know that 3 A's and R is evidence-based. Cissy- Needs to be useful, but also mostly evidence-based. Diane- Children's does the 3 A's, but perhaps all in the "ask" and it is very efficient (2 minutes total) This is in their EMR. Chad- Mental health clinicians would be open to the "assess." Jill- Start with 2 A's and R and if have more time 5 A's Alison- evidence is in 5 A's, so it is on top Diane- hybrid it Cissy- MA's are comfortable assessing but not as much advising, so give more guidance on "assess"	MI two-sheet with the committee Diane- will send EMR screen shots Look at other guidelines use of 5 R's for an example Cissy- Look at reference for second line drugs Review 3 A's literature & 2 A's and R Will post pocket card examples
	Chronic relapsing "disease" vs. "condition"? - Diana- Yes and get insurers behind it. - - Sharon- Drugs & alcohol are considered addicted diseases, so this should be as well. Modify word condition to disease	**Chronic relapsing "disease" vs. "condition"**? Diane- Stay with national guideline Jill- Yes- disease Dr. Latts- Also moving this way with obesity.	

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	Multiple attempts to quit- instead of repeated interventions and a systematic approach - Dave- Repeated interventions doesn't convey multiple attempts to quit Perhaps add it to assist or arrange, - Linda- Add under arrange **Special populations**- address that it is available in the bottom bar - Sharon- Yes, this information should be readily available especially for mental health centers **Modify references:** Texas uses 5 R's in the Assess - Sharon- Is AAR adequate for practices? - Diana- For the patient who is not ready the AAR will not work - Dave- What's the value of the advise? Doctors probably aren't giving the 2-3 minutes spiel about how bad smoking is for them. **3 A's & 2 A's, 5 R's under assess** Dave- Advice to quit smoking- no longer recommended in PHS guideline; I think ask, assess and refer Sharon- Where would the physicians advise to quit come in? Dave- Add under motivational interviewing- get the patient to articulate the benefits of quitting	**Multiple attempts** Alison- Two different things, provider is repeated intervention Diane- Continuum, help move along continuum of quitting. **Special populations**- address in bottom bar? Diane & Chad- yes **3 A's & 2 A's, 5 R's under assess** Diane- Adding another A complicates it, instead add under ask Chad- Add "Are you ready to quit in the next 30 days?"	

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	Cissy- Advise is B evidence, but still there. Dave- That data is very old at this point, leave the 5 A's in and the more limited time is Ask, Assess and Refer Diana- NWP does ask and assess in the vital signs. Cissy- IPIP practices are more comfortable with assess than advise as well, especially MA's. **Add "vital signs" under ask?** Linda- PHS says to do this, so we should add Cissy- Advise sample language- should be corollary material Diana (New West) handed out pocket cards and Pfizer materials (MI) Assess should include everyone along the spectrum. Diana- MI would make it too busy- should be corollary Assist- Quit Plan should be corollary, Do we need this level of detail on the **pharmacotherapy**? - Clifton- Yes	 **Add "vital signs" under ask?** Michele- Does this limit it to the physician practice? Limits mental health settings. Diane- Leave it out so it is more flexible. Cissy- Should we give talking points or in third person Diane- That could be a simple addendum. Chad- Record the answer? At each ask Deb- 5 R's is more of a supplement, it's overload, you would also need lots of tips and background. Alison- It should be a supplement. Chad- Supplement seems appropriate. Cissy- Strengthen language and keywords as part of bottom bar and also pharmacotherapy and counseling together are more effective. Chad- yes **Pharmacotherapy** side- too busy? Remove second line drugs? Chad- Clonidine and Nortriptyline are not	

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	- Sharon- Yes - Diana- Chew and park for nicotine gum instructions. - Cissy- Add that these guidelines can be used for chew tobacco. - Sharon- Yes - Dave- On med chart. take out columns about second line drugs, because they are not used and would help to simplify - Diana- Eliminate second line and refer elsewhere on guideline.	used Cissy- In the field they like the side effects, precautions and check and park would be helpful under the gum.	
VII. Next Steps	Next meetings Feb. 19, 20 Call Cissy with comments	Next meetings Feb. 19, 20 Call Cissy with comments	Let them know about new materials on the guideline