

Successful program to help smokers quit lives on

UCH Commits to COMITT

By Todd Neff

A proven program to get UCH inpatients to stop smoking has survived the end of the state grant that paid for it.

The COMITT program (Colorado Model of Inpatient Tobacco Treatment), which [launched](#) in 2012, was paid for by a three-year, \$734,000 grant from the Colorado Department of Public Health and Environment. But that money ran out on June 30.



Usually when state grant money runs out, the program either winds down or fishes for another grant. In COMITT's case, UCH leadership stepped up to pay for the program at a cost of about \$160,000 a year. It's the first time one of the [dozens](#) of state Tobacco Education, Prevention and Cessation Grant Program awardees has moved a state-funded smoking cessation program in-house, said Allen Wentworth, RRT, the hospital's director of respiratory care. (The CDPHE even [gave the hospital a plaque](#) to mark the occasion.)

Wentworth said the goal now isn't just to maintain the program, but to expand it: Plans are afoot to bring COMITT to UCH outpatients, too.

Wentworth, who [led the press](#) for UCH continuing the program, credits COMITT's survival to its on-the-ground success, UCH's self-insuring its employee health benefits, and hospital leadership doing the right thing.

The state COMITT grant paid for upgrades to the hospital's Epic electronic health record that help providers flag smokers, order nicotine replacement therapy, and connect them with tobacco cessation consultations from a tobacco treatment specialist (TTS) during their hospital stay. Patients who enrolled could then elect to participate in six months of free follow-up counseling after discharge.

The data. The program has been a success, according to fresh data on the 3,500 patients who participated during the first 18 months of the program. When polled six months after discharge, 35.8 percent of those who did the six-month follow-up program had been tobacco-free for the previous seven days, as compared to just 21 percent of those who had not agreed to join the COMITT program, according to Sara Cooper, PhD, lead evaluator for the Colorado School of Public Health's Community Epidemiology and Program Evaluation Group. In other words, participants were 70 percent more likely to have stopped smoking for at least a week.

The costs of smoking – and the benefits of quitting – are enormous. Smoking kills about 480,000 people in the United States every year and is responsible for one in five deaths, [according to](#) the U.S. Centers for Disease Control and Prevention. Smokers die, on average, ten years earlier than non-smokers. The habit also ups the risk of bronchitis and emphysema among men by a factor of 17 and that of lung cancer by 23 times. The good news: The CDC says quitting by age 40 reduces the risk of dying from a smoking-related disease by about 90 percent).

Penn State researchers in 2010 [estimated](#) that in Colorado alone smoking-related annual health care costs topped \$1.6 billion; when productivity losses and premature deaths were included, the annual cost rose to \$4.1 billion. The researchers estimated that Colorado smoking cessation programs delivered \$0.82 to \$2.66 in savings per dollar spent, depending on the program. Still, Wentworth and colleagues had to convince hospital leaders that investing \$160,000 a year would deliver a return on investment for the organization as well as for patients and society.

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Justification. Patient satisfaction was one point in the program's favor. Cooper's data quantified what the COMITT team saw anecdotally, which was that 55 percent of participants who were given nicotine replacement therapy during their stays reported being more comfortable while in the hospital.

Another talking point was the potential cost savings from employees and families under the CU Anthem self-insurance plan.

"I think it really does pay back for the most part," Wentworth said, "especially for the CU Anthem program. If we can get employees and the families of those employees we provide self-funded insurance into the program, it's going to reduce the long-term cost effect."

With 30-day readmission rates for COPD now subject to Centers for Medicare and Medicaid Services (CMS) reimbursement penalties, Wentworth and colleagues had another factor to help argue their case.

But ultimately, the fact that COMITT's aims and approach hewed so closely to UCHealth's vision of "health care to health" provided powerful justification in itself, Wentworth said.

Motivation. The program also filled a needed gap in expertise among inpatient providers, said Rebecca Norris-Lynn, RRT, the COMITT program manager and the lead respiratory therapist on UCH's Pulmonary Unit. Prior to the program, talking with patients about tobacco cessation fell to respiratory therapists. They weren't trained for it, she said.

"Our approach was, 'Let's scare them. Let's give them facts. Don't you know it'll do this to you? Don't you know it'll do that to you?'" Norris-Lynn said.

In contrast, TTSs are trained in motivational interviewing, which focuses on open-ended questions to understand patients' motivation to quit, catalog past attempts to do so, and emphasize how they can harness the energy and willpower they've used to overcome past challenges to quit smoking for good. Motivational interviewing assumes patients want to quit, and focuses on building their confidence as they tackle the addiction.

COMITT boils down to a focus on the patient, Norris-Lynn said, and patients see that. "They feel that we truly care about them. That's a huge piece of the puzzle," she said.

COMITT averages about 30 inpatient referrals a day, Norris-Lynn said, and taking the program in-house could raise that number because the state grant excluded those who live outside of Colorado. Expanding it to include outpatients, which Wentworth expects to happen by the end of the summer, could grow it even more.



Take out. An outpatient version of the COMITT program could be self-sustaining financially, Norris-Lynn said. It promises to encourage smoking cessation – and drive health care cost savings – among CU Anthem employees and families, Wentworth said. An outpatient program would also be a help to UCH primary care doctors from Lone Tree to Boulder who lack the training and the time to talk tobacco cessation, he added.

"We'd like to move the mark on them and get a significant portion to stop smoking before they become inpatients," Wentworth said.

The data aside, Wentworth credits UCH leadership for keeping COMITT alive.

"I really feel that, when they made the decision to move forward, they really were moving toward our mission, vision, and values," he said. "They made sure we were walking the walk, even though it wasn't easy."