An Interview with Nancy Rigotti, MD, Harvard Medical School

Nancy Rigotti, MD is Professor of Medicine, Harvard Medical School, and Director, Tobacco Research and Treatment Center, Massachusetts General Hospital. She has over 25 years of experience in developing, testing, and implementing strategies to treat tobacco dependence in health care settings. She was a pioneer in developing the evidence-based tobacco treatment strategies that clinicians now use. Target populations for her work include hospitalized smokers and outpatients who are seen for prenatal, pediatric, psychiatric, or primary care. She also develops and evaluates system-level interventions to translate effective tobacco treatments into routine practice in health care systems. ActionToQuit recently spoke with Dr. Rigotti to get some of her insights on increasing access to cessation treatment.

ActionToQuit:

In a recent issue of the Archives of Internal Medicine you had a commentary titled "Integrating Comprehensive Tobacco Treatment Into the Evolving US Health Care System." In this piece you say, "We need a comprehensive care management system for tobacco dependence similar to the systems being used to manage other chronic diseases." Can you share with us a little more about what you have in mind?

Dr. Rigotti:

I believe that tobacco treatment should not be an add-on but part of the core of the health treatment system. There are new models being developed which do this. Tobacco treatment could potentially be a leader in chronic disease management. Realistically, change to incorporate the full range of tobacco treatment in standard practice will be incremental.

Primary care practice is changing to a patient centered medical home. Teams will work to provide coordinated, comprehensive, first contact care. What is new is the use of teams for case management. A changing payment model will be blended with fee for service with the goal of keeping patients healthy.

As care models are changing, we need to think about building tobacco treatment into health care, with coaches for this or for exercise or diet. Others in the practice need to build in preventive care.

ActionToQuit:

Will this approach, using teams, add to the cost of providing care? Is that an issue in this fiscal and political environment?

Dr. Rigotti:

It is important to look at outcomes. Costs are cut if you cut hospital re-admissions. There will be system-wide savings, although not necessarily for individual practices. The Affordable Care Act is pushing for this kind of approach.

Some programs are already doing this, for example, to help smokers quit after a heart attack. They are combining hospital and out-patient services. The incentives will be more aligned. Without something like this, a practitioner may make money, but the overall system loses.

The Affordable Care Act calls for some pilots to start working on these integrated approaches. The Centers for Medicare and Medicaid Services (CMS) are supposed to be setting up pilots for this kind of affordable care.

In the places where I work, we are trying to restructure care for certain conditions and develop new care paths.

ActionToQuit:

In your commentary, you mention the Internet as having the potential to offer new options for smoking cessation. Could say a little more about that?

Dr. Rigotti:

We need to consider the best way to use health communications to help patients. A growing body of evidence shows that web-based interventions are useful for cessation. The evidence on telephone counseling has been developing over a longer time. Other social media such as text messaging and Facebook are being used to build treatment options. There is support for building prototypes in this area. A lot of different ways exist to reach out to smokers.

ActionToQuit:

What can you tell us about some of the other projects you are involved in?

Dr. Rigotti:

At Mass General we are building pieces of comprehensive care. In one example, we give hospital-based advice to patients, then connect to them at home after discharge to see if they want assistance, and offer them free medications to help with their cessation.

Another example is direct to smoker outreach for patients at community health centers. When smokers are identified, they are sent letters offering them free nicotine replacement therapy if they want assistance in quitting.

For outpatients, we provide brief advice on quitting. Then there is follow-up later.

For a number of things we are trying, we are adapting what others, such as the Department of Veterans Affairs (VA), system have done. The VA has been very creative and has made use of electronic medical records.

The real challenge is to convince a system to adopt a program after a pilot has shown it to work.

ActionToQuit:

Should medical schools be doing more to train students in tobacco cessation?

Dr. Rigotti:

More training is going on now than in the past, but even more could be done. It is a challenge to get time for cessation in the curriculum. Some schools are working with web-based learning for their medical students. The key is to teach students how to talk to smokers. The students need to understand that it is part of their job to help patients to quit.

When I got out of medical school, I would tell patients they should stop smoking. They would ask for my help. I did not know what to tell them. It was not part of my training. That is changing now.

ActionToQuit:

What advice do you have for people working in cessation in the current fiscal and political environment?

Dr. Rigotti:

In tough times, you must look for opportunities. You must show that the treatment goal has to be merged into the health care system. Everyone is looking for value these days. The value argument for cessation is not hard to make. It is one of the most cost effective things we can do to improve people's health.