

## **Tobacco use assessment, brief counseling, and quit line referral**

### **What is the evidence for tobacco cessation counseling?**

- Tobacco use is the leading cause of preventable death in the US <sup>1</sup>
- Counseling and pharmacotherapy can double quit rates <sup>2</sup>
- Brief clinical interventions are effective<sup>3</sup>

### **Why are we doing this now?**

- Over 76% of our patients 12 years and older are screened for tobacco use when they come in for visits. 35% of those screened use tobacco.
- Counseling /treatment services are available, but not routinely offered:
  - Quit Lines provide in depth coaching and support for quitting.
  - Tobacco cessation products are available through most payors
- Giving tobacco counseling is a nationally and locally well-accepted quality metric

### **How was the process created?**

This process was initially created by a multidisciplinary group of staff from across clinics, then piloted at mid-county health center in January 2013.

### **Goals of this process:**

- 1) Screen all patients 12 and older for tobacco use
- 2) 'Counsel' every tobacco user at every visit.
- 3) Create a standard definition of 'counseling'
- 4) Connect every patient who is ready to quit to resources for smoking cessation

### **Key Metrics:**

- % of active patients (patients seen in the last year) 12 and older who were screened for tobacco use

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<sup>1</sup> CDC MMWR 1993

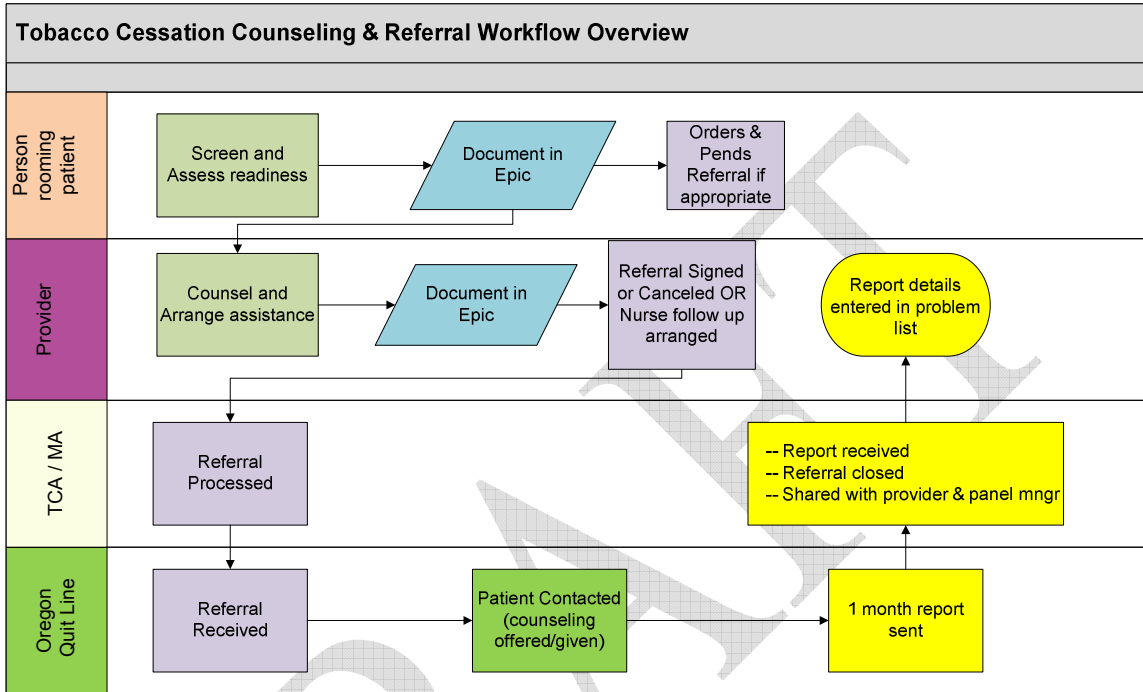
<sup>2</sup> *A clinical practice guideline for treating tobacco use and dependence.* 2000

<sup>3</sup> Treating Tobacco Use and Dependence Clinical Practice Guideline, U.S. Department of Health and Human Services, Public Health Service, May 2008

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- o % of patients who screen positive for tobacco use who are given 'counseling' at the last visit.

**Process Overview<sup>4</sup>:**



**Process Details**

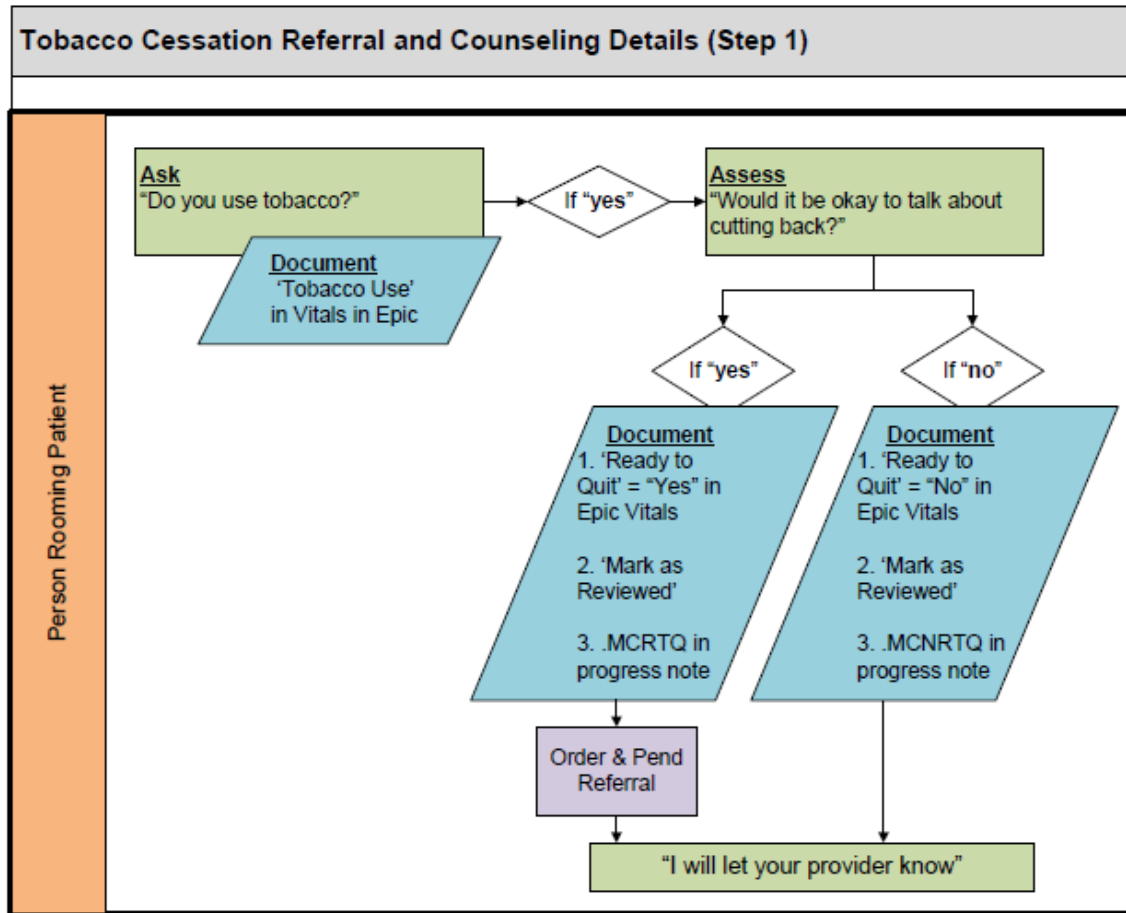
**Step 1: Tobacco Screening**  
 Person rooming the patient determines patient readiness to quit, documents, orders and pends referral.

<sup>4</sup> Overview 1 pager Cheat Sheet found in Annex 2, p. 14

<sup>4</sup> CDC MMWR 1993

<sup>4</sup> Fiore A clinical practice guideline for treating tobacco use and dependence. 2000

<sup>4</sup> USPSTF 2003



a) Person rooming the patient asks if they use tobacco. The answer is documented in the **vitals** section of the chart.

Person rooming the patient asks if it would be okay to talk about cutting back. If the patient answers, "yes" this is indicated in the **vitals** section of the chart (as ready to quit). If the patient answers, "no" this is indicated in the **vitals** section of the chart (as not ready to quit).

Person rooming the patient clicks on 'Mark as Reviewed' when they are finished.

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**Vitals**

**Taken on:** 1/3/2013 1125

BP:  SpO2:

Pulse:  Weight:

Resp:  Height:

Temp:

Source:  PF (best):

**Pain Information**

Score:

Location:

Educated?

Comment:

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**OB/Gyn Status**

LMP: 9/5/2012

Having periods?  Yes  No

Mark as Reviewed Never Reviewed

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**Tobacco Use**

**Current Everyday Smoker**

Packs/day: 0 Years: 0 Pack Years: 0

Ready to quit:

Smokeless: **Unknown**

Counseling given:

Mark as Reviewed Last reviewed: 1/3/2013 Edit Tobacco Use

Extended Vitals

b) Person rooming the patient **Orders and Pends** a referral to the Oregon Quit Line using referral #9077 for 'smoking cessation'.

**REFERRAL FOR SMOKING CESSATION**

External Referral

Last Resulted: Order ID [9077]

Class:

Referral Priority:

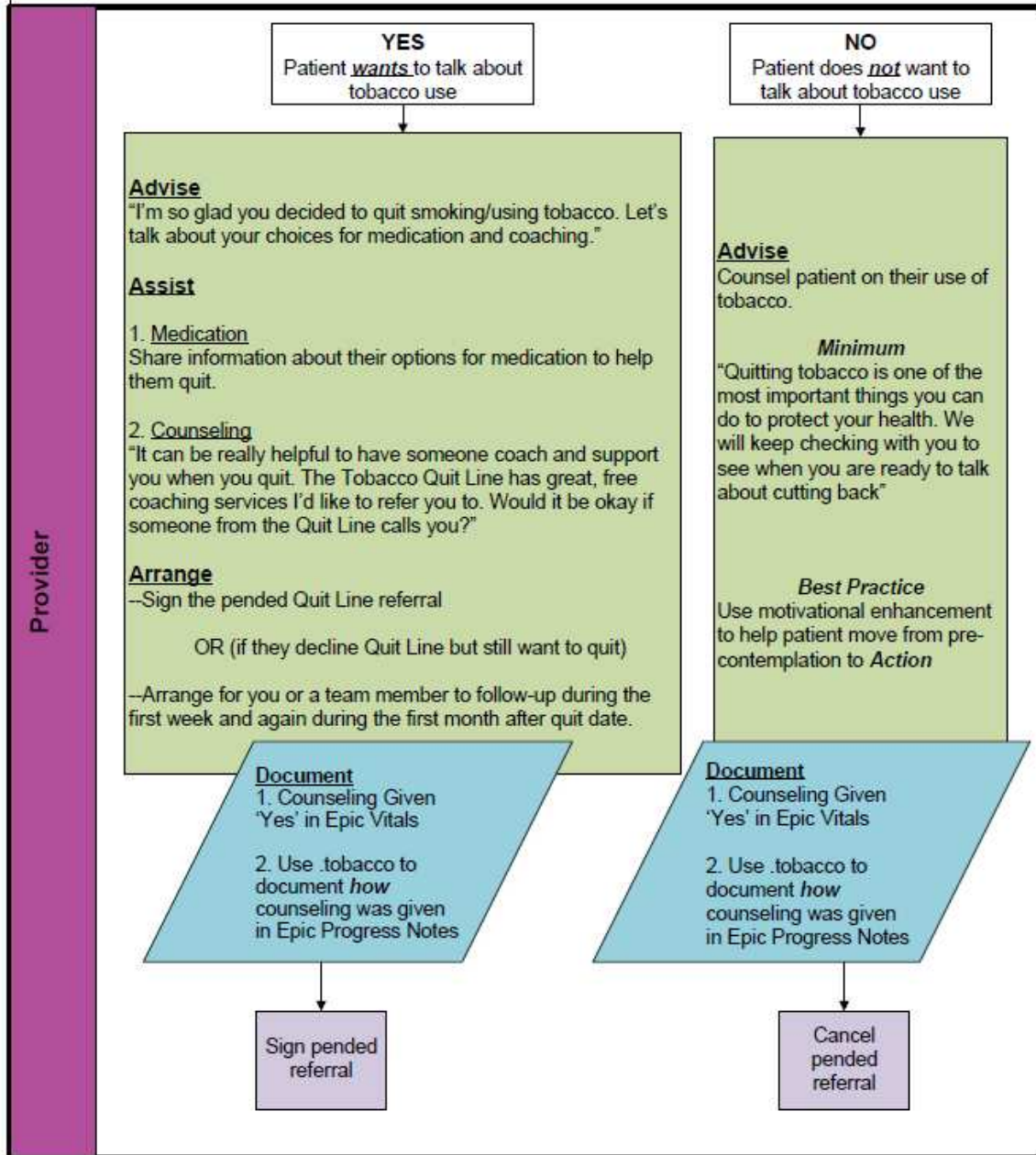
c) Person rooming the patient uses smartphrases .MCRTQ or .MCNRTQ in 'progress notes.'

.MCRTQ = "patient ready to discuss options for quitting"

.MCNRTQ ="patient declines discussing options for quitting"

**Step 2: Provider or CHN counsels patient on quitting use of tobacco products; Provider or CHN documents counseling in Vitals & Progress Notes.**

**Tobacco Cessation Referral and Counseling Workflow (Step 2)**



Provider or CHN documents counseling in Vitals:

**Vitals**

**Taken on:** 1/3/2013 1129

BP: [ ] SpO2: [ ] Pain Information  
Score: [ ]  
Pulse: [ ] Weight: [ ] Location: [ ]  
Resp: [ ] Height: [ ] Educated? [ ]  
Temp: [ ] Comment: [ ]  
Source: [ ] PF (best): [ ]

**OB/Gyn Status**  
LMP: [ ]  
Having periods?  Yes  No  
Mark as Reviewed Never Reviewed

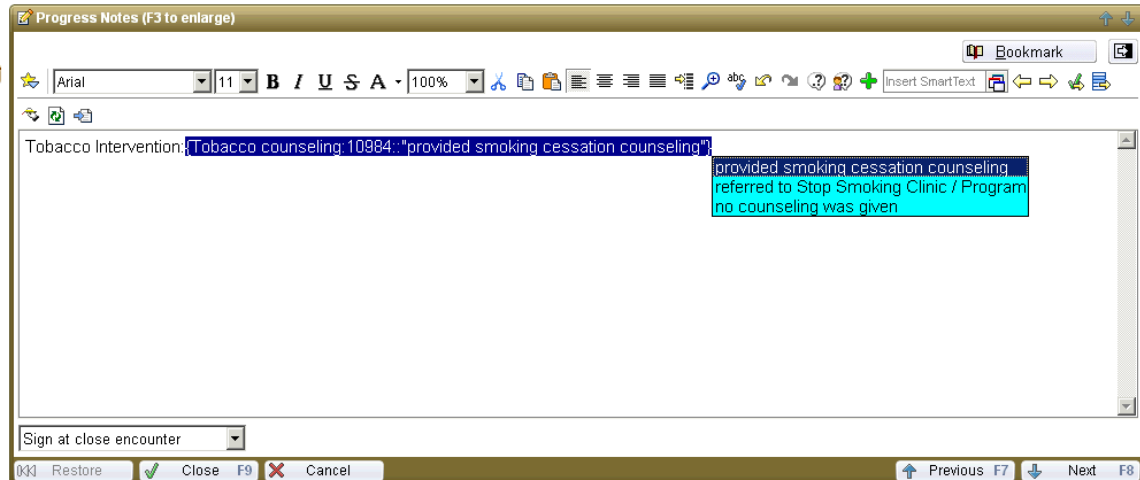
**Tobacco Use**  
**Current Everyday Smoker** Cigarettes  
Packs/day: 2 Years: 0 Pack Years: 0  
**Smokeless: Never Used**  
Ready to quit: Yes No  
Counseling given: Yes No  
Mark as Reviewed Last reviewed: 1/3/2013 Edit Tobacco Use  
Extended Vitals

Provider or CHN documents how counseling was giving in Progress Notes:

- Type .tobacco and choose 'referred to Stop Smoking Clinic / Program' or 'provided smoking cessation counseling'

**\*\*Note:** Even if patient is not interested in quitting or cutting back at this time, counseling should still be provided per workflow above.

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### Step 3: Patient agrees to Quit Line referral and provider signs the order

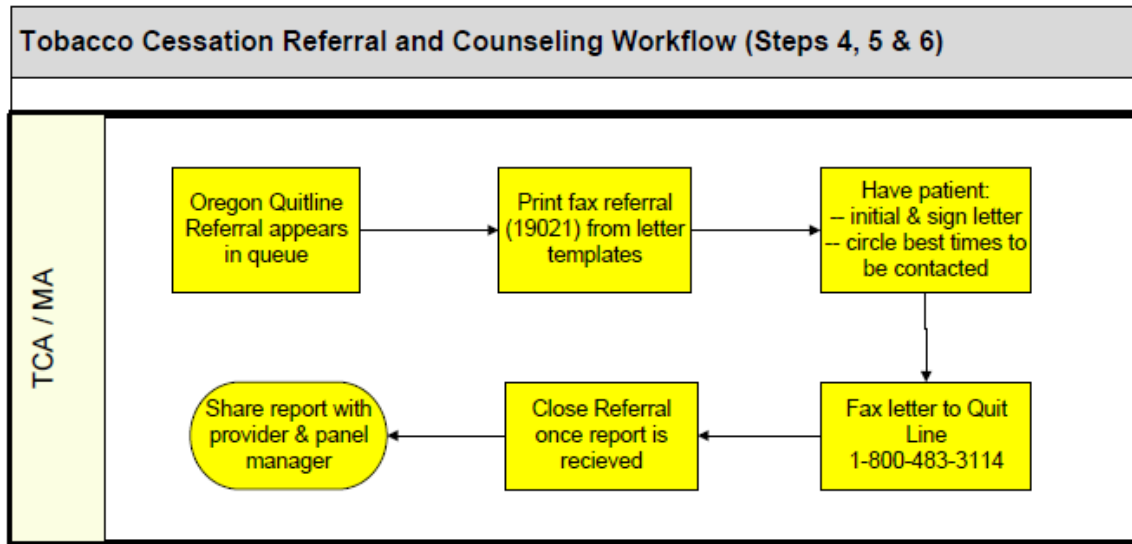
- a) *If patient does not agree, the referral process stops here and is documented in progress notes.*

*OR*
- b) *If the patient does agree, provider signs the order and process is documented in progress notes.*
- c) *If the patient agrees, but does not want to work with Oregon Quit Line, the provider makes arrangements to follow-up with the patient at 1 week and 1 month.*

**\*\*Note:** *Inform patient that if they are covered by **Family Care** insurance, they are required to do the Quit Line coaching to receive more than 14 days of medication to help them quit.*

### **Quitline Referral Processing**

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**Step 4: TCA / MA completes Quit Line referral letter with patient**

*TCA or MA sees referral order for the Quit Line which prompts them to:*

- a) *TCA closes referral when it appears in queue.*
- b) *Fill in and Print Oregon Quit Line fax referral letter 19021 from letter templates*
- c) ***\*\*Before the patient leaves**, the TCA / MA has the patient initial & sign the letter and circle best times to be contacted on the form*
- d) *Make sure patient knows that if they are covered by Family Care insurance, they are required to do the quit line coaching to receive more than 14 days of medication to help them quit. The provider should already have told them this.*





**Step 5: TCA / MA faxes referral letter to the Oregon Quit Line & closes referral.**

a) TCA / MA faxes referral letter to the Oregon Quit Line at the # on the form (1-800-483-3114).

Oregon Tobacco Quitline works with patient.  
They provide report on progress 1 month after they receive the referral.

b) TCA / MA sends signed letter to scanning.

**Step 6: TCA / MA receives report, & gives report to provider and panel manager**

*The Oregon Quit Line may still be working with the patient but progress to date is sent at the 1 month point. If the 1 month report is not received the TCA / MA should contact:*

Beth Sanders  
Cessation Coordinator  
[\(971\) 673-0563](tel:9716730563)  
[elizabeth.c.sanders@state.or.us](mailto:elizabeth.c.sanders@state.or.us)



*Example of Fax Referral Reports*

## Fax Referral Reports

**Clinic**

Fax Handling ClinioProvider	Pending	Declined Services	Already Enrolled	Not Reached	Accepted Services	Current Received
ADC-MAC	-	-	-	-	1	1
AFFORDABLE DENTAL CARE	1	-	-	-	-	1
BENTON COUNTY HEALTH DEPT	-	-	-	-	-	-
BESTCARE TREATMENT SERVICES	-	-	-	-	-	-
CAPITOL DENTAL GROUP - SPRINGFIELD	-	-	-	3	4	7
CASCADES EAST FAMILY PRACTICE	-	-	-	1	-	1

**Step 7: Panel Manager enters details in problem list**

*The report includes details such as whether the patient was reached and if they enrolled or declined services. These details should be included in the problem list for the patient.*

***\*\*If you have updates or questions regarding this Job Aid, contact Health Promotion Coordinator Sylvia Ness (sylvia.ness@multco.us , ext. 25445)***

## Appendix1: SMOKING CESSATION PRODUCTS / MEDICATIONS

### Evidence Summary

#### Strong evidence

- All FDA-approved smoking cessation products are > placebo
- NRT and bupropion (Zyban) are equally effective
- Combining the NRT patch with another NRT therapy (e.g. gum) > NRT monotherapy
- Combining behavioral therapy with smoking cessation products increase the rate of long-term (> 6 mo) abstinence

#### Moderate to Strong Evidence

- Varenicline (Chantix) has higher abstinence rates than bupropion or NRT

#### Inconclusive Evidence

- Combining bupropion with NRT
- Use of any product in: pregnant women, adolescents, smokeless tobacco users, and light smokers who smoke < 10 cigarettes/day

### Nicotine Replacement Therapy

- Patch, gum and lozenge minimize withdrawal sx's; all except patch help with immediate cravings
- Intended for short-term use (12-24 weeks or less)
- No differences in safety or efficacy between NRT products (strong evidence)
- Nasal spray and inhaler - by Rx only; all others OTC
- Use with caution in patients with CVD- particularly recent MI, arrhythmia, serious/worsening angina
- Pregnancy Cat: D
- Common AE: local irritation

### Bupropion SR (Zyban)

- Increases seizure threshold; avoid in patients prone to seizures
- Blackbox warning: risk of serious MH events including behavior change, depression, hostility, and SI
- Pregnancy Cat: C
- Common AE: insomnia\*, dry mouth

### Varenicline (Chantix)

- Highest abstinence rates
- Blackbox warning: risk of serious MH events including behavior change, depression, hostility, and SI
- Reduce dose in renal dysfunction (CrCl < 30ml/min) and dialysis
- Use with caution in pts with CVD- may increase risk of serious CV events (inconclusive evidence)
- Pregnancy Cat: D
- Common AE: nausea, insomnia\*, headache

\*Taking the 2<sup>nd</sup> dose in the late afternoon ( $\geq$  8hrs after the 1<sup>st</sup> dose) or earlier in the evening with dinner helps minimize.

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**Oregon Tobacco Quit Line**

Provides free counseling to all Oregonians.

Hours: 7 days/wk, 4:00 AM To 12:00 AM (Pacific Time)

**Formulary Coverage**

Product	MCHD Uninsured	OHP Open-Card	CareOregon OHP	FamilyCare (FC) OHP
Nicotine patch	No	QL – Total of 60 patches/yr  (i.e. 6 mo supply /yr)	QL – 14d supply/Rx & total of 98d supply/yr	All products covered.  Initial 7d supply allowed.  Patient is <u>required to enroll in Alere Wellbeing to get more than 7 days of medication.</u> Alere sends enrollment lists to FC daily and FC enters auth for subsequent Rx fills.  <u>Alere Wellbeing</u> Access through fax referral process. Oregon Quit Line “triages” Family Care clients to Allere services.
Nicotine gum	No	QL – Total of 3600 pieces/yr		
Nicotine lozenge	No	(i.e. 6 mo supply/yr)		
Nicotine inhaler	No	No	No	
Nicotine nasal	No	No	No	
Bupropion SR 150mg	\$4	Yes; No QL	QL – Total of 180d supply/yr	
Chantix	\$4	QL – 12 wks/6 mo	QL – Total of 90d supply/yr	

Abbreviations: QL = Quantity Limit

## Annex 2: Tobacco Cessation Workflow CHEAT SHEET

### Step 1: Tobacco Screening and readiness to quit assessment

#### Person rooming the patient

1) Ask patient ages 12 and up about tobacco use and document on Vital Signs page. If not using tobacco, the process stops here

2) if using tobacco:

**Ask** "Is now a good time to discuss quitting?"

**Document** patient answer in the **READY TO QUIT** section.

3) Go to Progress Notes and type in smart phrase .MCRTQ or .MCNRTQ

.MCRTQ=patient ready to discuss options for quitting

.MCNRTQ=patient declines discussing options for quitting

4) If ready to quit, pend order and referral for Tobacco Quit Line to provider using referral #9077 for smoking cessation.

### Step 2: Counseling

#### Provider

1) Counsel:

If NOT ready to quit<sup>5</sup>:

*"Quitting tobacco is one of the most important things you can do to protect your health. We will keep checking with you to see when you are ready to talk about cutting back."*

If ready to quit:

Offer medication and/or counseling support:

*"It can be helpful to have someone coach and support you when you quit. The tobacco Quit Line has great free coaching services I'd like to refer you to. Would it be okay if someone from the quit line calls you?"*

2) sign or delete referral #9077 depending on patient preference.

<sup>5</sup> See if patient is ready to quit by: Reviewing progress note by MA (or looking at vitals section)

If patient wants to quit but declines the Quit Line, provider or support person will notify CHN to call patient within a week and then a month to follow up with patient.

### 3) Document

- a. **click Counseling Given** section on the Vital Signs page (reported on dashboard)
- b. document actual counseling in progress notes

## Step 3: Arranging

### CMA

CMA to **print out** Oregon Tobacco Quit Line Referral Letter from Letter Templates in EPIC number **19021**. Patient to circle best times to be contacted. TCA or CMA will fax signed referral letter to 1-800-483-3114 and then send signed letter to scanning.

### TCA

If order is signed the referral will appear in the Referral Queue for TCA. **TCA to close out the referral** when it shows up in the queue.

## Step 4 (optional): Follow up

### CHN

During Follow-up Call CHN will discuss:

- 1) if patient actually has quit or cut down and
- 2) how patient is managing with any withdrawal issues. Revisit if patient wants to try Quit Line (if patient is struggling). Schedule patient for 1 more follow up call in a month.