



# Treating Tobacco Dependence Practice Manual

*Build a Better Office System*



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS

**ASK AND ACT**  
A TOBACCO CESSATION PROGRAM

A photograph of a male doctor in a white lab coat and a purple tie, sitting at a desk and talking to a patient. The patient is seen in profile on the left. The doctor is holding a pen and looking at the patient. The background is a plain, light-colored wall.

Make sure every patient who uses tobacco is identified, advised to quit, and offered evidence-based treatments.

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## Introduction

Tobacco use causes 440,000 deaths in the United States each year, making it the leading preventable cause of death.<sup>1</sup> Of the 46 million current U.S. smokers, 70 percent say that they would like to quit.<sup>2</sup> However, tobacco dependence is a chronic disease that often requires repeated intervention and multiple quit attempts.<sup>3</sup> Family medicine offices have a tremendous opportunity to make a significant impact on the tobacco-use behaviors of Americans, as nearly one in four office visits is made to a family physician. That's 228 MILLION opportunities each year to intervene!<sup>4</sup>

The U.S. Public Health Service (USPHS) Clinical Practice Guideline, *Treating Tobacco Use and Dependence 2008 Update*, calls on clinicians to change the clinical culture and practice patterns in their offices to ensure that every patient who uses tobacco is identified, advised to quit, and offered evidence-based treatments. Specifically, the Guideline recommends:<sup>3</sup>

- Implementing a tobacco user identification system in every clinic
- Providing adequate training, resources and feedback to ensure that providers consistently deliver effective treatments
- Dedicating staff to provide tobacco dependence treatment and assessing the delivery of this treatment in staff performance evaluations.

# Develop a culture that promotes tobacco cessation

Primary care practices are beginning to transform from condition- and treatment-centered practices to patient-centered medical homes (PCMH). This transition period offers your practice a prime opportunity to improve your rate of tobacco treatment interventions, as a PCMH is based on a continuous relationship between the patient, the physician, and a patient care team, in which the team takes collective responsibility for the patient's ongoing care.

There are numerous ways to develop and establish a tobacco-free culture in your family medicine office. The most important aspect is to get the entire staff, as well as your patients, thinking and talking about being tobacco-free. Examples of how to demonstrate your tobacco-free culture include:

- Make sure magazines in your exam rooms and waiting areas don't have tobacco ads. You can get a list of tobacco-free magazines at [www.aafp.org/askandact/officechampions](http://www.aafp.org/askandact/officechampions).
- Don't allow staff to smoke on clinic grounds or during work hours.
- Place visual cues, such as posters and brochures, throughout the office. See page 20 for information on Office Champions resources.
- Educate all staff. On a regular basis offer training (e.g., lectures, workshops, inservices) on tobacco dependence treatments, and provide continuing education (CE) credits and/or other incentives for participation.

## Identify an Office Champion

Make one person in your clinic a tobacco cessation Office Champion. An Office Champion plays a critical role in providing overall leadership for tobacco cessation efforts. The Champion should be charged with recommending and implementing system changes to integrate tobacco cessation treatment into your practice's daily office routine.

Choose a Champion who is passionate about helping staff and patients quit so they can live healthier lives. Give your Champion the time, power and resources to institute real change. Make it a collaborative process, allowing all staff and clinicians to provide input into realigning processes. Your practice may want to form a committee to assist the Champion in planning and implementing change and measuring success.



# Evaluate your current system

This section of the manual will help you think about how your office currently functions, so you can identify areas where you can make small changes to integrate tobacco cessation activities into your practice.

## Assess your practice environment and systems

Your practice can demonstrate a commitment to tobacco cessation and facilitate patient-centered conversations with a physical environment that supports tobacco cessation efforts.

Conduct a brief, informal assessment of your practice by answering these questions:

1. How does your practice currently identify and document tobacco users? Whose responsibility is this?

2. How does your practice environment currently communicate to patients the importance of quitting and your ability to assist them? Select all that apply.

- Tobacco-free signs at entrances
- Posters in waiting areas
- Posters in exam rooms
- Self-help materials in waiting areas
- Self-help materials in exam rooms
- Lapel pins
- Other \_\_\_\_\_

3. How does your practice currently help patients quit smoking? Select all that apply.

- Distribute educational materials
- Refer patients to a quitline
- Refer patients to outside support groups or counseling options

- Conduct tobacco cessation group visits
- Counsel patients at visits
- Prescribe medication at visits
- Provide follow-up for patients making a quit attempt

4. What systems do you have in place to make sure tobacco use is addressed at patient visits?

- Prompts in EHR systems
- Tobacco use status as part of vital signs
- Registry of patients who use tobacco
- Flags or stickers on paper charts
- Feedback to clinicians on adherence with guidelines
- Regular staff training
- Other \_\_\_\_\_

5. Imagine that your practice is successfully doing everything it can do to help patients quit. How might that look?

6. What are some of the challenges you face in identifying smokers/tobacco users and helping them quit?

7. What has worked in terms of helping patients quit? What hasn't?

8. Whose responsibility is it now to advise patients to quit and to provide counseling and resources?

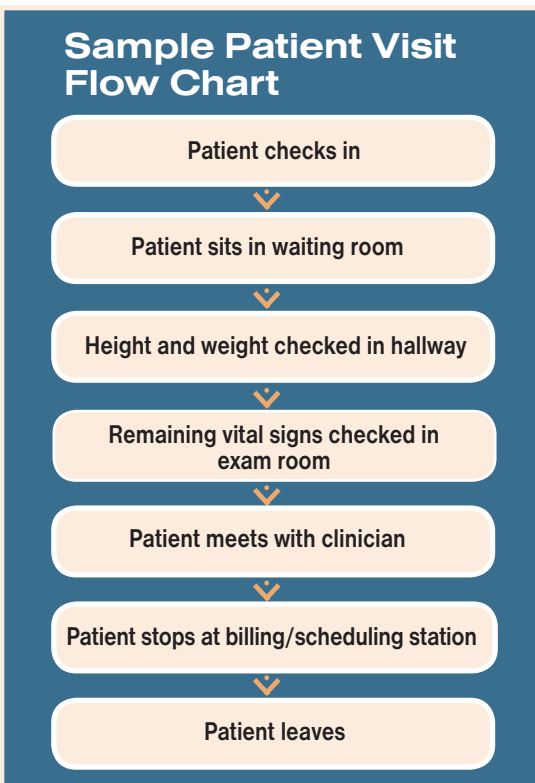
9. What resources are available in your community that your patients could access for help with their quit attempts?

## Evaluate patient flow

Take a moment to examine how patients flow through your office. This will help you identify opportunities where patients can be exposed to tobacco cessation messages and receive adequate support from staff. Create a simple document that shows how patients advance through your system, from the time they enter, until the time they leave.

Think about these questions, relative to tobacco cessation, as you document your current patient flow:

1. Where do patients go when they enter the clinic? What do they see and do before they're called back for their visit?
2. Who do patients see before meeting the physician?
3. What questions are asked when vital signs are measured?
4. What information is exchanged with patients before the patient/clinician encounter?
5. How do clinicians support tobacco cessation during the encounter?
6. How is tobacco cessation counseling and/or other treatment documented?
7. What reminder systems and prompts are in place to alert clinicians of opportunities to discuss tobacco cessation?
8. What path do patients take as they exit the clinic? Do they make any stops to speak with staff?



## Identify barriers

What challenges do you expect to experience as you make system changes to identify and treat patients who use tobacco? Make a list, as you'll find solutions as you move through this manual.

For many clinicians, a major barrier to systematic treatment of tobacco dependence is a perceived lack of payment for intervention. Other barriers commonly cited by physicians include lack of training, lack of time, and need for a better tobacco cessation system.<sup>5</sup> Some practices may find it difficult to enforce non-smoking policies with staff.

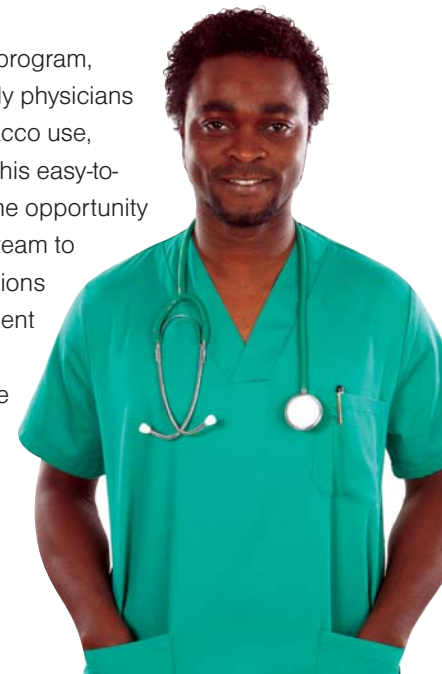
Many family medicine practices lack systems to:

- Track patients to determine who needs preventive services
- Contact those patients to remind them to get the services
- Remind themselves to deliver preventive services when they see their patients
- Ensure services are delivered correctly and that appropriate referrals and follow-up occur
- Make certain that patients understand what they need to do<sup>6</sup>

Another potential barrier is inappropriate expectations about treating tobacco dependence. It should be considered a chronic disease, and needs to be treated with the expectation that most patients will be helped through a series of relapses and remissions — not immediately quitting on the first try.<sup>3</sup>

A team meeting to identify potential barriers is a great place to begin your system redesign.

The AAFP's tobacco cessation program, "Ask and Act," encourages family physicians to ASK their patients about tobacco use, then to ACT to help them quit. This easy-to-remember approach provides the opportunity for every member of a practice team to intervene at every visit. Interventions can be tailored to a specific patient based on his or her willingness to quit, as well as to the structure of the practice and each team member's knowledge and skill level.



# Define a new system

Now that you've evaluated your current system, it's time to take steps to define and implement a system to ensure that tobacco use is systematically assessed and treated at every clinical encounter.

As you think about how to systemize your interventions, consider the five A's recommended in the USPHS Clinical Practice Guideline.

<b>ASK</b>	Identify and document the tobacco use status of every patient at every visit.
<b>ADVISE</b>	In a clear, strong, and personalized manner, urge every tobacco user to quit.
<b>ASSESS</b>	For the current tobacco user, is the user willing to make a quit attempt at this time? For the ex-tobacco user, how recently did he/she quit, and are there any challenges to remaining abstinent?
<b>ASSIST</b>	For the patient willing to make a quit attempt, offer medication and provide or refer for counseling or additional behavioral treatment to help the patient quit. For patients unwilling to quit at this time, provide interventions designed to increase future quit attempts. For the recent quitter and any with remaining challenges, provide relapse prevention.
<b>ARRANGE</b>	For the patient willing to make a quit attempt, arrange for follow-up contacts, beginning within the first week after the quit date. For patients unwilling to make a quit attempt at this time, address tobacco dependence and willingness to quit at next clinic visit.

## Ask

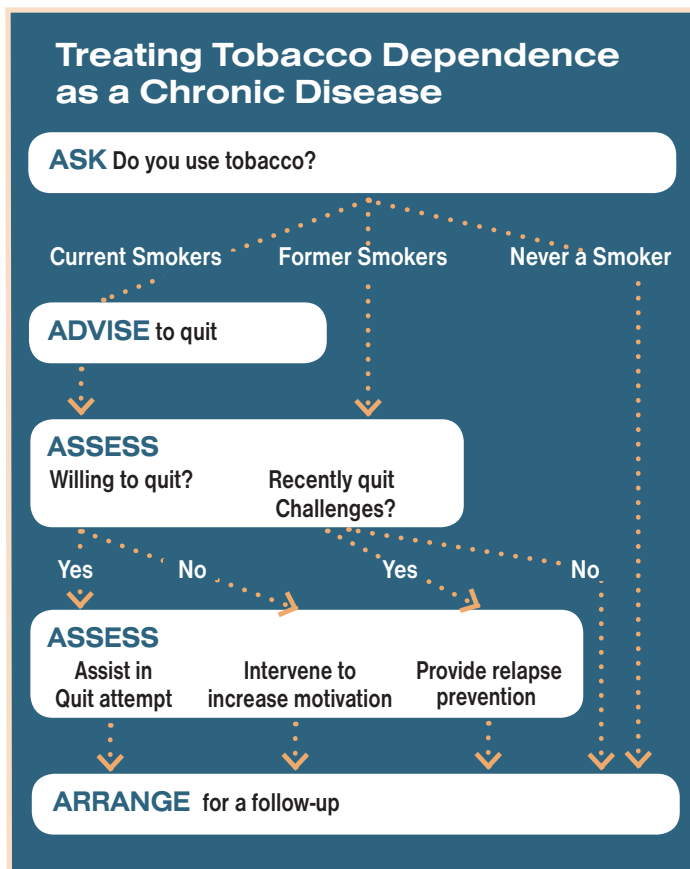
The first step in your process redesign should be to make sure that for every patient at every clinic visit, tobacco-use status is queried and documented.

If you're using paper records, expand the vital signs to include tobacco use. Electronic health records (EHRs) allow for integration of the USPHS Clinical Practice Guideline into the practice workflow, facilitating system-level changes to reduce tobacco use. Prompts on face sheets or summary screens can help you easily identify patients who are smokers, similar to a chart sticker or flag. These prompts can be specific to tobacco use – with status embedded in the social history – or generic chart reminders that your practice customizes. For example, many EHRs have pop-up reminders that could contain a query about smoking status. After the initial identification of the patient as a tobacco user, the EHR should then be programmed to remind the clinician to ask about tobacco use at subsequent visits.

Weight	<input type="text"/>	Height	<input type="text"/>
Temperature	<input type="text"/>		
Pulse	<input type="text"/>		
Systolic	<input type="text"/>	Diastolic	<input type="text"/>
Respirations	<input type="text"/>		
Smoking	<input type="text"/>	Packs Per Day	<input type="text"/>
Pain Level	<input type="checkbox"/>	<input type="checkbox"/> Current every day smoker <input type="checkbox"/> Current some day smoker <input type="checkbox"/> Former smoker <input type="checkbox"/> Never smoker <input type="checkbox"/> Smoker, current status unknown <input type="checkbox"/> Unknown if ever smoked	
Peak Flow	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

# Act

Once you've asked and found that a patient does use tobacco, it's important to take appropriate action, advising them to quit and assisting those who are willing to make a quit attempt. Tobacco use interventions don't have to be lengthy — The USPHS Guideline states that even brief counseling sessions may increase abstinence rates. Counseling combined with medication is the most effective treatment.<sup>3</sup>



## Teachable moments

One way to effectively help patients become interested in quitting is to recognize, create and capitalize on “teachable moments.” A teachable moment is a point in a patient visit where you're able to reshape the conversation from advice-giving to shared decision-making. This opportunity often arises when patients are presented with information that requires them to attend to or process new information. Capitalize on teachable moments to discuss healthy lifestyle choices.

### Some key “teachable moment” opportunities include:

- New patient visits
- Annual physicals
- Well-child visits (discuss smoking in the home and car)
- Women's wellness exams
- Problem-oriented office visits for the many diseases caused or affected by tobacco use and/or exposure to secondhand smoke (upper respiratory conditions, diabetes, hypertension, asthma, etc.)
- Follow-up visits after hospitalization for a tobacco-related illness or the birth of a child

Build “teachable moment” reminders into flow sheets and EHR templates for annual exams and tobacco-affected conditions, so conversations about quitting become a routine part of clinical care. See the “Guide to Integrating Tobacco Cessation into Electronic Health Records” at [www.aafp.org/askandact/officechampions](http://www.aafp.org/askandact/officechampions).

A major component to any conversation is assessing patients' attitudes toward and readiness to change. As you capitalize on teachable moments, actively engage patients in conversations to:

- Build a dialogue
- Bring about a desire for behavior change and eliminate resistance to change
- Help patients set goals that are specific, measurable, attainable, realistic and time referenced (SMART)
- Improve continuity of care

## Stages of change

Through patient-centered conversations, you'll identify your patients' current desire to change and help them advance through the stages of change, with the ultimate goal of getting them to take action to quit.

STAGE	DEFINITION	GOALS OF CONVERSATION	STRATEGIES	HELPFUL OFFICE CHAMPIONS RESOURCES
Precontemplation	Not interested in quitting	Increase awareness of need to change without criticizing	Personalize risks, but avoid scare tactics  Offer to help when they're ready to quit	Lapel pins  Posters  Quitline Referral Cards  Secondhand Smoke/Patient Education Brochures
Contemplation	Considering pros and cons of quitting, but not committed to taking action	Motivate and increase confidence	Discuss benefits of change and risks of not quitting  Explore concerns and fears (barriers)	Secondhand Smoke/Patient Education Brochures
Preparation	Making plans to change within the next month	Motivate patient to take action  Support desire for change  Confirm that quitting is possible	Help individualize a plan for quitting  Set realistic goals  Provide and have patient seek social support  Invite to group visit  Set quit date  Schedule follow-up  Refer to quitline (1-800-QUIT-NOW)  Provide educational materials  Write prescription/discuss OTC meds for cessation	Stop Smoking Guide  Quitline Referral Cards  "Prescription" Pads  Guide to Tobacco Cessation Group Visits
Action	Taking action to change behavior	Reaffirm commitment and arm with strategies for success  Reduce risk of relapse	Identify triggers  Teach behavioral skills  Invite to group visit  Provide educational materials  Reinforce benefits  Celebrate success  Follow-up  Refer to quitline (1-800-QUIT-NOW)	Stop Smoking Guide  "Prescription" Pads  Quitline Referral Cards  Guide to Tobacco Cessation Group Visits
Maintenance	Change becomes way of life  Have quit for six months or more	Plan for potential difficulties  Use support network	Identify ongoing triggers  Reaffirm behavioral skills  Resolve problems  Invite to group visit	Guide to Tobacco Cessation Group Visits
Relapse <sup>7</sup>		Overcome shame and guilt  Use relapse as a learning experience	Reassure that relapse is a normal learning experience  Facilitate another quit attempt  Identify successful strategies and barriers	Stop Smoking Guide  "Prescription" Pads  Quitline Referral Cards

## Motivational interviewing

Motivational interviewing is goal-directing counseling to motivate behavior change. Motivational interviewing uses the OARS technique to help patients move through the stages of change. OARS is an acronym for:

- Open-ended questions
- Affirmations
- Reflective listening
- Summaries

When using the OARS technique to talk to patients about their tobacco dependence:

- Express empathy – When patients think you're listening to them and understand their concerns, they'll be less defensive and may be more likely to open up. As they talk, you can assess where they need support.
- Support self-efficacy – Make your patients responsible for identifying the changes they want to make. Focus your attention on helping them believe that they can change.
- Point out previous successes they have had, or how other patients have successfully quit.
- Roll with resistance – Don't challenge patients who resist change. Instead, ask them what their solution is for the problem they've identified.
- Develop discrepancy – Help patients see the discrepancy between where they are and where they want to be.<sup>8</sup>



## Develop strategies for change

Patients who are motivated to quit will need help developing strategies for behavior change. In most instances, counseling should be combined with medication. Patients typically are more successful in their quit attempts if they receive counseling over multiple visits. This support can be provided by multiple clinicians, including quitline specialists. Practical counseling, which teaches problem-solving skills, is especially effective.

### Counseling + Medication Works Best

The AAFP Stop Smoking Guide walks patients through the steps for getting ready to quit, quitting and staying quit. The booklets help patients identify potential triggers and formulate coping skills to use in difficult situations.

When patients leave your office after setting a specific quit date, support their attempt with a Quit Smoking Prescription. This document serves as a kind of contract, and also provides practical tips on what to do before, on and after the quit date.



Visit [www.motivationalinterviewing.org](http://www.motivationalinterviewing.org) for more information about motivational interviewing.

## Pharmacotherapy

Clinicians should encourage all patients attempting to quit smoking to use medication, unless otherwise contraindicated or in populations where there is a lack of evidence.<sup>3</sup> As you develop new systems for ensuring patients receive appropriate treatment, be sure to designate at which point during visits patients will receive information about medication.

## Referrals

Providing systematic support and follow-up to patients motivated to quit can be a challenge to implementing a systematic approach to helping tobacco users quit.

Find out what type of referral resources are available in your community. Many health centers offer tobacco cessation support groups.

With assistance from the National Cancer Institute and the Centers for Disease Control and Prevention, all 50 states provide free quitline services. Your patients can access your state's quitline by calling **1-800-QUIT-NOW**.

Quitline services are available seven days a week, from early in the morning to late in the evening in most states.



When your patients call 1-800-QUIT-NOW they'll have the opportunity to talk to a trained counselor who will help them create a quit plan based on their situation and past experiences. In some states, callers to quitlines can have over-the-counter cessation medication mailed to their house. Many state quitlines also provide follow up calls to patients.

Some state quitlines offer a fax referral system where your office can fax in a patient's name and phone number. A quitline counselor will then call your patient and offer services. Some quitlines even provide feedback to your office, letting you know when they connect with your patients.



### **How to refer your patients to a quitline**

There are several successful strategies for referring a patient to a quitline:

- Provide a brief description of what services are available and address common misconceptions, i.e., "This service has been shown to help smokers quit. It is staffed by people skilled at helping you quit. They will not try to make you feel guilty about smoking, and any information you supply will be kept confidential."
- Endorse the service and personalize, i.e., "I have referred many of my patients to the quitline, and they received assistance that helped them quit."
- Assess the patient's interest in getting help:
  - If unsure, explore ambivalence.
  - If not interested, give a card saying "If you ever change your mind, here is a number you can call to get support."
  - If interested, provide a referral (fax referral, if available, or brochure or card with number) and then:
- Inquire at follow-up visits as to whether they called, or check feedback from quitline.

You can obtain wallet-sized referral cards with the quitline number at [www.aafp.org/askandact/officechampions](http://www.aafp.org/askandact/officechampions). To find out what services your state quitline offers, call your state health department or visit [www.naquitline.org](http://www.naquitline.org).

In addition to state-supported quitlines, some health plans and employers offer telephone-based cessation support to their members or employees.

**Quitlines work**

## ADVANTAGES OF QUITLINES

- Accessible in all 50 states  
**1-800-QUIT-NOW (1-800-784-8669)**
- Confidential
- No cost to patient
- One-stop shop for resources
- Easy intervention
- Evidence-based



## Example quitline process

Call to Helpline

Fax to Helpline

### Registration

- Collect demographics
- Describe available services
- Refer to local resources
- Direct transfer to coach

### Intervention

- Collect tobacco use history
- Assess co-morbidities
- Refer to local resources
- Develop a plan/quit date

### Quit Guides

- Mail
- Includes guide & materials for special populations

### Medication

- Provide information
- Screen for contraindications
- Determine correct dosage
- Ship

### Proactive Sessions

- Designed to prevent relapse or set new quit date
- Timed around quit date
- Assist with medication use

## Follow up

After a patient has set a quit date or started medication for smoking cessation, it is important to monitor progress. Patients often have side effects that can derail their cessation attempts.

When formulating a follow-up plan, consider the appropriate intervals and the contact method that will work for both clinician and patients.

- When? Plan to follow up with patients on their quit date, a week later, and about a month later.
- Who? Frequency of contact is a major determinant of success, but the contact need not be limited to direct, in-person visits with the physician. Maintain frequent contact with patients through dietitians, nurses and health educators.
- How? In addition to in-office follow-up visits, you can arrange for e-visits, telephone visits, or e-mail communication.

Follow-up calls and/or visits should include discussions on:

- The benefits of quitting
- Potential side effects of medications
- How social support is working
- Withdrawal effects and ways to deal with these
- Positive achievements such as creating a tobacco-free home and car
- How you and your team can help

Most people change behavior gradually. Patients cycle forward and backward through stages ranging from uninterested, unaware, or unwilling to make a change (precontemplation), to considering a change (contemplation), to deciding and preparing to make a change (preparation), to modifying behavior (action), to avoiding a relapse (maintenance).<sup>7</sup> Relapses of some sort are almost inevitable. An adequate, individualized plan for support and follow up will help your patient with his or her change efforts.

## Relapse

First, a couple of definitions. A relapse is generally considered to be a return to smoking that leads to a return to previous levels of tobacco intake. A slip, on the other hand, is just that: a cigarette or two that does not bring on a full-fledged return to the previous level of tobacco use. It is important that patients understand that a slip doesn't always lead to a full relapse.

Relapse is part of the process of lifelong change. Don't view relapse as failure. Patients may think this way, so you might want to explain that some relapse is to be expected. Most patients try several times before they successfully quit.

Similarly, try to avoid thinking of patients who relapse as noncompliant, nonadherent or unmotivated. These labels do not account for the complex nature of behavior change, or the physiologic effects of nicotine dependence. Remember, you're helping your patient overcome a chronic disease.

When counseling a patient who has relapsed, begin by normalizing the situation and focusing on the positive. Explain to the patient that even though a relapse has occurred, he or she has learned something new about the process of changing behavior.

Ask what got in the way. Have the patient identify obstacles. Note that this isn't a "why" question. If you assume that relapse



Acknowledge the difficulty of the behavior change and provide encouragement. Support patients and help them re-engage in the change process.

is normal and expected, the why is already answered. Help the patient focus on the details of the obstacles, which will help facilitate problem-solving. Some situations aren't

changeable, so the patient will have to discover strategies to overcome these challenges.

Ask how the patient will deal with the same situation in the future. This conversation will help the patient shift the focus from failure to problem-solving. Patients will be more vested in solutions if they come up with them. As part of this discussion, you can have patients identify what worked previously.

Acknowledge the difficulty of the behavior change and provide encouragement. Support patients and help them re-engage in the change process.

Have patients make a new plan or modify the current one. Shorten the interval between repeat visits. Consider using phone calls or e-visits for patients having difficulty reaching their goals.

## Cultural considerations

You most likely see patients from a variety of cultural and ethnic backgrounds. As you encourage these patients to quit, be aware of traditions or ingrained social or cultural customs (for example ceremonial tobacco use) that might pose barriers to successful cessation. Help patients see how the benefits of quitting outweigh any social benefits of smoking. Having patient-centered conversations will help ensure that goals and action plans are culturally appropriate.

## Low health literacy

Ninety million people in the United States have difficulty understanding and using health information.<sup>9</sup> People with low health literacy have a reduced capacity to “obtain, process, and understand the basic health information and services they need to make appropriate health decisions.”<sup>10</sup>

Patients with low health literacy may not understand drug labeling or medical instructions, with the result that they appear unwilling to follow recommendations. Patients may not understand health publications, may not give an adequate history, may be unable to provide truly informed consent, and may have difficulty completing medical and insurance forms.

You may want to assume that many of your patients have limited health literacy. Consider the following recommendations:

- Create an environment where patients feel comfortable talking to you.
- Use plain language instead of medical jargon or technical language.
- Sit down to achieve eye-level communication.
- Use visual models to illustrate a procedure or condition.
- Ask patients to “teach back” care instructions. Have patients explain back to you the instructions you gave them, or demonstrate procedures you explained.

## Emotional/mental health

Rates of smoking are two to four times higher among people with psychiatric disorders and substance use disorders than in the general population.<sup>11</sup>

All smokers with psychiatric disorders, including substance use disorders, should be offered tobacco dependence treatment. However, consider offering treatment when psychiatric symptoms are not severe. Stopping smoking or nicotine withdrawal may exacerbate co-morbid conditions. Treating tobacco dependence in individuals with psychiatric disorders is made more complex by the potential for multiple psychiatric diagnoses and multiple psychiatric medications.<sup>3</sup>

Patients with mental illnesses can successfully quit.<sup>12,13</sup> Counseling is critical to success. These patients will likely need more and longer counseling sessions, and may need more time to prepare for their quit attempt. Counseling should include problem-solving skills training.<sup>14</sup>

# Standardize the system

Now that you have a broad understanding of effective tobacco dependence treatment, it's time to standardize your office systems to ensure that every patient who uses tobacco is identified, advised to quit and offered evidence-based treatments.

## EHR templates

Electronic health records (EHRs) allow for integration of the Clinical Practice Guideline into the practice workflow, facilitating system-level changes to reduce tobacco use.

Beyond identifying smoking status, the EHR should include automatic prompts that remind clinicians to encourage quitting, advise about smoke-free environments, and connect patients and families to appropriate

cessation resources and materials.

Make a list of all diagnoses that are caused by or affected by tobacco use. You'll want to build prompts into each of those templates.

## Tobacco use registries

A tobacco use registry is a list of all your patients who use tobacco. The entire care team can use this list to keep track of which patients need services and to get a population-based view of how well your practice is meeting care guidelines. Registries make it easier for your practice to reach out to patients who don't seek the care they need.

A registry creates an opportunity to capture, organize and analyze information about your patients who use tobacco. Ideally, you'll want your registry to encompass your entire patient population, but you can start small and add data over time.

**A registry creates an opportunity to capture, organize and analyze information about your patients who use tobacco.**

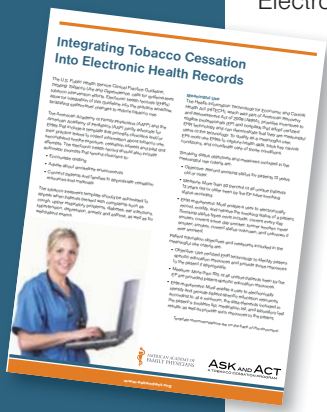
There are dozens of ways to create a registry. You can create a simple spreadsheet or use a standard database program. There are several registry applications you can download or use online for free. There are also robust applications you can buy. Newer EHR systems often have registry functionality built into the system.

While creation of a registry doesn't require the hiring of additional staff, you and your practice team will need to create a process for using the registry to prepare for and conduct patient visits, and also for following up with patients. It's important to clearly define who is responsible for each step in the process.

Registries give you the opportunity to monitor the performance of each provider and your health care team as a whole. Peer comparisons can be a great motivator for improved care.

## E-visits

Electronic medical appointments, or e-visits, take place online through a secure e-mail system or patient portal. E-visits are generally initiated by a patient, who enters information about their medical condition. After they send their request, it's triaged to their physician or a nurse practitioner who communicates treatment recommendations. The patient then receives an e-mail notification to log back into the system to the recommendations. E-visits are an efficient way to provide follow-up care to patients during their quit attempts.



## Group visits

Well-organized group visits provide better access to care at a lower cost. They can also provide an improved quality of care and a higher level of patient and physician satisfaction.

Group visits are ideal for patients who are trying to quit smoking. Group visits include a group educational session plus most components of individual visits, including one-on-one medical evaluations conducted by a physician or nurse practitioner. Learn how to conduct group visits by reading “A Guide to Tobacco cessation Group Visits,” available at [www.aafp.org/askandact/officechampions](http://www.aafp.org/askandact/officechampions).

## Make assignments/team approach

As you begin the process of change, bring together your healthcare team, led by your Office Champion, to discuss how best to adapt tobacco cessation activities into your practice setting. The team must:

- Select Office Champion resources to be used in the office, and how they'll be stored, distributed, and accessed.
- Choose how, when, and who will discuss tobacco-related issues with the patient, and where the responses should be documented on the chart. Remember that the patient's success increases along with the number of staff involved in the process.
- Decide who will help the patient develop a quit plan. While physicians have a slightly higher success rate with engaging a patient in a brief encounter, non-physician clinicians have nearly as great a success with interventions.
- Discuss how the team will provide follow-up care for patients in the cessation process, and create the mechanisms to make this happen.

## Roles of multidisciplinary team members

Systematizing processes requires very clear guidelines on roles and responsibilities. As you define who should assume various roles in your tobacco cessation efforts, consider this breakdown (your assignments may vary based on your practice size and structure):

### Physicians

- Deliver strong personalized, individualized advice to quit smoking/using tobacco
- Assess readiness to quit
- Deliver brief interventions to smokers ready to quit
- Review medication options and prescribe cessation pharmacotherapy or advise the use of NRT
- Refer patients to other team members for supplemental counseling
- Perform follow-up counseling
- Keep current on research

### Nurses, physician assistants and/or health educators

- Assess smoking status of patients/readiness to quit
- Provide counseling, with a focus on identifying strategies to avoid triggers, cope with cravings and get social support
- Perform follow-up counseling with smokers during a quit attempt
- Support previous education from other clinicians about use of medications

### Receptionists/medical assistants

- Distribute health questionnaire and specific smoking-cessation screening tools to identify smoking status of patients and/or collect information on smoking history and readiness to quit
- Ensure general education and self-help materials are in waiting areas and exam rooms
- Schedule follow-up appointments for smoking cessation visits
- Make follow-up calls to patients during quit attempts

### Administrators

- Ensure adequate human-resource support for staff to engage patients with tobacco cessation interventions, including the Champion and his/her duties
- Create smoke-free campus policies
- Support integration of smoking cessation tools into electronic medical records
- Arrange for smoking cessation training opportunities for staff
- Implement quality audits and monitoring quality of key implementation activities
- Ensure data are tracked for program evaluation
- Communicate outcomes to other members of the clinical team

Be sure to communicate to each staff member his or her responsibilities in the delivery of tobacco dependence treatment. Incorporate a discussion of these staff responsibilities into training of new staff.<sup>15</sup>

## Create staff/physician feedback mechanism

As with any quality improvement process, data are necessary and feedback is essential to system improvement. Formal, regular communication about how the tobacco cessation process is working should be integrated into the system.

Several elements can be measured and reported:

- The number and/or percentage of tobacco users in the patient population
- The number and/or percentage of patients advised and assisted
- The number and/or percentage of quit attempts
- Success rates at 1, 6 and 12 months, etc.

Provide feedback to clinicians and staff about their performance, drawing on data from chart audits, electronic medical records, and computerized patient databases. Evaluate the degree to which your practice is identifying, documenting, and treating patients who use tobacco.

Physicians will be interested in data on the use of pharmacotherapy and short/long-term success rates of their use. It may also be helpful to note the number of patients who stop spontaneously without much assistance.

Set benchmarks or target goals. Use a few minutes in regular staff meetings to share information about the process, and include the unblinded data in internal practice communications. Reinforcing the importance of the program and continuously creating ways to improve the system are crucial to success.

**Formal, regular communication about how the tobacco cessation process is working should be integrated into the system.**

## Payment

As you adjust your systems, be sure to involve those who do your medical billing. Patient visit forms and electronic claims systems may need to be modified to include tobacco treatment codes. Clinicians will also need to be educated on appropriately documenting treatment to ensure payment for services.

### **Medicare**

Medicare Part B coverage includes two levels of smoking and tobacco cessation counseling – intermediate and intensive.

The coverage is for patients who use tobacco and:

- Have a condition that is adversely affected by tobacco use, or
- Are being treated with a therapeutic agent whose metabolism or dosing is affected by tobacco use.

When billing for services, use the CPT codes:

- 99406 - Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes. Medicare outpatient RVU's are 0.37.
- 99407 - Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes. Medicare outpatient RVU's are 0.71.

Counseling for less than three minutes is considered part of the evaluation and management (E & M) visit code and cannot be billed separately.

For both CPT codes, adequately document in the medical record the nature and duration of counseling provided. Document if prescribing medication or assistive devices. Use the ICD-9 diagnosis code “305.1 Tobacco Use Disorder,” when using the tobacco cessation CPT codes, with the appropriate ICD-9 diagnosis code (get a list of codes related to tobacco cessation counseling at [www.aafp.org/askandact/officechampions](http://www.aafp.org/askandact/officechampions)). Tobacco cessation counseling can be billed as inpatient or outpatient. If billed as inpatient encounter, Tobacco Use Disorder should not be the primary diagnosis.

The tobacco cessation codes can be used by themselves or with standard E & M codes (i.e. 99201-99215) as long as the “-25” modifier is used with the E & M codes. The counseling codes also can be billed as “incident to” by ancillary staff in the office, providing the appropriate “incident to” rules are followed.

Medicare will pay for two quit attempts per year, both of which can include up to four intermediate or intensive sessions. Up to eight sessions in a 12-month period are covered.

The number of Medicare beneficiaries eligible for tobacco cessation counseling will increase in 2011. The Centers for Medicare & Medicaid Services (CMS) has determined that tobacco cessation should be available to all beneficiaries, not just those with a disease linked to tobacco use or on a medication affected by tobacco use. Coverage will also be affected by the Affordable Care Act requirement that certain preventive services not be subject to Part B co-insurance and deductibles. CMS has not yet issued specific billing guidance for the expanded benefits.

### **Medicaid**

Many states now offer at least some payment for individual tobacco treatment counseling. Some also pay for group counseling. To learn more about Medicaid coverage in your state, contact your state Medicaid agency.

### **Private insurance coverage**

When the plans you work with cover counseling, bill using the ICD-9 code for tobacco dependence, 305.1, along with the appropriate CPT code for preventive medicine counseling and risk factor reduction intervention services (99401–99404). It is important to note that codes 99401–99404 should not be used to report counseling and risk factor reduction involving patients with symptoms or established illness. If the patient has chronic obstructive pulmonary disease or chronic bronchitis, for instance, your counseling would be billed with an office or other outpatient, hospital or consultation code as appropriate. Although there are psychiatric therapeutic codes appropriate for treating tobacco dependence, some health plans have restrictions on mental health benefits that make it difficult for family physicians to get paid for these services.

### **Other options**

If your patients' health plans don't cover tobacco dependence treatment, your patients may be willing to pay out of pocket. Tobacco cessation treatments are eligible expenses under many flexible health spending account plans, which enable patients to use pretax dollars to pay for health care expenses not covered by insurance. These plans are now offered by thousands of employers.

## **Prevent and overcome staff resistance to change**

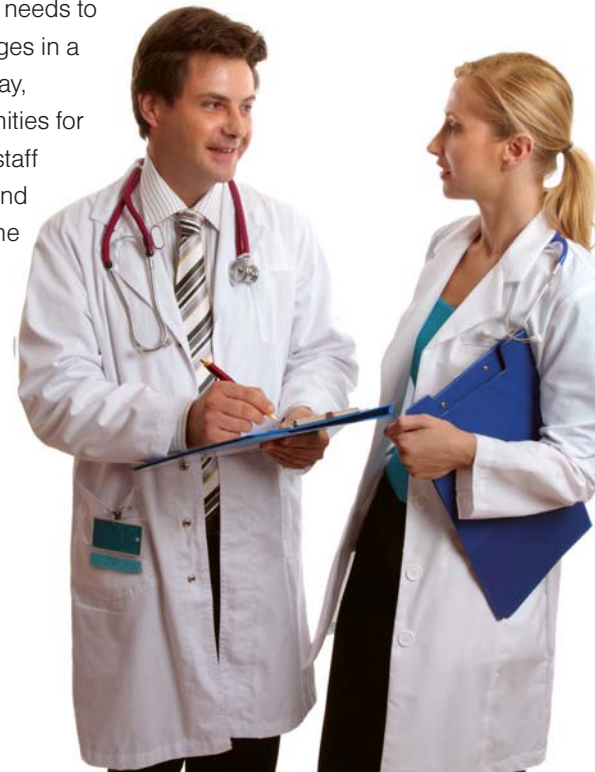
In any organization or group, including medical offices, change can be threatening, even if new ideas or processes lead to improvement. No matter how well changes are communicated prior to their implementation, some people will resist.

It is very important that the tobacco cessation Office Champion, supported by a physician champion, anticipate and plan strategies for dealing with resistance. This applies not only at the introduction of the change, but over the long-term. Clear communication is imperative, for example, spelling out how the change affects the office, how patient care will be improved, and defining roles and responsibilities.

Your office clinicians and staff will be more willing to accept change if they:

- Like the way the change is communicated and feel a part of the process
- Like/respect the source of the change
- Understand the motives and goals for the change
- Feel a sense of challenge and satisfaction
- Are allowed to help put the new plan into place, as opposed to having it foisted upon them

Office leadership needs to present the changes in a united, positive way, creating opportunities for communication, staff input, feedback and improvement in the new system, and shared goals for both operations and improved patient care outcomes.



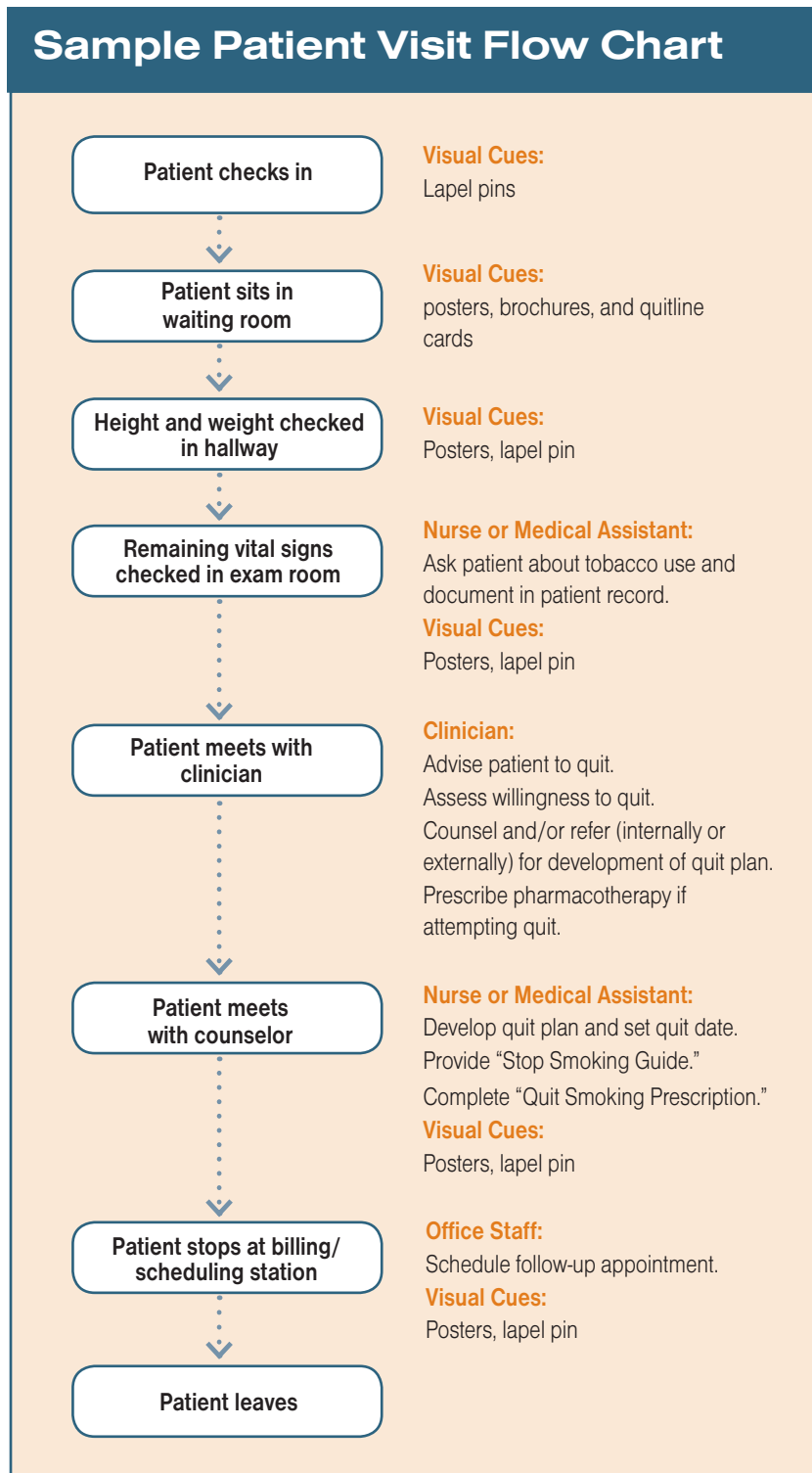
# Your implementation plan

Put your new ideas into action. Use this form as a worksheet to develop a plan for systems change. This worksheet is intended to provide a basic checklist and should not be considered a limit to developing a system for your office.

TASK	PERSON RESPONSIBLE	CHECK WHEN COMPLETE
Conduct initial meeting with staff		
Create tobacco-free atmosphere <ul style="list-style-type: none"> <li>• Hang posters in waiting areas</li> <li>• Hang posters in exam rooms</li> <li>• Display self-help materials in exam rooms</li> <li>• Display self-help materials in exam rooms</li> <li>• Distribute lapel pins to staff</li> <li>• Check magazines for tobacco ads</li> <li>• Institute no smoking policy</li> <li>• Other _____</li> </ul>		
Flow chart the patient experience and highlight opportunities for tobacco interventions		
Update vital signs (if needed)		
Create EHR or paper flags, prompts and templates		
Formalize treatment protocol (identification of smokers, counseling, medication, follow up)		
Provide staff training		
Update billing process to ensure payment		
Define services of state quitline		
Create list of community resources		
Create patient registry		
Plan for group visit		
Create and implement system to track and communicate success		
Make staff assignments What is the role of: <ul style="list-style-type: none"> <li>• Physician(s)</li> <li>• Nurse(s)</li> <li>• Health educator(s)</li> <li>• Medical assistant(s)</li> <li>• Administrator(s)</li> <li>• Receptionist(s)</li> </ul>		

# Create a new patient flow chart

Based on your observations, create a new flow chart that shows how and where you will communicate with patients about quitting.



# Office Champions Resources

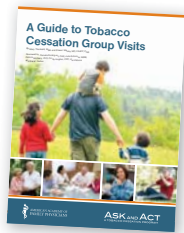
These resources are available from the AAFP to assist in your systematic change. Go to [www.aafp.org/askandact/officechampions](http://www.aafp.org/askandact/officechampions).

**Coding Reference** – A list of HCPCS, CPT and ICD-9 codes related to tobacco cessation counseling.



**Guide to Integrating Tobacco Cessation Into Electronic Health Records** – Recommendations for creating a template to ensure tobacco exposure is addressed with patients and treatment is adequately documented.

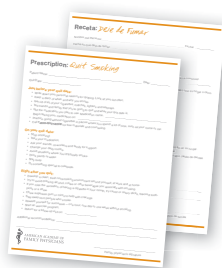
**Guide To Tobacco Cessation Group Visits** – A step-by-step guide to conducting and billing for group visits to help your patients quit smoking.



**Lapel Pins** – Prompt your patients to ask for assistance with their quit attempts by wearing a “Quit now. Ask me how” lapel pin and letting them know you can help.

**PowerPoint Presentation for Patients** – Use this “Quitting Smoking” presentation for sessions with patients or at educational community events.

**Prescription Pad** – Prescribe healthy habits. Give these “prescriptions” to patients who are ready to quit so they’ll know what to do before, during and after their quit dates.



**Quitline Referral Cards** – Refer patients to the National Network of Tobacco Cessation Quitlines: (800) QUIT-NOW, which will route patients to your state quitline for counseling and resources.)



**“Steps to Help You Quit Smoking” Patient Education Brochures** – These easy-to-read patient education brochures provide an overview of how and why to quit smoking. Display in your reception area and exam lanes.

**Wall Posters** – Encourage your patients to ask for help with their smoking cessation efforts by displaying this full-color 16”x20” wall poster.



**Secondhand Smoke Brochures** – Use these brochures to educate patients about the effects secondhand smoke can have on children.

**Stop Smoking Guide** – These 20-page booklets walk patients through the steps for getting ready to quit, quitting and staying quit.



## Additional training

This manual provides a very broad overview of the treatment of tobacco dependence. If you or members of your practice team are looking for evidence-based continuing education, check these resources:

AAFP Ask and Act website: The AAFP offers several CME webcasts and podcasts on evidence-based strategies for the treatment of tobacco dependence. [www.askandact.org](http://www.askandact.org)

Association for the Treatment of Tobacco Use and Dependence (ATTUD): This association website includes a list of organizations that offer Tobacco Treatment Specialist training. <http://www.attud.org>

CS2day – Cease Smoking Today: This collaborative website offers a variety of free CME. <http://www.ceasesmoking2day.com>

NTCC Healthcare Provider’s Microsite: This website has a comprehensive list of online and in-person CME courses on tobacco cessation. <http://providers.tobacco-cessation.org/>

Substance Abuse & Mental Health Services Administration (SAMHSA) – SAMHSA offers a number of training resources. <http://www.samhsa.gov/training/index.aspx>

## Additional resources and information

American Lung Association: <http://www.lungusa.org>

Centers for Disease Control and Prevention: <http://www.cdc.gov/tobacco>

National Cancer Institute: <http://www.cancer.gov>

Smoking Cessation Leadership Center: <http://smokingcessationleadership.ucsf.edu>

Tar Wars: <http://www.tarwars.org>

Tobacco Free Nurses: <http://www.tobaccofreenurses.org>

U.S. Department of Health & Human Services: Treating Tobacco Use and Dependence: 2008 Update. <http://www.surgeongeneral.gov/tobacco>

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- Adapted from “Smoking Cessation Rounds” 2009, Vol. 3 Issue 1. University of Toronto, Canada.



**ASK AND ACT**  
A TOBACCO CESSATION PROGRAM

[www.aafp.org/askandact/officechampions](http://www.aafp.org/askandact/officechampions)

This project is supported by Pfizer Inc