



Tobacco Cessation Clinical Toolkit for Primary Care Teams

Contributing authors on behalf of the Heart Healthy Ohio Initiative:
Eileen Seeholzer MD, MS, The Metrohealth System, Case Western Reserve University
Susan Flocke, PhD, Oregon Health and Science University

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The tobacco cessation support toolkit is a package of information, resources, and tools for medical practices to use to better help patients quit tobacco. Information in the toolkit can guide practices to assess the best opportunities to improve tobacco cessation support for their patients.

The most basic approach is to adopt a the 5As to address tobacco cessation with primary care patients. Our flowchart [5As to Address Tobacco Cessation](#) promotes screening at every visit, medication to assist interested patients in quitting, and referral to counseling. Counseling could be provided by behavioral health staff within the health care system or by referral to the quit line using a direct referral via e-referral, fax, or web referral. Direct referral prompts quitline staff to proactively contact the patient and increases uptake of telephonic counseling by patients.

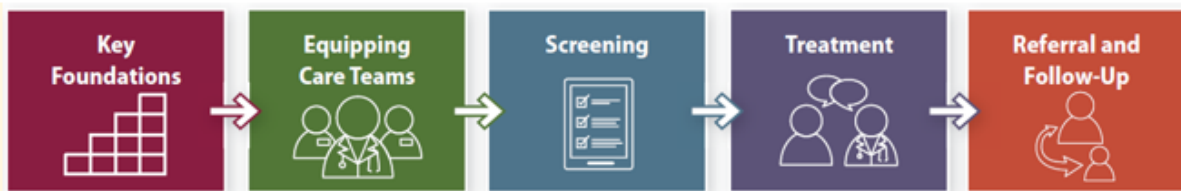
All of these steps could be done by the person who rooms the patient. This flow of steps works best when tobacco status is assessed as a vital sign during rooming. We note that for patients who do smoke and are interested in quitting, this adds a minute to the work of the medical assistant.

Note that offering medications as part of this process is important. While all of the prior steps can be done by a medical assistant, this step needs to be done in coordination with the clinician. One can use the following phrase to initiate a conversation with patients about tobacco cessation medications. 'Using medication to help with a quit attempt can increase the likelihood of success by 2-3 times. Would you like to hear about the options?'

There are ways to support this kind of a process in your practice, including team approaches and workflows that include a direct referral to the quitline.

Clinical Care Quality Improvement Change Area Diagram

When considering incorporating changes to processes and roles within a clinical practice, there are several considerations to promote practice change success. The graphic below maps the general Clinical Care Quality Improvement Change Areas. Applying the practice change in each area for tobacco cessation support is described in the list below the graphic.



1. **Key Foundations:** The start is assessing the current status of tobacco dependence treatment in your practice or system and to make tobacco dependence treatment a practice priority. Without this baseline information and shared priority, the work will not be done fully.
2. **Equipping Care Teams:** Effective tobacco screening, engagement, and treatment is best done when staff and clinicians partner. We recommend equipping all Staff to Engage in Tobacco Cessation efforts AND providing feedback to clinicians and staff on individual and overall progress and impact. Planned changes can include:
 1. development of systems, policies, and procedures.
 2. identifying billing codes to capture and support the provision of these services.
 3. initial and follow-up trainings for staff and providers for adoption and use long-term.
3. **Screening Patients for tobacco use and willingness to try to quit:** Make tobacco use a vital sign: Screen Every Patient for Tobacco Use at Every Visit. The Ask, Advise, Connect (or Refer) method by support staff is often effective and practical.
4. **Establish and implement a Tobacco Treatment Protocol.** This means establishing the roles and the workflow to deliver the treatment intervention. This could be done within the practice engaging behavior health team members or others trained as tobacco cessation specialists – and/or could refer to resources like the quitline outside of the practice. When done within the practice team, the process is most durable with enhanced clinical decision support scripts for counseling, and treatment intervention prompts embedded into the EHR or other patient record-keeping system. This method allows for consistent delivery and dependable data collection on the use and impact of the intervention. Use standard order sets for counseling and medication with tools to guide medication selection.
5. **Referral and Follow-Up:** Establish Protocols to Identify and Connect Patients to Referral Resources, ideally these use direct referrals so that there is a pro-active contact and engagement of patients that want assistance with quitting. A protocol to ensure clinician or team follow-up with patients is also needed. Establish two-way communication with referral services to get information on whether referrals were accepted by the patient. This may include population health management strategies to better identify and reach patients who use tobacco whether they visit the office or not.

Adapted from the Million Hearts Tobacco Cessation Change Package
Centers for Disease Control and Prevention. *Tobacco Cessation Change Package*. Atlanta, GA:
Centers for Disease Control and Prevention, US Department of Health and Human Services; 2020
https://millionhearts.hhs.gov/files/tobacco_cessation_change_pkg.pdf

The table below contains resources that may help teams as they do work in one or more of the above areas. Resources listed first have tools and information in all areas of process change. Others are linked primarily to one of the 5 areas.

Clinical Care Quality Improvement Process Tools for Tobacco Cessation Support		
Area	Approach for each Area	Tools and Resources for each Area
Overall Process Improvement Resources	<ul style="list-style-type: none"> • Process Improvement overview and resource guide 	<ul style="list-style-type: none"> • Million Hearts Change Package: Tobacco Cessation Improvement Guide https://millionhearts.hhs.gov/files/tobacco_cessation_change_pkg.pdf
Key Foundation	<ul style="list-style-type: none"> • Clear and compelling messaging about the importance, effectiveness, and benefits of counseling and supports to help people quit. • Consistent messaging approach to be consistent with systems, providers, staff and even pharmacies if able. 	<ul style="list-style-type: none"> • Reasons to quit smoking • How to Quit Smoking • Million Hearts Identifying and Treating Patients Who Use Tobacco • Tips From Former Smokers Campaign
Equipping Care Teams	<ul style="list-style-type: none"> • Identification of practice champions and improvement teams • Assessing/improving/implementing processes for connecting patients to cessation supports • Develop/obtain process and outcome measure • Training of providers • Training of team • Coverage for all to access effective tools for tobacco cessation support 	<ul style="list-style-type: none"> • Provider training Treating Tobacco Dependence Practice Manual • Patient Messaging What You Need to Know About Quitting Smoking • EHR Build Building Smoking Cessation Electronic Health Record Functionalities and Workflows for the Oncology Setting: A Build Guide for Project Leaders, Clinicians, and Information Technology Personnel (Epic Version) • Tobacco Cessation Telehealth Guide • Billing Guide for Tobacco Screening and Cessation Services
Screening	<ul style="list-style-type: none"> • Actively reach patients to connect them to cessation resources Development/use of e-referrals to programs, 	<ul style="list-style-type: none"> • AAFP's Ask & Act Tobacco Resources • AAFP Tobacco Cessation Flowchart • A Brief Intervention: 2 As and an R
Treatment	<ul style="list-style-type: none"> • Partnering with programs that reach out to patient after enrollment • Providing/e-prescribing medication for cessation, ideally long and short-acting NRT + varenicline 	<ul style="list-style-type: none"> • Quitline Guide for Developing an e-referral in EHR • Combination Nicotine Replacement • Electronic Cigarettes What's the Bottom Line-Infographic *10 minute web-based learning module available soon
Referral and Follow-Up	<ul style="list-style-type: none"> • Plan for sustaining and monitoring processes AND assessing patient quit rates to ensure process function/use over time AND sharing of results with team, partners, and patients • Process for following up with patient about engagement in tobacco cessation process to address barriers and steps above AND patient quit rates to ensure process function/use over time AND sharing of results with team, partners, and patients 	<ul style="list-style-type: none"> • 5As to Address Tobacco Cessation