Healthcare Systems Strategies for Tobacco Cessation
Model Policy Guidelines

Rationale

These guidelines were created to assist all healthcare facilities, clinics and hospitals to establish a tobacco cessation process for patients who indicate the desire to quit using tobacco. This document includes model policy guidelines, which can be used as a tool for healthcare facilities to establish systems change and institutionalize tobacco cessation interventions into routine clinical care. According to the CDC, "Systems changes within healthcare organizations complement intervention in state and community settings by institutionalizing sustainable approaches that support individual behavior change."[1]

These guidelines focus on three aspects of systems change:

1. Healthcare provider reminder systems (Electronic Health Record prompts)
2. Provider education
3. Patient education

Cigarette smoking is the leading cause of preventable death, disease, and disability in the United States. It causes approximately 1,300 deaths each year in South Dakota.[2] The annual healthcare costs in South Dakota directly caused by smoking are $373 million, the portion covered by Medicaid is $70.2 million. SD residents' state and federal tax burden from smoking-caused government expenditures is $783 per household. The loss of productivity that these medical issues cause for individuals who smoke is $282.5 million.[2]

Why are provider referrals important?

To enhance cessation rates, it is critical for health care providers to consistently *identify smokers*, *advise them to quit*, and *offer evidence-based cessation treatments*. More than 80 percent of smokers see a physician every year, but only 30 percent report that they leave these visits having received evidence-based counseling or medication for smoking cessation.[1] Institutionalizing cessation interventions in healthcare systems and integrating them into routine clinic care increases the likelihood that healthcare providers will consistently assess patients for tobacco use and offer cessation options.

Referring patients to the SD QuitLine

The SD QuitLine Referral Program allows physicians and medical providers throughout the state to connect patients with cessation coaching services and provide medication assistance in one visit. The most successful and evidence-based method of referral is a direct referral, but it is underutilized. Direct referrals can be made using a fax referral

form or an electronic health record (EHR) referral. In 2017, 37.7% of callers heard about the SD QuitLine from a healthcare provider, and 502 direct referrals were made totaling 5% of overall referrals to the SD QuitLine. [3]

Ask, Advise, Refer

Most tobacco users want and expect their physicians to talk to them about quitting and are open to their physician's advice. Healthcare providers have the skills to assess tobacco use, educate on the adverse health effects of tobacco use, develop trust and rapport with patients, and follow-up with patients. Research shows that when providers talk to patients about quitting, their success increases.[1] At every visit a healthcare provider should *ask* about tobacco use, *advise* tobacco users to quit, and *refer* them to the SD QuitLine through fax or EHR.

Policy Guidelines

Current process for fax referral or EHR referral

Patients wishing to quit can complete and sign a fax referral form, giving their consent for a SD QuitLine coach to contact them. Providers can then fax the referral form to the SD QuitLine at 1-605-322-3858. With patient consent, the SD QuitLine is able to forward information about the enrollment and participation status back to the provider.
To download the fax referral form, visit https://www.sdquitline.com/providers/referral-options/.

An EHR referral is the simplest way to connect your patients to the SD QuitLine in just a few clicks. Several facilities throughout SD have integrated the referral process into their EHR system. If your facility does not have this capability, please contact Hope Jurrens, Statewide Cessation Coordinator, for more information at 605-494-3607 or email hjurrens@tie.net.

Model Policy Guidelines

A tobacco cessation policy can include a few or all major components listed below:

Given indisputable research and evidence that tobacco use and exposure poses a huge burden in cancer, chronic disease, and death in South Dakota, it is our responsibility as healthcare professionals at **[healthcare facility]** to address the devastating consequences of tobacco use and help all of our patients who use tobacco to quit.

1. **[Healthcare facility]** is committed to providing its healthcare providers, nurses, therapists, and other staff with evidence-based and practical information that they need to successfully integrate tobacco cessation activities into their practices.
2. **[Healthcare facility]** supports policies to eliminate the growth and persistence of tobacco use. This includes making all buildings and grounds of **[healthcare facility]** tobacco free (including cigarettes, smokeless tobacco, and e-cigarettes). Download a healthcare system model tobacco-free policy at http://goodandhealthysd.org/healthcare/practice-guidelines/.
3. **[Healthcare facility]** encourages all employees who currently use tobacco to quit. The **[healthcare facility]** offers cessation benefits/assistance for employees who want to quit using tobacco. Tobacco cessation information is also available from the SD QuitLine at 1-866-737-8487 and at http://SDQuitLine.com. Residents outside of South Dakota can call 1-800-QUIT-NOW.
4. **[Healthcare facility]** commits to educating the community on **[healthcare facility's]** successful integration of tobacco cessation services, as well as educating patients, their families, and the public at large about the risks caused by tobacco use.
5. **[Healthcare facility]** sets forth recommendations for its healthcare professionals to lead by example. At every opportunity **[healthcare facility]** strives to address the importance of decreasing the tobacco epidemic in the communities in which our facility serves, whether by supporting policy changes at the state or local level or one-on-one in the clinical setting.
6. **[Healthcare facility]** requires all employees are educated on the 2 A's & R (Ask, Advise, Refer) method of referring patients to the SD QuitLine and associated services. Education will be provided through in-person training, webinar, or PROF (Professional Resource Online Facilitator) to all current employees and has been integrated into employee orientation for all new employees.
7. **[Healthcare facility]** integrates tobacco screening, cessation education, and SD QuitLine referrals into all patient assessments and education, thus making tobacco cessation a priority and using a streamlined, effective method to educate and refer ALL patients who use tobacco.
8. **[Healthcare facility]** will maintain a Tobacco Cessation Team with a team leader or champion who campaigns and promotes all tobacco cessation efforts throughout the facility. The team leader/champion stays in contact with the

Tobacco Control Program to ensure all updates and changes in tobacco control and education are incorporated.

9. **[Healthcare facility]** requires that cessation (2 A's & R) is covered during admission and repeated throughout the patient's care.
10. **[Healthcare facility]** has information on cessation and the SD QuitLine included in the discharge paperwork and sent home with all patients who use tobacco.

Implementation

The following section includes recommendations and best practices for implementation.

QuitLine 101 Training

The SD QuitLine offers training on a number of topics that can be helpful to healthcare professionals who interact with tobacco users. Training can be delivered through an on-site presentation, a webinar using a computer and phone, or through the online learning module, PROF. Training will include the consequences tobacco has taken on South Dakotans, especially the priority populations (mentioned later in this document). Training will also discuss the 2 A's & R method of referring patients to the SD QuitLine and be given talking points to help ease the conversation with patients. Most importantly, the training will cover the design of the SD QuitLine so healthcare professionals can feel confident in referring patients to an evidence-based resource.

Joint Commission

In 2012, the Joint Commission released a new measure requiring that hospitals screen all inpatients over the age of 18 for tobacco use; provide cessation treatment during the hospital stay and at discharge; and follow-up with patients up to 30 days after discharge. This is an optional measure; however, there are a number of reasons to select it for implementation, including public health and financial cost, interference with patient recovery and overall health, meaningful use of EHR, commitment to hospital mission, and CMS endorsement.[4] Following are suggested steps to take to implement a tobacco cessation policy:

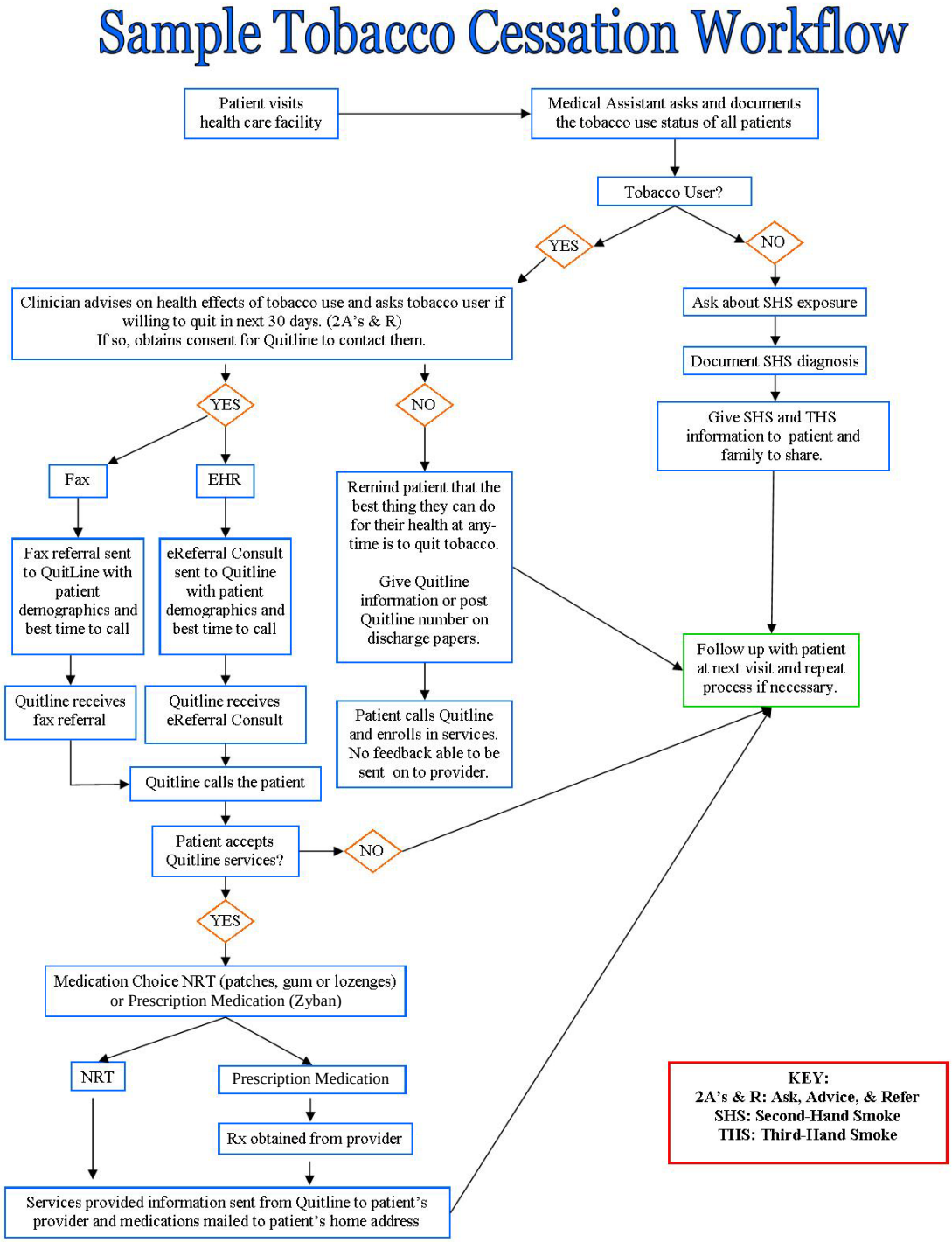
1. Assemble a multidisciplinary team to develop the program. Effectiveness is enhanced when leadership endorses the effort. Physician buy-in is essential therefore identifying a "Physician Champion" to lead the effort will improve the success of the effort.
2. Conduct an assessment of existing tobacco use treatment services. Determine what is available in each department and any barriers that might prevent effective implementation.
3. Set measurable tobacco cessation goals to meet Joint Commission standards. Review the standards and establish quality improvement measures to meet them.

4. Train staff to deliver evidence-based tobacco cessation treatment. Train staff to use Ask, Advise, Refer and offer SD QuitLine 101 training for employees.
5. Identify a tobacco cessation counselor or counseling team. Designate a department or individuals responsible for bedside cessation consults and counseling for patients identified as tobacco users.
6. Assess the current EHR system and modify as needed to effectively document tobacco use status and cessation interventions. Customize the EHR to include mandatory fields related to tobacco use and cessation interventions with automated prompts and drop-down lists.[4]

Priority Populations

There are several populations who are disproportionately affected by tobacco use. It is recommended that healthcare facilities focus specific attention on these populations: youth and young adults; American Indians; pregnant women; Medicaid clients; spit tobacco users; and individuals with mental health or substance abuse disorders.

Sample Workflow



Compliance

EHR Incentive Programs

Clinical quality measures (CQM) are tools that help measure and track the quality of healthcare services provided by eligible professionals within our healthcare system. These measures use data associated with providers' abilities to deliver high-quality care. Measuring and reporting CQMs helps to ensure that our healthcare system is delivering effective, safe, efficient, patient-centered, equitable, and timely care. To participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs and receive an incentive payment, providers are required to submit CQM data from certified EHR technology.[5]

One of the CQMs, NQF0028 "Preventive Care and Screening Measure Pair for Tobacco Use Assessment and Tobacco Cessation Intervention" is directly related to these model policy guidelines. The Tobacco Use Assessment description is the "percentage of patients 18 years and older who have been seen for at least two office visits who were queried about tobacco use one or more times within 24 months." The Tobacco Cessation Intervention description is the "percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least two office visits, who received cessation intervention."[5] If a patient uses any type of tobacco, the expectation is that they should receive tobacco cessation interventions through counseling and/or pharmacotherapy. Implementing these model policy guidelines would help you achieve this CQM.

Final Statement

By implementing this model policy in its entirety or choosing to tailor this policy to your needs, you are taking a great first step in encouraging your patients to quit using tobacco. Together through strategy, commitment and action, we can end the tobacco epidemic.

Definition of Terms

Cessation: The process of discontinuing tobacco use.

Electronic Health Record (EHR): Digital version of a patient's paper chart. EHRs are real-time, patient-centered records that make information available instantly and securely to authorized users.

Tobacco: This refers to commercially produced tobacco products only and never the traditional tobacco of our Northern Plains American Indians.

Secondhand Smoke (SHS): The smoke that comes off the end of a burning cigarette and the smoke the smoker exhales.

Thirdhand Smoke (THS): Residual nicotine and other chemicals left on a variety of indoor surfaces by tobacco smoke. This residue is thought to react with common indoor pollutants to create a toxic mix.

Resources

South Dakota Tobacco Control Program: http://doh.sd.gov/tobacco

SD QuitLine: http://sdquitline.com

QuitLine resources and training for health professionals: http://sdquitline.com/providers

Be Tobacco Free South Dakota: http://befreesd.com

American Cancer Society Great American Smokeout Communications Toolkit for Health Systems: https://www.cancer.org/content/dam/cancer-org/online-documents/en/pdf/flyers/gaso-health-systems-toolkit-2017.pdf

Million Hearts: https://millionhearts.hhs.gov/

References

1. Centers for Disease Control and Prevention. (2014). *Best practices for comprehensive tobacco control programs*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
2. Campaign for Tobacco-Free Kids. (2017). *The toll of tobacco in South Dakota.* Retrieved from https://tobaccofreekids.org/facts_issues/toll_us/south_dakota.
3. Cowen, J., & Kerkvliet, J. (2018). *2017 South Dakota quitline service utilization report.* South Dakota State University. Brookings, SD.
4. Partnership for Prevention. (n.d). *Helping patients quit: Implementing the Joint Commission Tobacco Measure Set in your hospital.* Washington, DC.
5. Centers for Medicare and Medicaid Services. *Preventative care and screening: Tobacco Use: Screening and cessation intervention.* (2017). Retrieved from https://ecqi.healthit.gov/ecqm/measures/cms138v5