



## **Healthcare Systems Strategies for Tobacco Cessation Model Policy Guidelines**

### **Rationale**

These guidelines were created to assist 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."<sup>1</sup>

These guidelines focus on three aspects of systems change:

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

### *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.<sup>1</sup> Institutionalizing cessation interventions in healthcare systems and integrating them into routine 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 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. Direct referrals can be made using a fax referral form or an electronic health record (EHR) referral. In 2019, 25.7% of callers heard about the SD QuitLine from a healthcare professional and 325 direct referrals were made to the SD QuitLine.<sup>2</sup>

### **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.<sup>1</sup> 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 the Statewide Cessation Coordinator at 605-878-0361 or [rossman@bhssc.org](mailto:rossman@bhssc.org).

## 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 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]** requires that cessation (2 A's & R) is covered during admission and repeated throughout the patient's care.
9. **[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. Trainings will cover the design of the SD QuitLine, which will assist healthcare professionals in feeling confident with referring patients to an evidence-based resource. For training requests, please contact the Statewide Cessation Coordinator at 605-878-0361 or [rossman@bhssc.org](mailto:rossman@bhssc.org).

### *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: American Indians, people with behavioral health conditions, people of low socioeconomic status, pregnant and postpartum women, and youth and young adults.

### *Sample Workflow*

A sample of a Tobacco Cessation Workflow is available upon request. Please contact the Statewide Cessation Coordinator at 605-878-0361 or [rossman@bhssc.org](mailto:rossman@bhssc.org).

## 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 the healthcare system. These measures use data associated with providers' abilities to deliver high-quality care. Measuring and reporting CQMs helps to ensure that the healthcare system is delivering effective, safe, efficient, patient-centered, equitable, and timely care.

One of the CQMs, NQF0028 "Preventive Care and Screening Tobacco Use and Cessation Intervention" is directly related to these model policy guidelines. The measure description is the "percentage of patients 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user."<sup>3</sup> This measure is intended to reflect the quality of services provided for preventive screening for tobacco use. 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 use of tobacco products.

**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:** Any item made of tobacco intended for human consumption, including cigarettes, cigars, pipe tobacco, smokeless tobacco, and e-cigarettes. In this document, tobacco refers to commercially produced tobacco products only and not traditional tobacco.

**E-Cigarette:** Any electronic smoking device or electronic nicotine delivery system (ENDS) containing or delivering nicotine or any other substance intended for human consumption that may be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. This includes electronic cigarettes, electronic cigars, electronic cigarillos, electronic pipes, electronic hookahs, vape pens, or other similar products or devices. This does not include drugs, devices, or combination products authorized for sale by the U.S. Food and Drug Administration.

**Smokeless Tobacco:** Any tobacco product that is not burned or heated, including chewing tobacco, snuff, snus, and dissolvable products.

**Traditional Tobacco (Ćanśaśa):** The cuttings or shavings of plants in their natural form such as red willow bark, sage, and sweet grass. Traditional tobacco has no additives and is used for medicinal purposes, ceremony, prayer, and social gatherings.

**Secondhand Smoke (SHS):** The smoke that comes off the end of a burning tobacco product (e.g. cigarettes, cigars, or pipes) and the substance exhaled by the person smoking.

**Thirdhand Smoke (THS):** Residual nicotine and other chemicals left on a variety of indoor surfaces by tobacco smoke.

## 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>

Million Hearts: <https://millionhearts.hhs.gov/tools-protocols/tools/tobacco-use.html>

## 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. Kerkvliet, J., & Molengraaf, C. (2020). *2019 South Dakota QuitLine Service Utilization Report*. Population Health Evaluation Center - South Dakota State University. Brookings, SD.
3. Centers for Medicare and Medicaid Services - Quality Payment Program. Clinical Quality Measures. (2019). Retrieved from: [https://qpp.cms.gov/docs/QPP\\_quality\\_measure\\_specifications/Claims-Registry-Measures/2019\\_Measure\\_226\\_MedicarePartBClaims.pdf](https://qpp.cms.gov/docs/QPP_quality_measure_specifications/Claims-Registry-Measures/2019_Measure_226_MedicarePartBClaims.pdf).

