



# Let's Talk: "Help Me to Get Better at Helping Teens Quit": Methods to Improve Reimbursement and Quality



# Faculty

- ❖ **Jonathan R. Pletcher, MD:** Visiting Professor of Pediatrics for the University of Pittsburgh School of Medicine
- ❖ **Linda J. Kanzleiter, MPsSc,DEd:** Co-Director PA – DE AHEC, Vice Chair of Community Medicine Penn State University
- ❖ **Dottie Schell, RN,BS,CTAS:** Statewide Director Tobacco Education, PA Chapter, American Academy of Pediatrics and PA Area Health Education Center



# Objectives

- ❖ Understand how a health care provider can qualify for the PA Department of Health's Smoking Cessation Registry in order to maximize opportunities for reimbursement for tobacco cessation services.
- ❖ Discuss strategies for integrating smoking cessation into the course of routine care so that there is minimal disruption to the practice.
- ❖ Develop a plan to facilitate practice-based process improvement towards optimizing outcomes for patients.
- ❖ Locate and utilize aspects of the website, [www.helpteensquit.com](http://www.helpteensquit.com) that reinforce and relate to the objectives of this talk.



# Systemic Nature of Tobacco Education

November 6, 2008

Introducing an integrated but discipline specific education program  
entitled

The Tobacco Education and Training Suite

TES



# Nature of Systems

The whole is greater than the sum of its parts

- ❖ Integrating the PA Chapter, of the American Academy of Pediatrics with the PA Area Health Education Center Program
- ❖ Integrating core concepts and learning objectives for the health professions



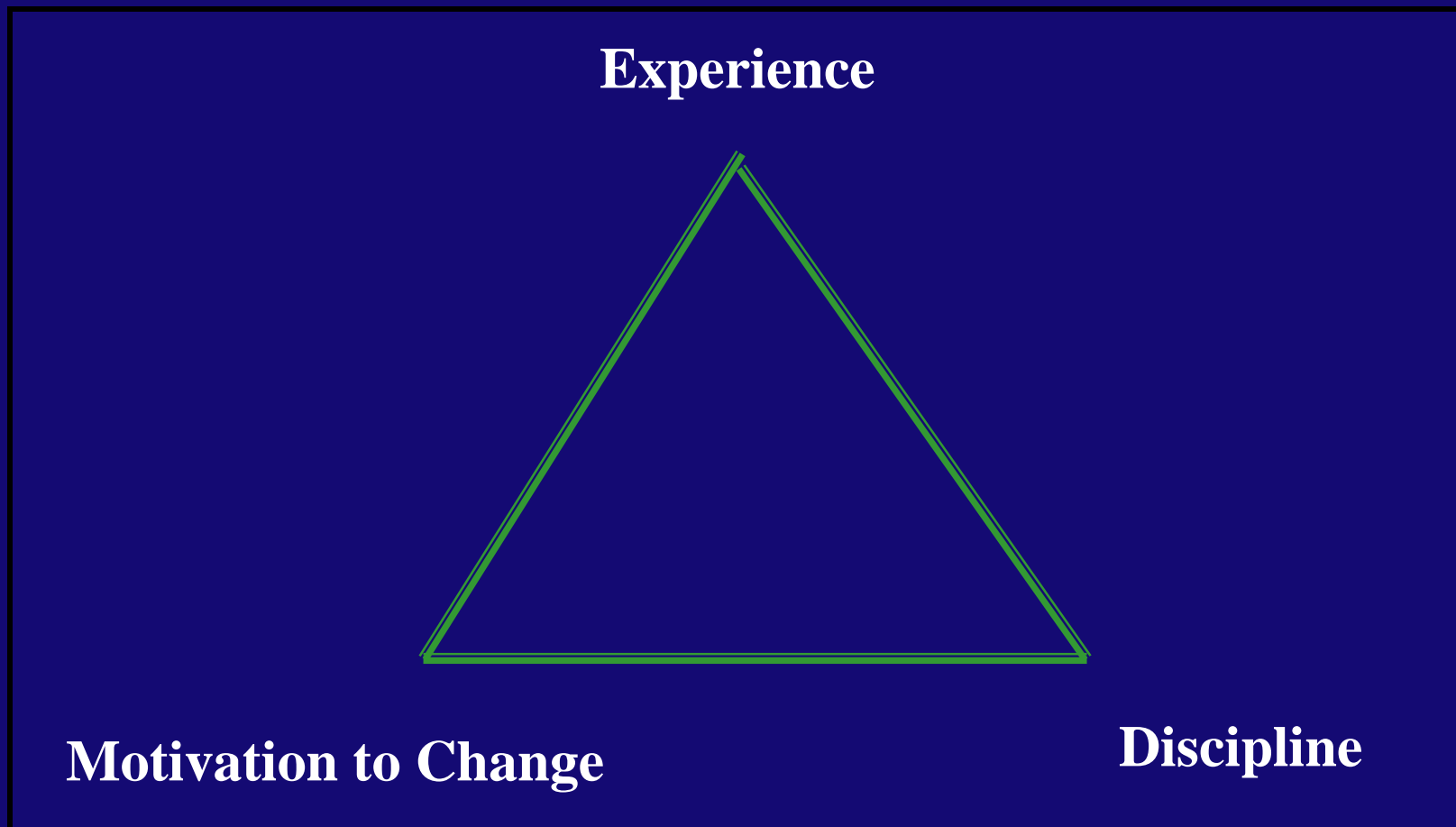
## PA AHEC Program

### *What Do We Want To Accomplish?*

- ❖ Develop a systemic approach for educating and training the current and future health professions workforce in tobacco
- ❖ Increase knowledge and skills of health professionals in the fields of medicine, dentistry, behavioral/mental fields, pharmacy and allied health fields in tobacco use, dependency and cessation
- ❖ Change practice standards in managing patients diagnosed with tobacco use and chronic disease to improve patient outcomes.



# What are Important Considerations in Physician and Health Professionals Education?





# What influences when Physicians and Health Professionals Learn?

Dissonance  
(Difference of Opinion)

Dissatisfaction  
(Frustration)

Discrepancies  
(Disagreement)



# How did we begin Physician Survey 2002

## Findings: Identifying Learning Needs in Tobacco

- ❖ Integrate practical behavioral counseling techniques with patient care, especially comorbid diagnoses
- ❖ Discuss and differentiate pharmacotherapies and apply to patient care, especially NRT and complex patients
- ❖ Understand the nature of tobacco addiction and related neurophysiology
- ❖ Review genetic influences on nicotine dependence
- ❖ Define reimbursement guidelines for tobacco cessation services
- ❖ Review current AHQR guidelines for treating tobacco dependency in the context of clinical practice



# How Did We Begin Survey 2002

## Findings: Identifying Instructional Needs

- ❖ Audio tape instruction
- ❖ Web-based instruction
- ❖ Guided practice sessions using "standardized" patients
- ❖ Small group workshops
- ❖ Internet discussion groups for sharing case-based treatment information
- ❖ "Journal club" style newsletter, reviewing current smoking cessation literature
- ❖ A state-wide educational forum located in another town
- ❖ CME credit hours for time spent counseling physicians' own patients



# Survey Findings

Application to other health and  
health care disciplines



# Education and training programs in tobacco

## Core content areas

- ❖ Knowledge
- ❖ Skills
- ❖ Attitudes



# Continuum of education and training in Tobacco Use

- ❖ Undergraduate health professions education
- ❖ Graduate health professions education
- ❖ Continuing professional development



# Curriculum Design Team

- ❖ *Frank Leone, MD*: University of Pennsylvania, School of Medicine
- ❖ *Antoine Douaihy, MD*: University of Pittsburgh Physicians, Department of Psychiatry
- ❖ *James Sciote, DDS, MS, PhD*: Temple University, School of Dentistry
- ❖ *Frank Vitale, MA*: University of Pittsburgh, School of Pharmacy



# Curriculum Design Team

- ❖ *Dottie Schell, RN,BS,CTAS*: Statewide Director for Tobacco Education, PA AHEC Program and PA Chapter, American Academy of Pediatrics
- ❖ *Jonathan R. Pletcher, MD*: Pediatric Specialty, Children Hospital of Pittsburgh
- ❖ *Ann Honebrink, MD*: University of Pennsylvania
- ❖ *Linda J. Kanzleiter, M.Ps.Sc.,D.Ed*: Pennsylvania State University College of Medicine



# Continuing Professional Development

## Tobacco Education and Training



# TES

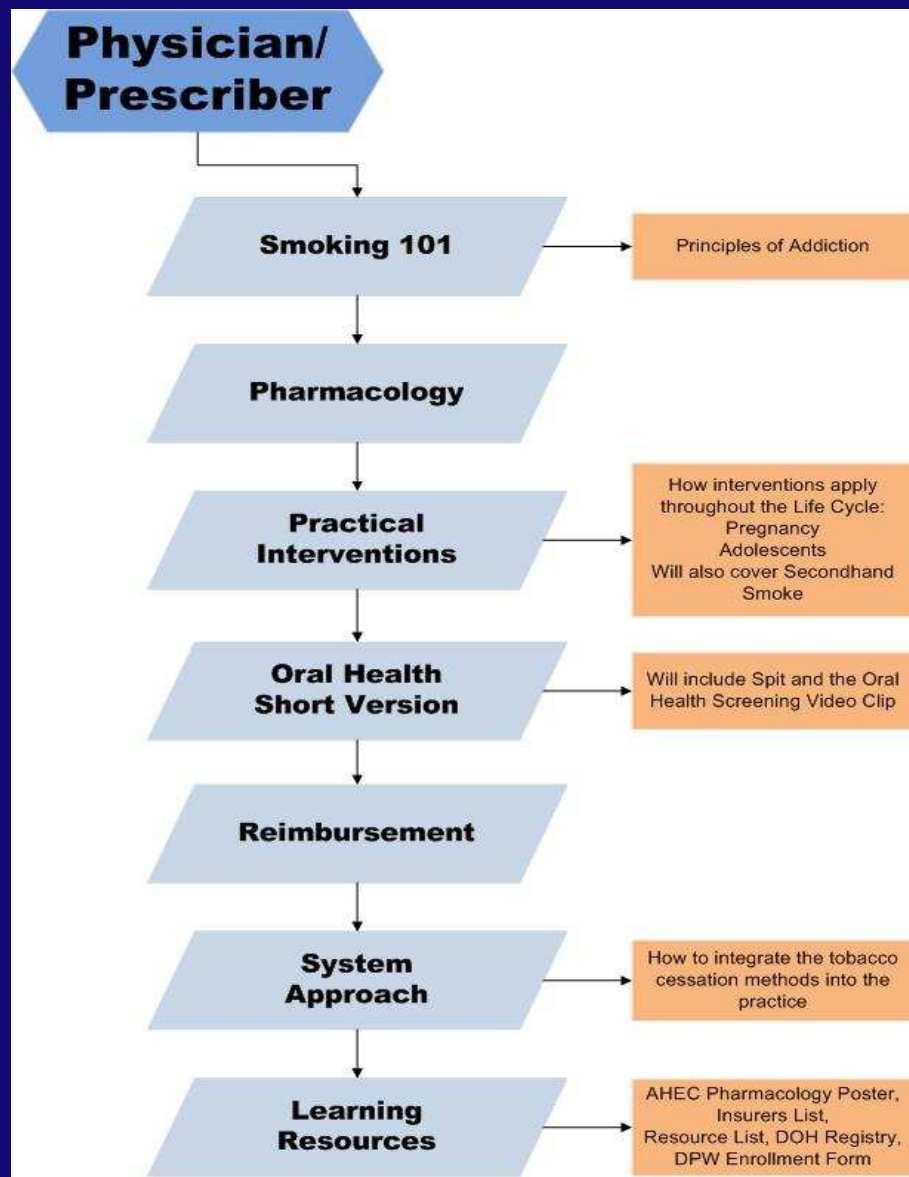
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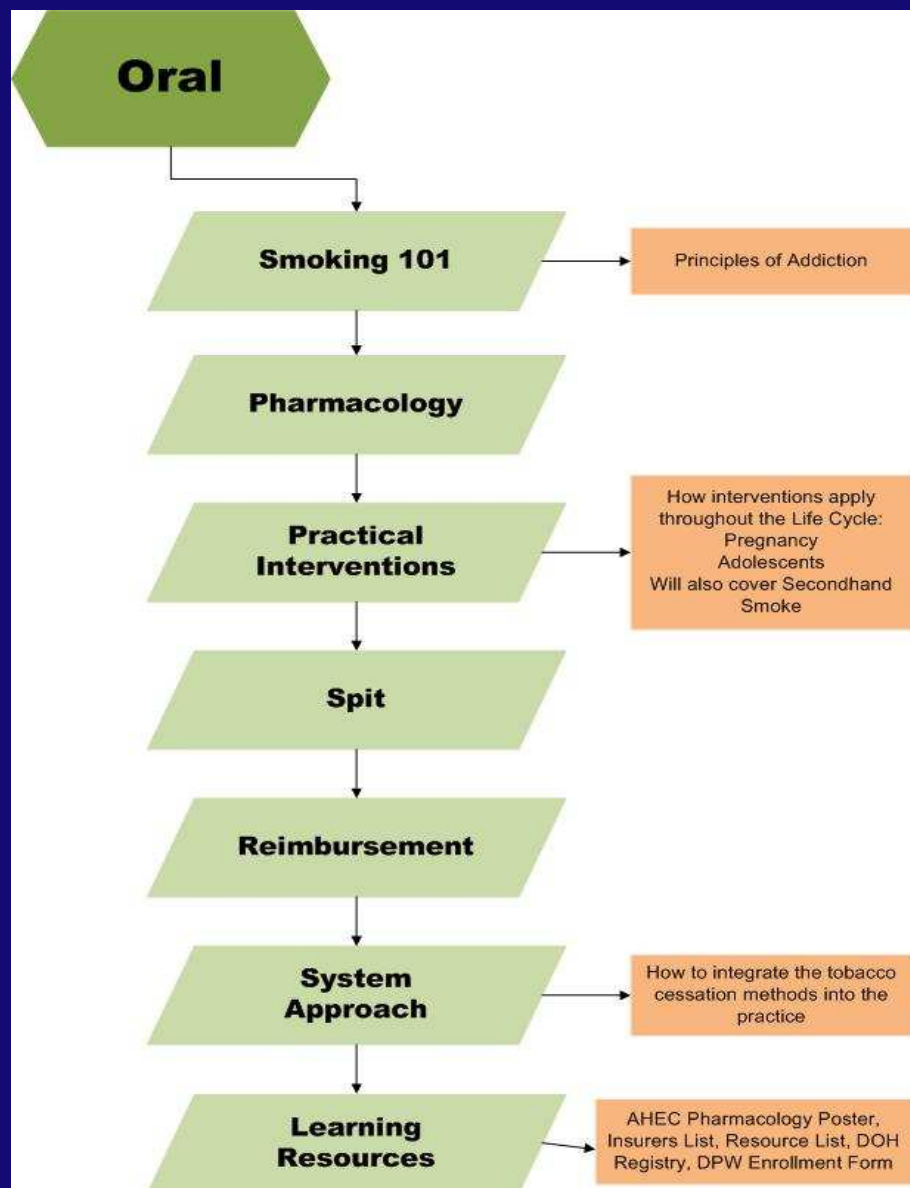


# Physician/Prescriber Suite



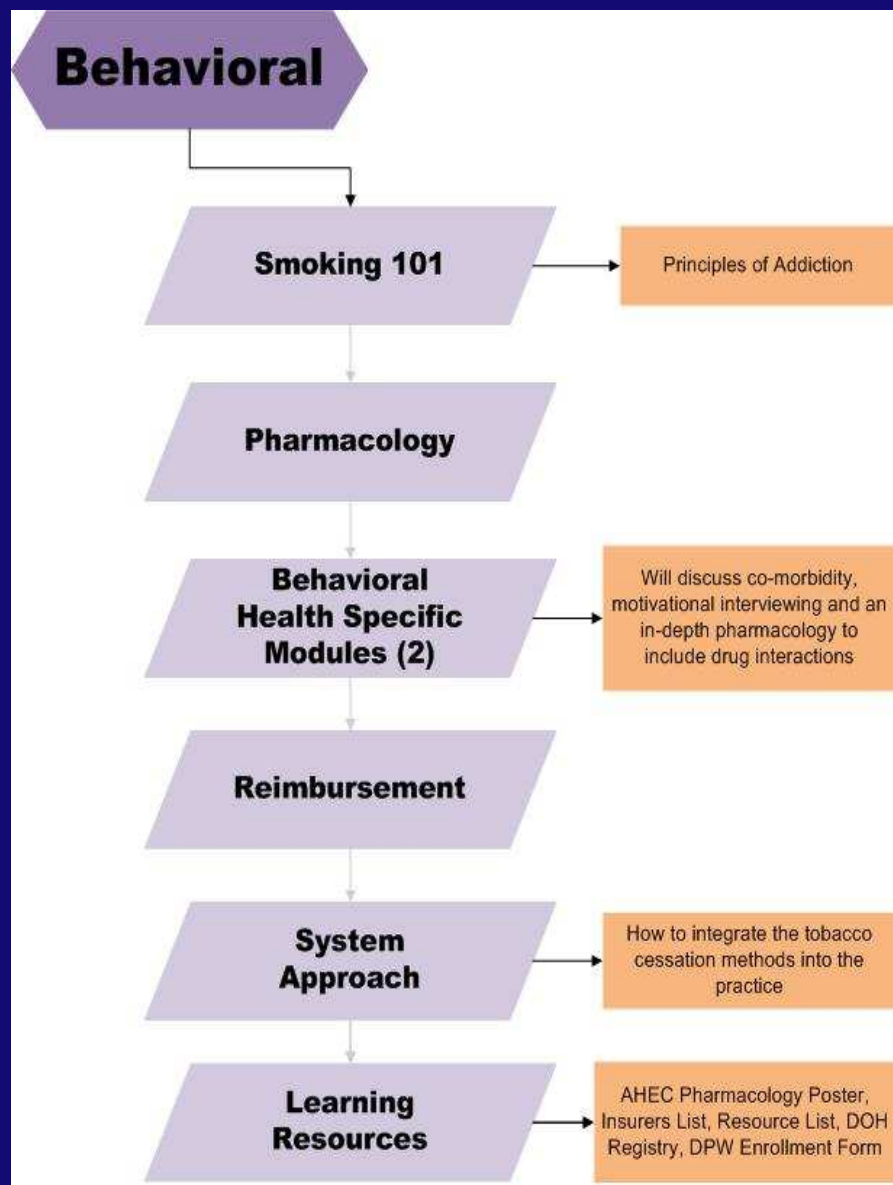


# Oral Health Suite





# Behavioral Health Suite





# Standard of Training for Pennsylvania's Department of Health's Cessation Registry and Department of Welfare's Provider Enrollment Listing

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t o b a c c o e d u c a t i o n s u i t e



Department of Welfare  
Medicaid Provider

Department of Welfare  
Non Provider Status



# TES

- ❖ Traditional Workshop
  - ❖ Regional opportunities: accreditation 2 years
- E-Learning program
- ❖ Web-based opportunities: Interim program



# TES - Regional Opportunities

## Regional Tobacco Education and Intervention Training:

❖ Titusville Nov. 12

❖ Lancaster: Nov. 17

For more information or to schedule a training

717-531-4327



# TES Accreditation

- ❖ Medicine
- ❖ Dentistry
- ❖ Social Work
- ❖ Nursing
- ❖ Pharmacy
- ❖ Behavioral/ Mental Health
- ❖ Allied Health



# PA AHEC Tobacco Education Interim Training Program

- ❖ Visit the Department of Health Website:  
<http://www.dsf.health.state.pa.us>
- ❖ Click on Tobacco Link
- ❖ Program Accredited by Penn State Univ.,  
College of Medicine, Dept. of Continuing  
Medical Education for *2 AMA PRA  
Category 1 Credit(s)<sup>TM</sup> and .2 CEU's*



# TES

January 2009

E-Learning  
2 year certification



# TES

Linda Kanzleiter  
ljk6@psu.edu

Dottie Schell  
dschell@paaap.org

Jeannie Nye  
jnye@hmc.psu.edu



*Never underestimate that  
a small group of  
thoughtful, committed  
people can change the  
world indeed it's the  
only thing that ever has.*

Margaret Mead



# Quality Improvement: Practice Change

Dottie Schell, RN,BS,CTAS  
Statewide Director of Tobacco Education  
PA AHEC and PA AAP  
484-446-3002  
[dschell@paaap.org](mailto:dschell@paaap.org)



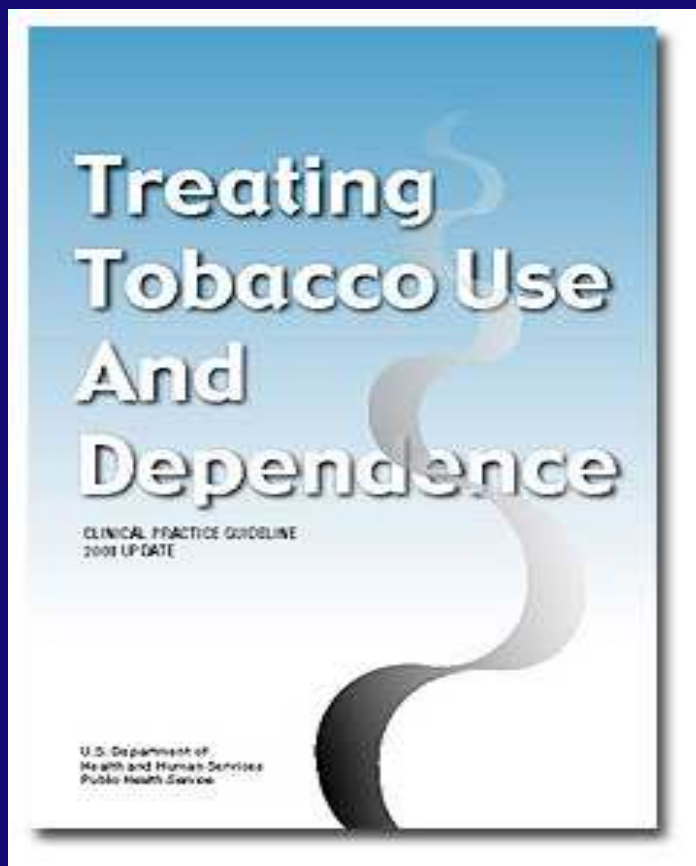
# Helping Teens Quit

- ❖ Where are you now (Baseline)?
- ❖ Where do you want to be (Target)?
- ❖ How will you get there (Strategies)?
- ❖ How will you know you are there (Evaluation)?



# USPHS Guideline “2008”

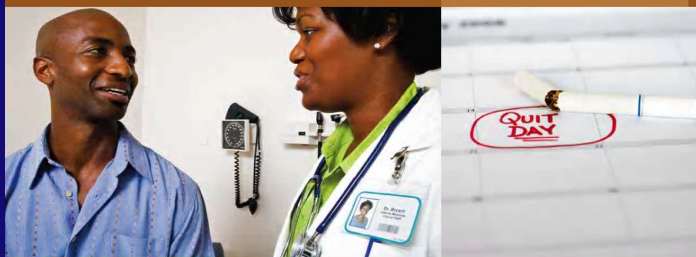
Integrating an evidence-based Intervention into practice





# Treating Tobacco Use in Health Care Delivery Systems (April 2008)

HEALTHCARE PROVIDER REMINDER  
SYSTEMS, PROVIDER EDUCATION,  
AND PATIENT EDUCATION



Working with Healthcare  
Delivery Systems to Improve  
the Delivery of Tobacco-Use  
Treatment to Patients  
AN ACTION GUIDE



TOBACCO-USE TREATMENT



## Task Force on Community Preventive Services (TFCPS) Recommendation (2008)

### ACTION STEPS

- ❖ Healthcare Reminder System
- ❖ Healthcare Provider Education
- ❖ Patient Education



# Quality Assurance /Standard of Care

- ❖ Continuous Quality Improvement Measures that focus on the process
- ❖ Health Employer Data Information Set (HEDIS)
- ❖ Joint Commission



# Healthcare Effectiveness Data Information Set (HEDIS)

## How many current smokers seen by managed care organizations

1. Received advise to quit
2. Were recommended or discussed medication
3. Had smoking cessation strategies recommended or discussed



# The Joint Commission of Accreditation of Hospitals

- ❖ All hospitals must be smoke free
- ❖ Every patient should have his/her tobacco-use status documented
- ❖ Tobacco Users Should be advised to quit
- ❖ Tobacco Users should be offered counseling
- ❖ Tobacco Users should be offered medication

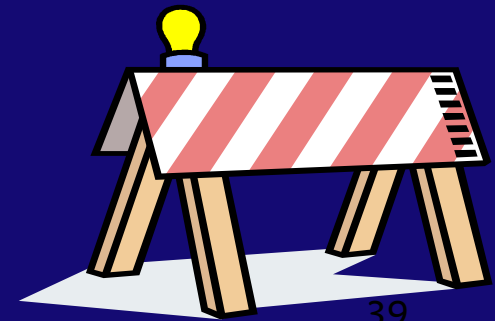


# Policy and Protocol in place

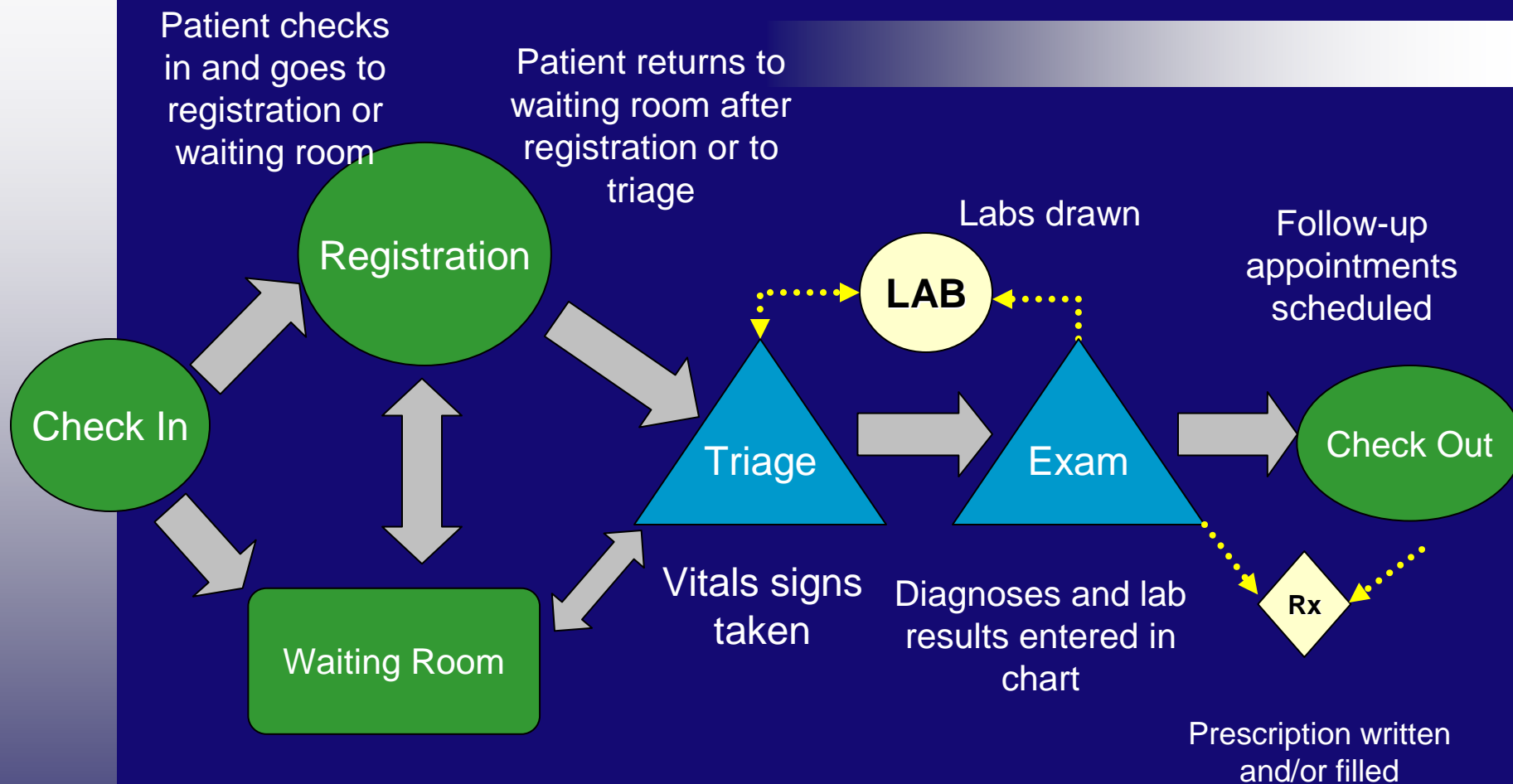
- ❖ Organizational policy to address tobacco use and dependence
- ❖ Protocol in place that defines process and role of each staff member

# Barriers to Change

- ❖ The system is designed
  - For acute issues
  - To provide preventive care and acute illness management
  - To support a single service encounter
- ❖ Lack of time
- ❖ Reimbursement issues
- ❖ ?



# Analyze Practice Flow





# Outcome/Evaluation

- ❖ System Change
- ❖ Practice Change
- ❖ Clinician Change
- ❖ Patient change



# What are you currently doing ?

## Smoking Cessation Assessment Practice/Site Survey

Initial

Follow-up

Date:

Name:

Practice/Site Name:

Title:

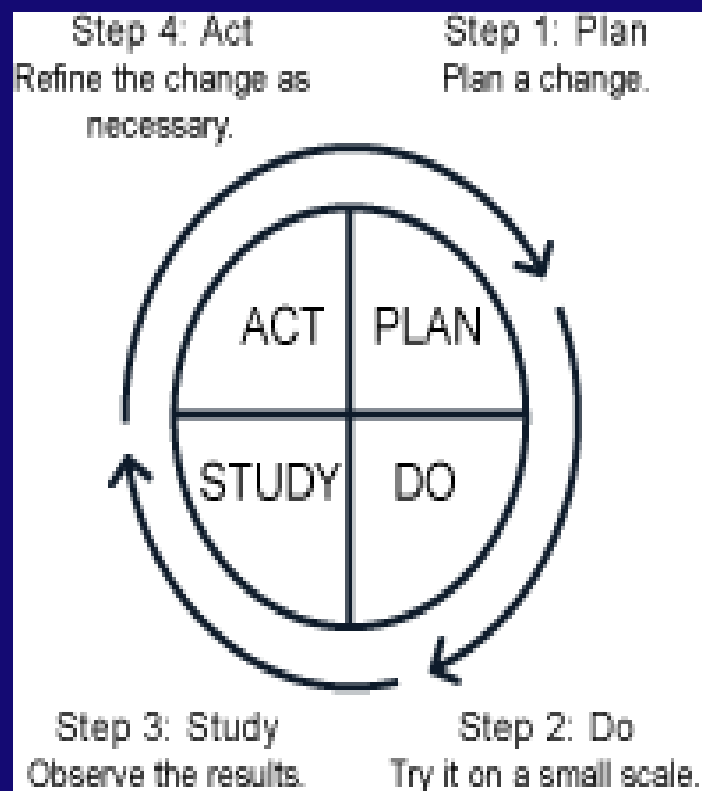
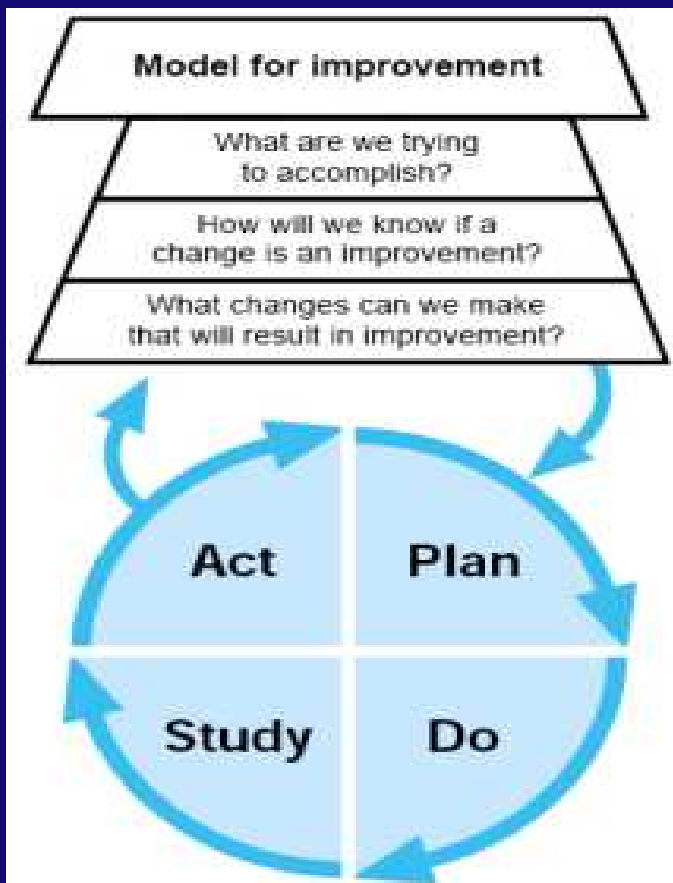
Please fill complete this form: Be as accurate as you can be. (Check one)

This applies to me only

This applies to my practice overall

Statements	Always	Most of the time	Some of the time	Rarely	Never	Not applicable
1. We/I ask about smoking and exposure to tobacco smoke pollution at each client contact.						
2. We/I advise all smokers to quit smoking at each client contact.						
3. We/I assess willingness to stop smoking and document smoking status in patient medical record or problem list.						
4. We/I assist with brief quit smoking cessation counseling to smokers and recent quitters at each visit.						
5. We/I give information to smokers about community quit smoking counseling programs						
6. We/I give information to patients about the free quit line						
7. We/I fax referrals to the quit line using the fast fax referral form						
8. We/I distribute "Quit Smoking" self-help materials.						
9. We/I recommend/prescribe pharmacotherapy for smokers, if clinically appropriate.						
10. We/I document cessation interventions in the client record to track and evaluate progress.						
10. We/I identify smokers with chart stickers or other prompts.						
13. We/I monitor staff compliance to ensure they provide smoking interventions/programming.						
14. We/I currently bill for smoking cessation counseling						

# Plan-Do-Act-Study (PDAS)





## Needs Assessment: Smoking Cessation Interventions

WHAT	WHO	HOW	EDUCATION	MATERIALS
<b>ASK</b> smoking status				
<b>ADVISE</b> cessation				
<b>ASSESS</b> Interest/readiness				
<b>ASSIST</b> setting up a plan (ready to quit)				
<b>ARRANGE</b> follow-up				
<b>MOTIVATE</b> if patient is not ready to quit				
<b>PREVENT RELAPSE</b> if quit within past 12 months				



## Needs Assessment: Smoking Cessation Interventions

WHAT	WHO	HOW	EDUCATION	MATERIALS
<b>ASK</b> smoking status	Receptionist? Intake nurse?	Clipboard form in lobby? Part of vital signs?	Simple instructions?	Questionnaire? Amend current form?
<b>ADVISE</b> cessation	RN? NP? PA? MD?	During exam? (document in chart)	Read guideline? Take online course(s)?	Quick Reference Guide? Use Internet?
<b>ASSESS</b> Interest/readiness	RN? NP? PA? MD? Staff cessation "Specialist"?	During exam? (document in chart)	Read guideline? Take online course(s)?	Quick Reference Guide (QRG)? Use Internet?
<b>ASSIST</b> setting up a plan (ready to quit)	RN? NP? PA? MD? (staff "Specialist"?)	Counsel? Refer to Quitline, local pro- gram, "Specialist"? Self-help resources?	Read guideline? Simple instructions (for referrals)? Take online course(s)? Provide staff training?	QRG? List of Quitlines, local programs, online resources? Use CTRL training manual?
<b>ARRANGE</b> follow-up	RN? NP? PA? MD? (staff "Specialist"?)	Refer to Quitline, local program, "Specialist," PCP/clinic?	Simple instructions?	List of Quitlines, local programs, online resources? Referral form/letter (develop)?
<b>MOTIVATE</b> if patient is not ready to quit	RN? NP? PA? MD? (staff "Specialist"?)	Provide motivational intervention? Refer to Quitline or Specialist? Self-help resources?	Read guideline? Simple instructions (for referrals)? Take online course(s)? Provide staff training?	QRG? List of Quitlines, online resources? Use CTRL training manual?
<b>PREVENT RELAPSE</b> if quit within past 12 months	RN? NP? PA? MD? (staff "Specialist"?)	Counsel? Refer to Quitline or Specialist? Provide self-help resources?	Read guideline? Simple instructions (for referrals)? Take online course(s)? Provide staff training?	Quick Reference Guide? List of Quitlines, online re- sources? Use CTRL manual?

# Implementing into a Healthcare Setting



## Create A Team

- Step 1.** Develop administrative commitment
- Step 2.** Involve staff early
- Step 3.** Assign one coordinator
- Step 4.** Provide training
- Step 5.** Adapt procedures to your setting
- Step 6.** Monitor and provide feedback



# Step 1: Develop Administrative Commitment

Administrators and supervisors who are committed to providing smoking cessation services to their patients

Consider requirements of funding agencies or availability of reimbursement for smoking cessation services

Strengthened by mandates of institutional governing boards or accrediting agencies

Restricted by the allocation of limited resources such as staff time

Effective problem solving for implementation of smoking cessation program



## Step 2: Involve Staff Early

### ❖ Staff meeting:

- Invite participation by all staff responsible for patient care at any level
- First with key staff members then with all front line staff

### ❖ Meeting agenda to gain staff support:

- Overview of smoking cessation counseling intervention
- Questions and answers
- Identify barriers to implementation at each step
- Develop Implementation Plan



## Step 3: Assign One Coordinator

- ❖ One person should oversee implementation to ensure that tasks are not overlooked
- ❖ The coordinator can:
  - Answer questions
  - Troubleshoot problems
  - Arrange for training
  - Monitor implementation

## Step 4: Provide Training

### Smoking Cessation Counseling





## Step 5: Adapt Procedures to Your Setting

### Determine how the following will happen :

- ❖ Obtaining the smoking status of every patient/parent
- ❖ Reminder system/chart flag
- ❖ Timing and delivery of the counseling
- ❖ Documenting the intervention in patient records
- ❖ Follow-up with each patient





## Step 6: Monitor and Provide Feed Back

- ❖ A Periodic Review of the Program
  - Observe whether procedures are working as intended
  - Determine if staff is completing assigned tasks
  - Assess if documentation is complete and accurate
  - Evaluate use of patient materials for distribution and inventory
- ❖ Revise Program Procedures
  - Anticipate revisions to original plan
- ❖ Give Feedback to Staff and Administrators
  - Maintain staff enthusiasm
  - Assure continued success



# Practice Tools

## Reminder systems

- ❖ Patient survey
- ❖ Flag Charts
- ❖ Vital Signs
- ❖ Include on Problem list (highlighted)
- ❖ Stickers
- ❖ Embedded in Electronic Medical Records



## Practice Tools continued

- ❖ Pharmacotherapy Posters
- ❖ Fast Fax to Quit Line
- ❖ 5A's Pocket Cards
- ❖ Documentation forms, stickers, EMR



# Health Surveys

## Smoking History Survey for Parent/Patient/Caregiver

Please look at all three sections and answer all that apply.

### Section A. Please check the answer that best describes you:

- I have **NEVER** smoked or have smoked less than 100 cigarettes in my lifetime.
- I **STOPPED** smoking **LESS** than a year ago.
- I **STOPPED** smoking **OVER** a year ago.
- I smoke **SOME NOW**, but I **CUT DOWN**, recently.
- I smoke **REGULARLY NOW**, and have **NOT CUT DOWN**.

### Section B. Household Environment:

1. How many smokers do you live with? \_\_\_\_\_
2. What is your relationship to the above smoker(s)? (*check all that apply*)  
 partner  parent  friend  other \_\_\_\_\_
3. Where do they smoke?  
 inside your home  outside your home  in the car  away from home  
 other \_\_\_\_\_
4. Do you ever allow people to smoke in your home?  Yes  No

### Section C. If you smoke or quit:

1. How many cigarettes a day do you or did you smoke? \_\_\_\_\_
2. How many years have you or did you smoke? \_\_\_\_\_
3. If you currently smoke, how soon after awakening do you smoke?  
 immediately  within \_\_\_\_ (# of minutes)  within \_\_\_\_ (# hours)  
 times vary
4. Where do/did you smoke?  
 inside your home  outside your home  in the car  away from home  
 other \_\_\_\_\_
5. If you quit, when was the last time you smoked?  
 < 6 months  6 - 12 months  > 1 year

## Smoking History Survey for Pregnant Women

Please look at all three sections and answer all that apply.

### Section A. Please check the answer that best describes you:

- I have **NEVER** smoked or have smoked less than 100 cigarettes in my lifetime.
- I **STOPPED** smoking **BEFORE** I found out I was pregnant.
- I **STOPPED** smoking **AFTER** I found out I was pregnant, and I am not smoking now.
- I smoke **SOME NOW**, but I **CUT DOWN**, **SINCE** I found out I was pregnant.
- I smoke **REGULARLY NOW**, and have **NOT CUT DOWN** since I found out I was pregnant.

### Section B. Household Environment:

1. How many smokers do you live with? \_\_\_\_\_
2. What is your relationship to the above smoker(s)? (*check all that apply*)  
 partner  parent  friend  other \_\_\_\_\_
3. Where do they smoke?  
 inside your home  outside your home  in the car  away from home  
 other \_\_\_\_\_
4. Do you ever allow people to smoke in your home?  Yes  No

### Section C. If you smoke or quit:

1. How many cigarettes a day do you or did you smoke? \_\_\_\_\_
2. How many years have you or did you smoke? \_\_\_\_\_
3. If you currently smoke, how soon after waking do you smoke?  
 immediately  within \_\_\_\_ # of minutes  within \_\_\_\_ # hours  times vary
4. Where do/did you smoke?  
 inside your home  outside your home  in the car  away from home  
 other \_\_\_\_\_
5. If you quit, when was the last time you smoked?  
 < 6 months  6 - 12 months  > 1 year



# Vital Sign Stamp

Blood pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Respiratory rate: \_\_\_\_\_ Temperature:

\_\_\_\_\_ Weight: \_\_\_\_\_ Height:

\_\_\_\_\_ Tobacco use (circle one) Current

Former Never Ready to quit (circle one)

Not at all Thinking about it Ready now

Exposure to secondhand smoke Y-- N--



# Documentation Forms or part of EMR

**Smoking Cessation Counseling Documentation**

Smoker is:  
 Parent or Caregiver of Patient    Adolescent Patient  
 Adult Patient    Pregnant Patient - EDC: \_\_\_\_/\_\_\_\_/\_\_\_\_

ASK - Survey	ADVISE - Teachable moment	ASSESS	ASSIST - Give	ARRANGE - Evaluate
Date: _____ initial _____ # of cigarettes per day: _____ # of years smoked: _____ # of quit attempts: _____ Other Tobacco Use: _____ <input type="checkbox"/> Smokes 30 min. of awakening <input type="checkbox"/> Relapsed	Discussed: <input type="checkbox"/> <input type="checkbox"/> Relevance <input type="checkbox"/> Rewards <input type="checkbox"/> Risks <input type="checkbox"/> Roadblocks	<input type="checkbox"/> No interest <input type="checkbox"/> Quit later <input type="checkbox"/> Ready - Set quit date: _____ <input type="checkbox"/> Quit < 6mos <input type="checkbox"/> Maintain > 6mos <input type="checkbox"/> Quit > 1 year	<input type="checkbox"/> Counsel <input type="checkbox"/> Booklet <input type="checkbox"/> Support <input type="checkbox"/> Pharmacotherapy <input type="checkbox"/> Prevent Relapse	<input type="checkbox"/> Quit line: 1-877-724-1090 <input type="checkbox"/> Referral <input type="checkbox"/> Follow-up appt. <input type="checkbox"/> Quit Date: _____
Smoking Location: <input type="checkbox"/> In home <input type="checkbox"/> Outside home <input type="checkbox"/> In car <input type="checkbox"/> Other	Comments: _____			
Date: _____ initial _____ # of cigarettes per day: _____ # of years smoked: _____ # of quit attempts: _____ Other Tobacco Use: _____ <input type="checkbox"/> Smokes 30 min. of awakening <input type="checkbox"/> Relapsed	Discussed: <input type="checkbox"/> <input type="checkbox"/> Relevance <input type="checkbox"/> Rewards <input type="checkbox"/> Risks <input type="checkbox"/> Roadblocks	<input type="checkbox"/> No interest <input type="checkbox"/> Quit later <input type="checkbox"/> Ready - Set quit date: _____ <input type="checkbox"/> Quit < 6mos <input type="checkbox"/> Maintain > 6mos <input type="checkbox"/> Quit > 1 year	<input type="checkbox"/> Counsel <input type="checkbox"/> Booklet <input type="checkbox"/> Support <input type="checkbox"/> Pharmacotherapy <input type="checkbox"/> Prevent Relapse	<input type="checkbox"/> Quit line: 1-877-724-1090 <input type="checkbox"/> Referral <input type="checkbox"/> Follow-up appt. <input type="checkbox"/> Quit Date: _____
Smoking Location: <input type="checkbox"/> In home <input type="checkbox"/> Outside home <input type="checkbox"/> In car <input type="checkbox"/> Other	Comments: _____			

Ask - Survey	Advised - Teach Moment	Assess
Date: _____ initial: _____ # of cigarettes per day: _____ # of years smoked: _____ # of quit attempts: _____ <input type="checkbox"/> Smoke / 30 min. of awakening <input type="checkbox"/> Relapsed Other Tobacco Use: _____	Discussed: <input type="checkbox"/> Relevance <input type="checkbox"/> Rewards <input type="checkbox"/> Risks <input type="checkbox"/> Roadblocks	<input type="checkbox"/> No Interest <input type="checkbox"/> Quit Later <input type="checkbox"/> Ready Set quit date: _____ <input type="checkbox"/> Maintain > 6 mos <input type="checkbox"/> Quit < 6 mos <input type="checkbox"/> Prevent Relapse
Smoking Location <input type="checkbox"/> In home <input type="checkbox"/> Outside home <input type="checkbox"/> In car <input type="checkbox"/> Other	Assist - Give <input type="checkbox"/> Counsel <input type="checkbox"/> Booklet <input type="checkbox"/> Support <input type="checkbox"/> Pharmacotherapy	Arrange - Evaluate <input type="checkbox"/> Outline <input type="checkbox"/> Referral <input type="checkbox"/> Follow-up appt. <input type="checkbox"/> Quit Date: _____





Handout for Practical Office  
Interventions: Counseling  
Smokers to Quit

General Practice Associates  
Community General Hospital

**TOBACCO EVALUATION  
VISIT REPORT**

To: Dr. \_\_\_\_\_ Date: \_\_\_\_\_

From: Dr. \_\_\_\_\_

Regarding patient: \_\_\_\_\_

I have recently had the opportunity to evaluate your patient. With respect to his/her tobacco use, my findings suggest:

- |   |  |
|---|--|
| <input type="checkbox"/> Severe nicotine dependence | <input type="checkbox"/> "Chipping"                |
| <input type="checkbox"/> Anxiety                    | <input type="checkbox"/> Depression/depressed mood |
| <input type="checkbox"/> Insight deficit            | <input type="checkbox"/> Poor social support       |
| Other: _____  |  |

After discussion with the patient, the current plan for therapy includes:

Quit date on: \_\_\_\_\_

NRT to begin on Quit Day, including:

- |  |  |
|--|--|
| <input type="checkbox"/> Nicotine Patch                    | <input type="checkbox"/> Nicotine polacrilex gum |
| <input type="checkbox"/> Nicotine inhaler                  | <input type="checkbox"/> Nicotine lozenge        |
| <input type="checkbox"/> Zyban/Welbutrin SR<br>(Bupropion) | <input type="checkbox"/> Chantix (varenicline)   |

With your permission, I would like the opportunity to follow-up with the patient in/on:

Please don't hesitate to contact me if there are any questions or concerns. I'll certainly keep you abreast of your patient's progress.

Sincerely,



# Patient tools

- ❖ Fast Fax to Quitline
- ❖ Prescription to quit
- ❖ Quit line handouts
- ❖ Booklets/handouts



# Personalized Plan for Patients

QUITTING TAKES HARD WORK AND A LOT OF EFFORT, BUT—

## You Can Quit Smoking

SUPPORT AND ADVICE FROM YOUR CLINICIAN

A PERSONALIZED QUIT PLAN FOR: \_\_\_\_\_

**WANT TO QUIT?**

- Nicotine is a powerful addiction.
- Quitting at hand but don't give up.
- Many people try 2 or 3 times before they quit for good.
- Each time you try to quit, the more likely you will be to succeed.

**GOOD REASONS FOR QUITTING:**

- You will live longer and live healthier.
- The people you love with, especially your children, will be healthier.
- You will have more energy and breathe easier.
- You will lower your risk of heart attack, stroke, or cancer.

## You Can Quit Smoking

SUPPORT AND ADVICE FROM YOUR PRENATAL CARE PROVIDER

NOW IS A GOOD TIME TO QUIT FOR YOU AND YOUR BABY

**GOOD THINGS HAPPEN AS SOON AS YOU QUIT**

**FOR YOUR BABY:**

- Your baby will be healthier.
- Your baby will get more oxygen.
- Your baby will be less likely to be born too soon.
- Your baby will be more likely to come home from the hospital with you.
- Your baby will have fewer colic and ear infections.
- Your baby will cough and cry less.
- Your baby will have fewer asthma and wheezing problems.

### FIVE KEYS FOR QUITTING

- GET READY.**
  - Set a quit date and stick to it—**not** even a single puff!
  - Think about your quit attempt. What worked and what did not?
- GET SUPPORT AND ENCOURAGEMENT.**
  - Tell your family, friends, and coworkers you are quitting.
  - Talk to your doctor or other health care provider.
  - Get group, individual, or telephone counseling.
- LEARN NEW SKILLS AND BEHAVIORS.**
  - When you first try to quit, change your routine.
  - Reduce stress.
  - Distance yourself from urges to smoke.
  - Plan something enjoyable to do every day.
  - Drink a lot of water and other fluids.
- GET MEDICATION AND USE IT CORRECTLY.**
  - Talk with your health care provider about which medicines will work best for you.
  - Bupropion SR—available by prescription.
  - Nicotine gum—available over-the-counter.
  - Nicotine inhaler—available by prescription.
  - Nicotine nasal spray—available by prescription.
  - Nicotine patch—available over-the-counter.
- BE PREPARED FOR RELAPSE OR DIFFICULT SITUATIONS.**
  - Avoid alcohol.
  - Be careful around other smokers.
  - Improve your mood in ways other than smoking.
  - Eat a healthy diet and stay active.

Quitting smoking is hard. Be prepared for challenges, especially in the first few weeks.

Following plan: \_\_\_\_\_

Other information: \_\_\_\_\_

Referral: \_\_\_\_\_

Clinician \_\_\_\_\_ Date \_\_\_\_\_

### You Quit:

time and settings in your home, car, or at work and coworkers for support, even as you feel the urge to smoke.

**E YOURSELF MONEY:**

you smoke 1 pack per day, you will save \$1,100 in 10 years. Is worth that money?

U.S. Department of Health and Human Services (DHHS)

### KEYS FOR QUITTING

- GET READY.**
  - Think about how quitting will help you and your baby.
  - Set a quit date and stick to it—**not** even a single puff!
  - Get rid of ALL cigarettes and ashtrays in your home, car, or workplace. Make it hard to get a cigarette.
  - Set up smoke-free zones in your home, and make your car smoke-free.
- GET SUPPORT AND ENCOURAGEMENT.**
  - Tell your family, friends, and coworkers you are quitting and ask for their help.
  - Ask smokers not to smoke around you.
  - Talk to someone who quit smoking when they were pregnant.
  - Talk with your prenatal care provider about your plan to quit.
- LEARN NEW SKILLS AND BEHAVIORS.**
  - Try to change some of your daily habits to lower your chances of smoking.
  - Plan something fun to do every day.
  - Practice new ways to relax.
  - When you want to smoke, do something else: find a way to occupy your hands, your mouth, and your mind.
  - Think about your reasons for quitting.
- BE PREPARED TO HANDLE "SLIPS."**
  - If you "slip" and smoke, don't give up.
  - People who quit after they "slip" tell themselves, "This was a mistake, not a relapse."
  - Set a new date to get back on track.
  - Remember that by quitting, you are protecting your baby's health and your own.

Quitting smoking is one of the most important things you can do for you and your baby.

Following plan: \_\_\_\_\_

Other information: \_\_\_\_\_

Referral: \_\_\_\_\_

PNC#: \_\_\_\_\_ Date: \_\_\_\_\_

### YOUR QUIT PLAN

1. YOUR REASONS TO QUIT: \_\_\_\_\_

2. FRIENDS AND FAMILY WHO CAN HELP YOU: \_\_\_\_\_

3. SKILLS AND BEHAVIORS YOU CAN USE TO HELP YOU QUIT: \_\_\_\_\_

4. WAYS YOU CAN HANDLE "SLIPS": \_\_\_\_\_

YOUR PRENATAL CARE PROVIDER'S

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Next appointment date: \_\_\_\_\_

U.S. Department of Health and Human Services (DHHS)

Smoke-Free Families  
www.smokefreefamilies.org

A national program supported by The Robert Wood Johnson Foundation. (DHHS)

Note: Most materials available in Spanish



# PA DOH Free Quitline 1-800-QUIT-NOW

- ❖ In partnership with the American Cancer Society
- ❖ Intake 24 hours a day/7 days a week
- ❖ Age 14 and over
- ❖ Helps develop a personalized **plan** for quitting



# Resources

PA Area Health Education Center: additional continuing education for health care professionals.

<http://www.paahec.org/>

Free Telephone Counseling: 1-800-QUIT-NOW

PA DOH website: Click on the county to find local cessation services.

[www.dsf.health.state.pa.us/health/cwp/view.asp?A=174&Q=236582](http://www.dsf.health.state.pa.us/health/cwp/view.asp?A=174&Q=236582)

PA DOH website for smokers who are interested in quitting:

[www.determinedtoquit.com/](http://www.determinedtoquit.com/)

For Healthcare professionals who work with teens:

[www.helpteensquit.com](http://www.helpteensquit.com)



# Billing for Smoking Cessation Counseling

- ❖ Always have your billing person/department check with health plan benefits contact person to see what is covered and what codes they recognize!!!!
- ❖ Even if not reimbursed, it is important to code to promote future coverage.
- ❖ PA Medical Assistance:
  - Cover counseling
  - Pharmacotherapy

<http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/billinginfo/003674252.htm>

General information

<http://www.aafp.org/fpm/20060500/75anup.html>



# Medical Assistance Billing

## Parameters for billing Tobacco Cessation Counseling Services

Provider Type	Specialty	Procedure Code	Description	Unit of Service	Unit of Service	Limit
01, 05, 08, 09, 19, 24, 27, 31, 37	370	S9075	Tobacco Counseling Session	1	15 minute face to face encounter	Maximum of 70 units per individual, per calendar year



# ICD-9 Diagnostic Codes:

❖ COPD *491.2*

❖ Emphysema *492.8*

❖ Asthma *493.00*

❖ Carcinoma: in  
situ/bronchus, lung *231.2*

❖ Depression psychosis full  
remission *296.26*

❖ Schizophrenia Chronic *295.75*

❖ Toxic Effect/Tobacco (Medical)  
*989.84*

❖ Tobacco Use Disorder  
(DMSV) *305.1*



# Potential Billing Codes\*

Medical Visit: Must document that 50% of total time spent counseling:

❖ New Patients:

- 99201 >10 min
- 99202 >20
- 99203 >30
- 99204 >45
- 99205 >60

❖ Established Patients:

- 99211 > 5 min
- 99212 > 10
- 99213 > 15
- 99214 > 25
- 99215 > 40



[www.helpteensquit.com](http://www.helpteensquit.com)



## For Health Care Professionals

Our goal is to assist Pennsylvania's Health Care Community by providing up to date information so you can help teens stop using tobacco.

Home  
Find It Fast  
About Us  
Contact Us

Steps to Change | Tools & Handouts | **Quality Improvement** | Community Resources | Continuing Education

### Quality Improvement

**Continuous Quality Improvement** helps you and your practice build an effective system to address tobacco use by the adolescents in your practice. The goal is to intervene with **all** smokers and recent quitters based on their stage of readiness to quit. To achieve this goal, the program must become integrated into the routine care or practice may consider:



**Steps to assure success:** ([click here to download complete 6 step description WORD document](#))

1. Develop administrative commitment to implementation.
2. Involve front-line staff early in implementation planning process.
3. Assign a staff member to coordinate and monitor implementation.
4. Provide training for professional and support staff.
5. Adapt procedures to specific setting.
6. Have the staff member who is monitoring the implementation of the program ask for feedback.

### Practice Improvement

#### PRACTICE TOOLS & MATERIALS

The following are questionnaires and databases that can be incorporated into a patient's chart or used to monitor quality. For more information and additional tools regarding quality improvement, please [click here](#). The questionnaires here are tailored to assessing the teenager's willingness to change and the perceived risks and benefits of their tobacco use.

##### Title

#### Chart Sticker

This link shows the chart sticker options created by Clean Air for Healthy Children and Families. Three different stickers are available if your practice chooses to use them: non-smoker, smoker, and smoking in house. All are formatted to be printed on Avery Labels 5732.



#### WEBSITES

The following are direct links to tools and solutions from websites other than HelpTeensQuit. By clicking on the link, you will be taken directly to the clinical resource that may be helpful for a teen who is not ready to quit. For a listing of homepage addresses for all of the websites referenced by HelpTeensQuit, please [click here](#).

##### Title

#### AAFP: Ask and Act Tobacco Cessation Program

This website by the American Academy of Family Physicians provides excellent information about physician advocacy, systems integration, and educational opportunities regardless of medical specialty.



### Reimbursement

#### PRACTICE TOOLS & MATERIALS

The following are questionnaires and databases that can be incorporated into a patient's chart or used to monitor quality. For more information and additional tools regarding quality improvement, please [click here](#). The questionnaires here are tailored to assessing the teenager's willingness to change and the perceived risks and benefits of their tobacco use.

##### Title

#### CPT and ICD-9 Codes Related to Tobacco Cessation

This document highlights treatment and diagnosis codes that are related to tobacco use and treatment. The listed codes can vary according to insurance plans and should be used as an initial guide for medical and office staff.



#### WEBSITES

The following are direct links to tools and solutions from websites other than HelpTeensQuit. By clicking on the link, you will be taken directly to the clinical resource that may be helpful for a teen who is not ready to quit. For a listing of homepage addresses for all of the websites referenced by HelpTeensQuit, please [click here](#).

##### Title

#### PROMISE Information Website

This website link directs you to the PROMISE main website portal, which is the new claims processing and information management system for PA Medical Assistance. Online training is available for first-time users and providers interested in integrating the system into their practices.



Upcoming Events  
Breaking News





### For Health Care Professionals

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- Home
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- Steps to Change
- Tools & Handouts
- Quality Improvement
- Community Resources
- Continuing Education

### Upcoming Live Events

October 2008						
S	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

#### Tobacco Cessation and Intervention Training

**Date: Thursday, October 23, 2008**

**Time: 3:00 - 9:00 PM**

**Crowne Plaza Hotel  
4100 Presidential Blvd.  
Philadelphia, PA**

Click here to download the [Registration Form](#)

November 2008						
S	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

#### "Help My Practice" Sustaining Best Practice: Improving Reimbursement, Quality, and Outcomes in Adolescent Tobacco Cessation

**Date: Thursday, November 6, 2008**

**Time: 12:15 - 1:15 PM**

**Call in number: 1-877-856-1968**

**Ask for Tobacco Cessation Series**

(Check back in September for details)



### Self-Learning Activities



#### Pennsylvania Department of Health Tobacco Cessation CME Training for Currently Enrolled Medicaid Providers

Click on this link to the [PA Area Health Education Center \(AHEC\) Tobacco Professional Development Website](#) and follow the registration instructions to access the secured CME site. Registration review and authorization will be completed within 48 hours by the PA AHEC Program Office and the applicant will be notified that they may access the Tobacco Training Programs.



#### "Help Me Help Them Quit" Partnering with Local Tobacco Cessation Programs

**Date: Thursday, October 2, 2008**

**Time: 12:15 - 1:15 PM**

Click here to download the [Audio \(MP3\)](#)

Click here to download the [Handouts](#)

Click here for CME Process



#### "Help Teens Quit" A Plan for Pennsylvania's Health Care Providers to Assist in Teen Tobacco Cessation (Original broadcast March 12, 2008)

Join us for this informative discussion to explore the role of health care professionals to promote smoking cessation among teenagers. Demonstrate how the Trans-theoretical Model of behavior can be utilized to help track adolescent tobacco use.

Click here to download the [Audio \(MP3\)](#)

Click here to download the [Handout](#)

Click here for CME Process

Upcoming Events

Breaking News





# Important Dates

## Regional Tobacco Education and Intervention Training:

- ❖ Titusville Nov. 12
- ❖ Lancaster: Nov. 17

Call: PA AHEC at 717-531-4327 for information

“Teens and Tobacco: Working together to promote effective interventions” April 14, 15, 16 at the Nittany Lion Inn in State College, PA

Email Dottie at [dschell@paaap.org](mailto:dschell@paaap.org) for more information



# Discussion and Questions and Answers

- ❖ Don't forget your continuing education credits. You must remember to complete your evaluation and email or fax back by November 20, 2008.
- ❖ Email or Fax information at bottom of evaluation form
- ❖ The operator will now give instruction to you for your questions and comments



# Good Luck!

Please feel free to contact:

Dottie Schell  
484-446-3002

[dschell@paaap.org](mailto:dschell@paaap.org)  
<http://paahec.org/>