

Integrating Tobacco Cessation Into Electronic Health Records

The U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, calls for systems-level tobacco intervention efforts. Electronic health records (EHRs) allow for integration of these guidelines into the practice workflow, facilitating system-level changes to reduce tobacco use.

The Certification Commission for Healthcare Information Technology (CCHIT) recognizes the importance of embedding tobacco cessation intervention documentation in EHRs. The CCHIT Ambulatory EHR Certification Criteria on the roadmap for 2009 include:

- AM 06.07: The system shall be capable of documenting current and past tobacco use in a quantitative fashion. Discussion note: Any quantitative measure of amount of consumption, time of start, time of stop, or total duration would be acceptable.
- AM 06.08: The system shall be capable of documenting that tobacco cessation counseling was provided, including a date stamp.

The American Academy of Family Physicians (AAFP) and the American Academy of Pediatrics (AAP) have developed a joint statement advocating that EHRs include a template that prompts clinicians and/or their practice teams to collect information about tobacco use, secondhand smoke exposure, cessation interest and past quit attempts. The electronic health record should also 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.

This template should be automated to appear when patients present with complaints such as cough, upper respiratory problems, diabetes, ear infections, hypertension, depression, anxiety and asthma, as well as for well-patient exams.

Template recommendations are on the back of this document.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

ASK AND ACT
A TOBACCO CESSATION PROGRAM

What should be included in a tobacco cessation EHR template?

Including tobacco use status as a vital sign provides an opportunity for office staff to begin the process. Status can be documented as current, former or never. A complementary field should document secondhand smoke exposure: current, former or never.

The template should include:

History:

Type of tobacco:

- Cigarettes Pipe Cigars Smokeless

How many years? _____ Packs per day: _____

Brand: _____

Approx date of last quit attempt: _____

Medication used in previous quit attempt:

- Patch
 Inhaler
 Gum
 Lozenge
 Bupropion
 Varenicline
 None
 Other _____

Readiness to Quit:

- Not interested in quitting
 Thinking about quitting at some point
 Ready to quit

Payment for Counseling

Medicare currently pays for tobacco cessation counseling for patients who use tobacco and have a "disease or an adverse health effect that has been found by the U.S. Surgeon General to be linked to tobacco use, or who [are] taking a therapeutic agent whose metabolism or dosing is affected by tobacco use." For a list of CPT, & ICD-9 Codes related to tobacco cessation counseling, click on the Ask and Act practice toolkit at www.askandact.org.

Assessment and Plan

Counseling:

Counseled for:

- Three minutes or less
 3 to 10 minutes
 10+ minutes

Counseling notes: _____

Handouts provided:

- "Prescription:" Quit Smoking – [English](#) or [Spanish](#)
 Quitline Card
 Quit Smoking Brochure
 Secondhand Smoke Brochure
 [Stop Smoking Guide](#)
 [Familydoctor.org information](#)
 Other: _____

Pharmacotherapy ([pharmacologic guide](#)):

Recommended OTC:

- NRT Gum
 NRT Lozenge
 NRT Patch

Medical Treatment:

- NRT Nasal Spray
Dosing: 1–2 doses/hour (8 – 40 doses/day); one dose = one spray in each nostril; each spray delivers 0.5 mg of nicotine
- NRT Inhaler
Dosing: 6–16 cartridges/day; initially use 1 cartridge q 1–2 hours
- Bupropion SR
Dosing: Begin -2 weeks prior to quit date; 150 mg po q AM x 3 days, then increase to 150 mg po bid. Contraindications: head injury, seizures.
- Varenicline
Dosing: Begin 1 week prior to quit date; days 1–3: 0.5 mg po q AM; days 4–7: 0.5 mg po bid; weeks 2–12: 1 mg po bid. Screen for suicidal ideations

Follow Up Plan

- Follow up visit in 2 weeks
 Staff to follow up in ____ weeks
 Address at next visit