Treating Tobacco Dependence

Ask your patients about tobacco use

Act to help them quit

AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

Synopsis

- Tobacco use remains the leading preventable cause of disease, disability, and death.
- Emerging tobacco and nicotine products (e.g., e-cigarettes) are an increasing health concern.
- Family physicians have influence in the fight against tobacco and nicotine use.

Objectives

- Make system changes that increase intervention and tobacco cessation rates.
- Conduct productive counseling sessions.
- Use the most recent evidence on pharmacotherapy to treat nicotine dependence.
- Maximize payment for tobacco cessation treatment and counseling.

Helping Patients Quit Tobacco Use

ASK AND ACT

Reasons Physicians Do Not Ask About Patient's Smoking Status

- Too busy
- Lack of expertise
- No financial incentive
- Think tobacco users cannot or will not quit
- Do not want to appear judgmental
- Respect for patient's privacy

Physicians Have the Opportunity to Ask and Act

- 70% of tobacco users want to quit.
- Without assistance, only 5% are able to quit.
- Most tobacco users try to quit on their own; more than 95% relapse.
- Physicians using evidence-based programs can more than double the quit rates.

Ending the Tobacco Problem: A Blueprint for the Nation
U.S. Public Health Service (USPHS) Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

Ask and Act

- Ask every patient about tobacco use
- Act to help them quit

For resources, visit AAFP Tobacco Control Toolkit

Identifying and Documenting Tobacco Use

SYSTEM CHANGES

System Changes

- Use posters, brochures, and lapel pins to signal to patients that you can help them quit tobacco use
- Develop templates for your EHR
- Ask about tobacco use as part of taking vital signs
- Document status in patient records (current user, former user, or never used tobacco)

System Changes

- Offer tobacco cessation group visits
- Maintain tobacco cessation patient registry
- Follow up with patients after their tobacco quit date

Motivating Patients to Quit Tobacco Use

COUNSELING

Reasons Patients Are Unwilling to Quit Tobacco Use

- Lack information about harmful effects of tobacco use or benefits of quitting
- Lack financial resources
- Have fears or concerns about quitting
- Think they cannot quit

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

Brief Interventions

- Do not have to be delivered by physician
- Electronic patient databases, tobacco user registries, and real-time clinical care prompts provide opportunities to fit brief interventions into a busy practice.

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

Brief Interventions

- Minimal interventions lasting less than 3 minutes increase overall tobacco abstinence rates.
- Every tobacco user should be offered minimal intervention, whether or not the patient is referred to an intensive intervention.

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

Brief Interventions

- Even when patients are not willing to make a quit attempt, physician-delivered brief interventions enhance motivation and increase the likelihood of future quit attempts.

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

Principles for Motivational Interviewing

- Express empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy

Motivational interviewing is effective in increasing future quit attempts.

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

5 R's of Motivational Interviewing

- **R**elevance
- **R**isks
- **R**ewards
- **R**oadblocks
- **R**epetition

The 5 R's enhance future quit attempts.

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

Practical Counseling

- Teach problem-solving skills
- Identify danger situations for tobacco user
- Suggest coping skills to use for danger situations and strategies to avoid temptation
- Provide basic information about tobacco use dangers, withdrawal symptoms, and addiction

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

Counseling Adolescents

- Tobacco cessation counseling is recommended for adolescents.
- Use motivational interviewing
- Respect privacy

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

Counseling Patients Who Have a Mental Health Disorder

- Counseling is critical to success.
- More and longer sessions are often necessary.
- Patients may need more time to prepare for quitting.
- Quit dates should be flexible.
- Include problem-solving skills training.

Helping Patients Who Are Ready to Quit

QUIT PLANS AND QUITLINES

Quitting Nicotine

- Be aware of newer popular nicotine products.
  - E-cigarettes and vape pens
    - Unregulated, not approved by FDA
    - No empirical evidence for use in tobacco cessation
  - Flavored smokeless tobacco (e.g., orbs, sticks, snus, strips)
- Dual use with traditional cigarettes is common.
  - May contribute to nicotine dependence

Develop a Quit Plan

- Help patient set a quit date
- Have patient tell family and friends and get rid of tobacco/nicotine products
- Identify social support
- Prescribe medication

Patient is Ready to Quit

- Intensive tobacco dependence treatment is more effective than brief treatment.
- Intensive treatment = more comprehensive treatment over multiple visits for a longer period of time
- May be provided by more than one health care professional, including quitline specialist

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

Intensive Treatment

- Especially effective
  - Practical counseling (e.g., problem-solving skills training)
  - Social support
  - Individual, group, and telephone counseling

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

Quitlines

- It only takes 30 seconds to refer a patient to a toll-free tobacco cessation quitline.
- Quitlines are staffed by trained specialists who tailor a plan and advice for each caller.
- Calling a quitline can increase a tobacco user's chance of successfully quitting.

Advantages of Quitlines

- Accessible
- Appeal to patients who are uncomfortable in a group setting
- More likely to be used by patients than a face-to-face program
- No cost to patient
- Easy intervention for health care professionals

Quitlines

- 1-800-QUIT-NOW callers are routed to state-run quitlines or the National Cancer Institute quitline.
- Quitline referral cards are available through the AAFP Tobacco Prevention & Cessation catalog

Products, Precautions, and Patient Concerns

PHARMACOTHERAPY

Pharmacotherapy

Q: Who should receive medication?

A: All tobacco users trying to quit, except where contraindicated or for specific populations in which there is insufficient evidence of effectiveness (e.g., pregnant women, smokeless tobacco users, light smokers, adolescents)

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

Factors to Consider When Prescribing

- Physician's familiarity with medications
- Contraindications
- Patient preference
- Previous patient experience
- Patient characteristics (e.g., history of depression, weight gain concerns)

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

Bupropion Sustained Release (SR)

- $2.72 to $6.22 for 2 tablets per day
- Plan quit date 1 to 2 weeks after start of treatment.
- Start with 150 mg once daily for 3 days, then increase to 150 mg twice per day for 7 to 12 weeks.
- Common side effects include insomnia and dry mouth.

Bupropion SR

- Monitor for neuropsychiatric symptoms
- Contraindicated in patients who have a history of seizure disorders
- Contraindicated in patients who have a history of anorexia or bulimia
- Selectively inhibits neuronal reuptake of dopamine

Varenicline

- $8.24 for 2 tablets per day
- Plan quit date 1 week after start of treatment.
- Start with 0.5 mg daily for 3 days, then increase to 0.5 mg twice daily for 4 days.
- On quit date, increase to 1 mg twice daily for 12 weeks.

Varenicline

- Most common side effects are nausea, insomnia, and vivid dreams.
- Monitor for neuropsychiatric symptoms.
- Take with food to avoid nausea.
- Partial agonist at alpha4-beta2 neuronal nicotinic acetylcholine receptors.

Nicotine Gum

- $1.90 to $3.70 per day (9 pieces)
- Available in 2 mg or 4 mg.
- 4 mg is recommended for patients who have first cigarette within 30 minutes of waking.
- Weeks 1-6: 1 piece every 1 to 2 hours
  Weeks 7-9: 1 piece every 2 to 4 hours
  Weeks 10-12: 1 piece every 4 to 8 hours
- Maximum = 24 pieces per day

Nicotine Gum

- Common side effects are jaw pain and mouth soreness.
- OTC medication
- Binds to central nervous system and peripheral nicotinic-cholinergic receptors

Nicotine Inhaler

- $8.51 per day (6 cartridges)
- 6 to 16 cartridges per day, initially 1 every 1 to 2 hours, for up to 12 weeks.
- Do not inhale into lungs. Puff as if lighting a pipe.
- Common side effects are mouth and throat irritation, and cough.
- Prescription medication

Nicotine Nasal Spray

- $5.00 per day (8 doses)
- 1 to 2 doses per hour (1 dose = 1 spray in each nostril)
- Maximum = 5 doses per hour or 40 doses per day
- Use for 3 to 6 months.
- Common side effects are nose and throat irritation, sneezing, and cough.
- Prescription medication

Rx for Change Pharmacologic Product Guide

Nicotine Patch

- $1.52 to $3.48 per day (1 patch)
- Patient who smokes >10 cigarettes per day: 21 mg patch once daily for 4 to 6 weeks, then 14 mg patch once daily for 2 weeks, then 7 mg patch once daily for 2 weeks
- Patient who smokes ≤10 cigarettes per day: start with 14 mg patch once daily for 4 to 6 weeks, then 7 mg patch once daily for 2 weeks

Nicotine Patch

- Common side effects are skin irritation and sleep issues (if patch is worn at night).
- OTC and prescription medication

Nicotine Lozenge

- $2.66 to $4.10 per day (9 pieces)
- Available in 2 mg or 4 mg
- 4 mg is recommended for patients who have first cigarette within 30 minutes of waking.
- Weeks 1-6: 1 lozenge every 1 to 2 hours
  Weeks 7-9: 1 lozenge every 2 to 4 hours
  Weeks 10-12: 1 lozenge every 4 to 8 hours
- Maximum = 20 lozenges per day

Rx for Change Pharmacologic Product Guide

Nicotine Lozenge

- Common side effects are mouth soreness, dyspepsia, and nausea.
- OTC medication

Nicotine Patch and Lozenge

- Starting patch 2 weeks prior to quit date increases success.
- Patient is instructed to get rid of tobacco products and other smoking cues on the quit date and begin the lozenge or other short-acting nicotine replacement therapy (NRT) while continuing the patch.

Weight Gain

- Bupropion SR and nicotine replacement therapies (especially gum and 4-mg lozenge) may delay, but not prevent, weight gain.
- The average weight gain from tobacco cessation is less than 10 pounds.
- Weight gain is more common in women.

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

For Patients Who Have a History of Depression

- Bupropion SR
- Nicotine replacement therapy

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

Patients Who Have a Mental Health Disorder

- Most will need medication
- May need higher doses, longer duration of treatment, and combination of medications.
- Bupropion SR is contraindicated in patients with history of an eating disorder.
- Bupropion SR is not recommended for patients who have a bipolar disorder; nicotine patch is suggested.
- Nicotine patch is effective for patients who have schizophrenia.

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*
Signal Behavioral Health Network and the Colorado State Tobacco Education & Prevention Partnership (STEPP). *Smoking Cessation for Persons with Mental Illness: A Toolkit for Health Providers.* 2009

Patients Who Have a Mental Health Disorder

- Quitting can increase the effect of some psychiatric medications; dose adjustments may be needed.
- Check for relapse of mental health disorder with changes in smoking status.

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

Patients Who Have a History of Cardiovascular Disease

- No evidence of association between the nicotine patch and acute cardiovascular events, even in patients who continue to smoke while using the patch.
- NRT packaging recommends caution in patients who have acute cardiovascular disease.

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

Pregnant Women Who Smoke

- Counseling is the best choice
- Risk of premature birth or stillbirth caused by smoking may be higher than the potential risk of birth defects caused by NRT use.
- Bupropion SR and varenicline are both category C.
- Prescription NRT is category D.

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*
Rx for Change Pharmacologic Product Guide

Adolescents

- NRT shown to be safe
- Very little evidence to support the effectiveness of medications in this population; not a recommended intervention

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

Long-Term Pharmacotherapy

- Helpful for tobacco users who have persistent withdrawal symptoms
- Long-term use of NRT does not present a known health risk.
- Bupropion SR approved for up to 6 months
- Varenicline recommended for 12 weeks; may repeat for 12 more weeks

Combining Medications

- Patch + gum or nasal spray increases long-term abstinence
- Patch + inhaler is effective
- Patch + bupropion SR is more effective than patch alone
- Patch + short-acting NRT showed equal efficacy with varenicline (Cochrane Review)

Treating smokers in the health care setting. *New England Journal of Medicine*.

USPHS Clinical Practice Guideline: *Treating Tobacco Use and Dependence: 2008 Update*

Medicaid, Medicare, and Private Insurers

PAYMENT FOR TOBACCO CESSATION

Medicaid

- Only 2 states offer comprehensive coverage:
  - Indiana and Massachusetts cover all 7 medications and all forms of counseling.
- 27 states cover all 7 medications.
- 22 states (including Washington, DC) cover fewer than 7 medications.

American Lung Association, State Tobacco Cessation Coverage Database: 2014
www.lung.org/cessationcoverage
Medicaid information current as of April 2015

Medicare

- Pays for tobacco cessation counseling for all patients who smoke.
- Prescription drug benefit covers smoking cessation treatments prescribed by a physician.
  - OTC treatments are not covered.

Medicare

- 8 sessions allowed in 12-month period
  (2 quit attempts; 4 sessions per quit attempt)
- Intermediate cessation counseling =
  3 to 10 minutes per session
- Intensive cessation counseling =
  more than 10 minutes per session
- Counseling 3 minutes or less covered under
  E/M code

Medicare CPT Codes

- 99406: 3 to10 minutes
- 99407: More than 10 minutes
- Report 305.1 tobacco use disorder and related condition or interference with the effectiveness of medications
- A coding reference is available at AAFP Tobacco Control Toolkit

Codes are for symptomatic patients.

Medicare CPT Codes

- For patients who do not have symptoms of tobacco-related disease:
  - G0436: 3 to 10 minutes
  - G0437: more than 10 minutes
  - Report 305.1 tobacco use disorder or v15.82 personal history of tobacco use

Private Insurers

- As of January 1, 2014, the ACA mandates that insurers provide:
  - Tobacco cessation treatment as a preventive service (no cost sharing)
  - Coverage for 1 to 3 medications, depending on the state's benchmark plan
- Variable; check with your largest local payers

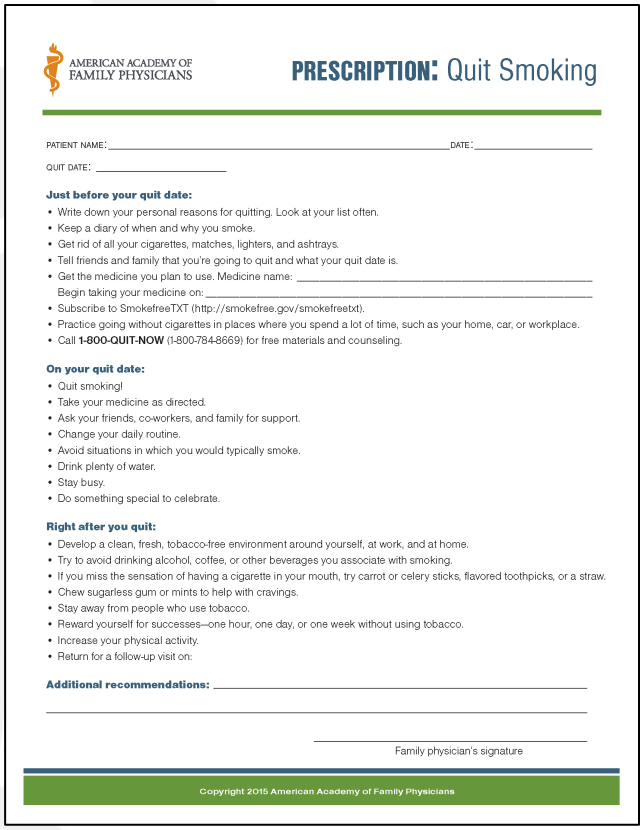
ASK AND ACT
A TOBACCO CESSATION PROGRAM

Spanish Language

English Language

Lapel Pins

ASK AND ACT
A TOBACCO CESSATION PROGRAM



AMERICAN ACADEMY OF FAMILY PHYSICIANS

PRESCRIPTION: Quit Smoking

PATIENT NAME: _____ DATE: _____

QUIT DATE: _____

Just before your quit date:

- Write down your personal reasons for quitting. Look at your list often.
- Keep a diary of when and why you smoke.
- Get rid of all your cigarettes, matches, lighters, and ashtrays.
- Tell friends and family that you're going to quit and what your quit date is.
- Get the medicine you plan to use. Medicine name: _____
  Begin taking your medicine on: _____
- Subscribe to SmokefreeTXT (http://smokefree.gov/smokefreetxt).
- Practice going without cigarettes in places where you spend a lot of time, such as your home, car, or workplace.
- Call **1-800-QUIT-NOW** (1-800-784-8669) for free materials and counseling.

On your quit date:

- Quit smoking!
- Take your medicine as directed.
- Ask your friends, co-workers, and family for support.
- Change your daily routine.
- Avoid situations in which you would typically smoke.
- Drink plenty of water.
- Stay busy.
- Do something special to celebrate.

Right after you quit:

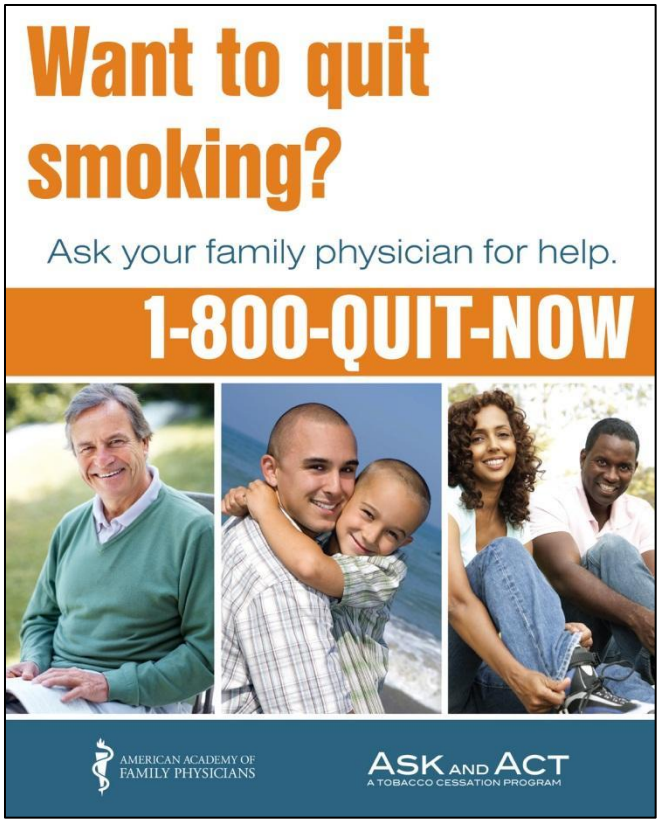
- Develop a clean, fresh, tobacco-free environment around yourself, at work, and at home.
- Try to avoid drinking alcohol, coffee, or other beverages you associate with smoking.
- If you miss the sensation of having a cigarette in your mouth, try carrot or celery sticks, flavored toothpicks, or a straw.
- Chew sugarless gum or mints to help with cravings.
- Stay away from people who use tobacco.
- Reward yourself for successes—one hour, one day, or one week without using tobacco.
- Increase your physical activity.
- Return for a follow-up visit on:

Additional recommendations: _____

_____

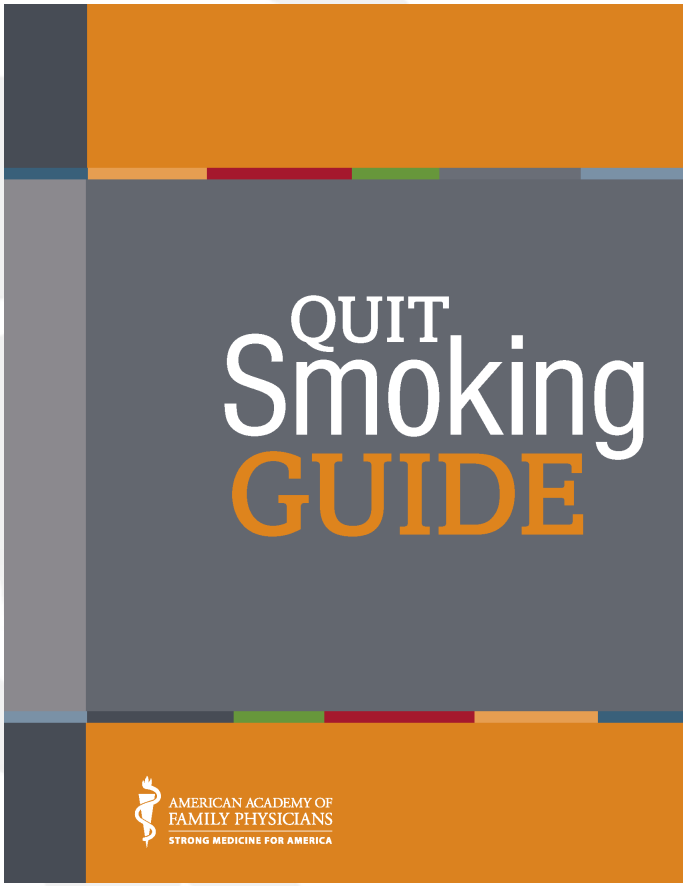
_____
Family physician's signature

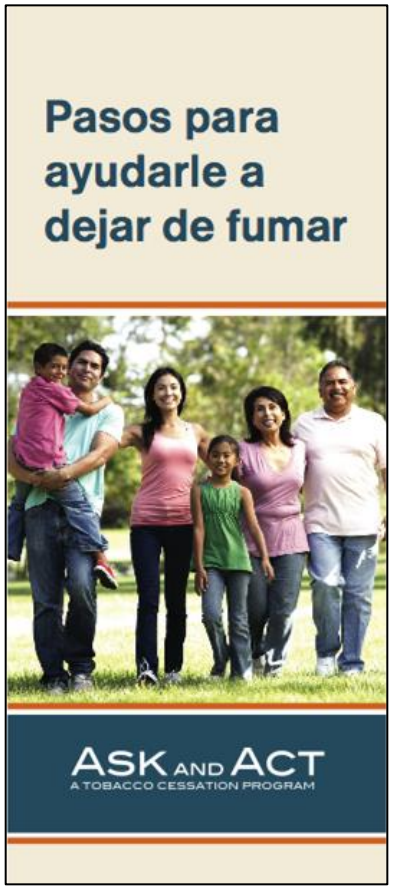
Prescription Pad



Wall Poster

ASK AND ACT
A TOBACCO CESSATION PROGRAM





www.askandact.org

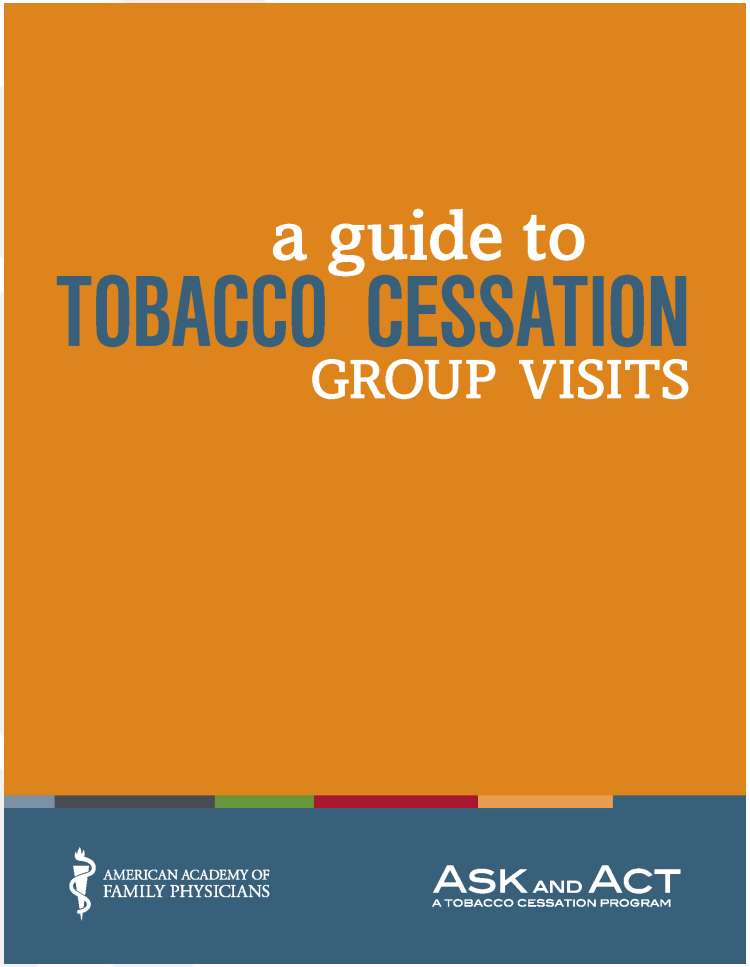
ASK AND ACT
A TOBACCO CESSATION PROGRAM

AMERICAN ACADEMY OF FAMILY PHYSICIANS

PHARMACOLOGIC PRODUCT GUIDE: FDA-APPROVED MEDICATIONS FOR SMOKING CESSATION

	NICOTINE REPLACEMENT THERAPY (NRT) FORMULATIONS					BUPROPION SR	VARENICLINE
	GUM	LOZENGE	TRANSDERMAL PATCH	NASAL SPRAY	ORAL INHALER		
Product	**Nicorette[1], Generic** OTC 2 mg, 4 mg original, cinnamon, fruit, mint, orange	**Nicorette Lozenge,[1] Nicorette Mini Lozenge,[1] Generic** OTC 2 mg, 4 mg cherry, mint	**NicoDerm CQ[1], Generic** OTC (NicoDerm CQ, generic) Rx (generic) 7 mg, 14 mg, 21 mg (24-hour release)	**Nicotrol NS[2]** Rx Metered spray 0.5 mg nicotine in 50 mcL aqueous nicotine solution	**Nicotrol Inhaler[2]** Rx 10 mg cartridge delivers 4 mg inhaled nicotine vapor	**Zyban[1], Generic** Rx 150 mg sustained-release tablet	**Chantix[2]** Rx 0.5 mg, 1 mg tablet
Precautions	▪ Recent (≤ 2 weeks) myocardial infarction ▪ Serious underlying arrhythmias ▪ Serious or worsening angina pectoris ▪ Temporomandibular joint disease ▪ Pregnancy[3] and breastfeeding ▪ Adolescents (<18 years)	▪ Recent (≤ 2 weeks) myocardial infarction ▪ Serious underlying arrhythmias ▪ Serious or worsening angina pectoris ▪ Pregnancy[3] and breastfeeding ▪ Adolescents (<18 years)	▪ Recent (≤ 2 weeks) myocardial infarction ▪ Serious underlying arrhythmias ▪ Serious or worsening angina pectoris ▪ Pregnancy[3] (Rx formulations, category D) and breastfeeding ▪ Adolescents (<18 years)	▪ Recent (≤ 2 weeks) myocardial infarction ▪ Serious underlying arrhythmias ▪ Serious or worsening angina pectoris ▪ Underlying chronic nasal disorders (rhinitis, nasal polyps, sinusitis) ▪ Severe reactive airway disease ▪ Pregnancy[3] (category D) and breastfeeding ▪ Adolescents (<18 years)	▪ Recent (≤ 2 weeks) myocardial infarction ▪ Serious underlying arrhythmias ▪ Serious or worsening angina pectoris ▪ Bronchospastic disease ▪ Pregnancy[3] (category D) and breastfeeding ▪ Adolescents (<18 years)	▪ Concomitant therapy with medications or medical conditions known to lower the seizure threshold ▪ Severe hepatic cirrhosis ▪ Pregnancy[3] (category C) and breastfeeding ▪ Adolescents (< 18 years) **Warning:** ▪ BLACK-BOXED WARNING for neuropsychiatric symptoms[4] **Contraindications:** ▪ Seizure disorder ▪ Concomitant bupropion (e.g., Wellbutrin) therapy ▪ Current or prior diagnosis of bulimia or anorexia nervosa ▪ Simultaneous abrupt discontinuation of alcohol or sedatives/benzodiazepines ▪ MAO inhibitor therapy in previous 14 days	▪ Severe renal impairment (dosage adjustment is necessary) ▪ Pregnancy[3] (category C) and breastfeeding ▪ Adolescents (<18 years) **Warnings:** ▪ BLACK-BOXED WARNING for neuropsychiatric symptoms[4] ▪ Cardiovascular adverse events in patients with existing cardiovascular disease
Dosing	1st cigarette ≤30 minutes after waking: 4 mg 1st cigarette >30 minutes after waking: 2 mg Weeks 1–6: 1 piece q 1–2 hours Weeks 7–9: 1 piece q 2–4 hours Weeks 10–12: 1 piece q 4–8 hours ▪ Maximum, 24 pieces/day ▪ Chew each piece slowly ▪ Park between cheek and gum when peppery or tingling sensation appears (~15–30 chews) ▪ Resume chewing when tingle fades ▪ Repeat chew/park steps until most of the nicotine is gone (tingle does not return; generally 30 min) ▪ Park in different areas of mouth ▪ No food or beverages 15 minutes before or during use ▪ Duration: up to 12 weeks	1st cigarette ≤30 minutes after waking: 4 mg 1st cigarette >30 minutes after waking: 2 mg Weeks 1–6: 1 lozenge q 1–2 hours Weeks 7–9: 1 lozenge q 2–4 hours Weeks 10–12: 1 lozenge q 4–8 hours ▪ Maximum, 20 lozenges/day ▪ Allow to dissolve slowly (20–30 minutes for standard; 10 minutes for mini) ▪ Nicotine release may cause a warm, tingling sensation ▪ Do not chew or swallow ▪ Occasionally rotate to different areas of the mouth ▪ No food or beverages 15 minutes before or during use ▪ Duration: up to 12 weeks	≥10 cigarettes/day: 21 mg/day x 4 weeks (generic) 6 weeks (NicoDerm CQ) 14 mg/day x 2 weeks 7 mg/day x 2 weeks <10 cigarettes/day: 14 mg/day x 6 weeks 7 mg/day x 2 weeks ▪ May wear patch for 16 hours if patient experiences sleep disturbances (remove at bedtime) ▪ Duration: 8–10 weeks	1–2 doses/hour (8–40 doses/day) One dose = 2 sprays (one in each nostril); each spray delivers 0.5 mg of nicotine to the nasal mucosa ▪ Maximum – 5 doses/hour or – 40 doses/day ▪ For best results, initially use at least 8 doses/day ▪ Do not sniff, swallow, or inhale through the nose as the spray is being administered ▪ Duration: 3–6 months	6–16 cartridges/day Individualize dosing; initially use 1 cartridge q 1–2 hours ▪ Best effects with continuous puffing for 20 minutes ▪ Initially use at least 6 cartridges/day ▪ Nicotine in cartridge is depleted after 20 minutes of active puffing ▪ Inhale into back of throat or puff in short breaths ▪ Do NOT inhale into the lungs (like a cigarette) but "puff" as if lighting a pipe ▪ Open cartridge retains potency for 24 hours ▪ No food or beverages 15 minutes before or during use ▪ Duration: 3–6 months	150 mg po q AM x 3 days, then 150 mg po bid ▪ Do not exceed 300 mg/day ▪ Begin therapy 1–2 weeks prior to quit date ▪ Allow at least 8 hours between doses ▪ Avoid bedtime dosing to minimize insomnia ▪ Dose tapering is not necessary ▪ Can be used safely with NRT ▪ Duration: 7–12 weeks, with maintenance up to 6 months in selected patients	Days 1–3: 0.5 mg po q AM Days 4–7: 0.5 mg po bid Weeks 2–12: 1 mg po bid ▪ Begin therapy 1 week prior to quit date; alternatively, the patient can begin therapy and then quit smoking between days 8–35 of treatment ▪ Take dose after eating and with a full glass of water ▪ Dose tapering is not necessary ▪ Dosing adjustment is necessary for patients with severe renal impairment ▪ Duration: 12 weeks; an additional 12-week course may be used in selected patients

ASK AND ACT
A TOBACCO CESSATION PROGRAM



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 this Guideline into the practice workflow, facilitating system-level changes to reduce tobacco use.

The American Academy of Family Physicians (AAFP) and the American Academy of Pediatrics (AAP) jointly advocate for EHRs that 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 smokefree environments
- Connect patients and families to appropriate cessation resources and materials

The tobacco treatment 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.

Meaningful Use

The Health Information Technology for Economic and Clinical Health Act (HITECH), which was part of American Recovery and Reinvestment Act of 2009 (ARRA), provides incentives to eligible professionals (EP) and hospitals that adopt certified EHR technology and can demonstrate that they are meaningful users of the technology. To qualify as a meaningful user, EPs must use EHRs to capture health data, track key clinical conditions, and coordinate care of those conditions.

Smoking status objectives and measures included in the meaningful use criteria are:

- Objective: Record smoking status for patients 13 years old or older.
- Measure: More than 50 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded.
- EHR requirement: Must enable a user to electronically record, modify, and retrieve the smoking status of a patient. Smoking status types must include: current every day smoker; current some day smoker; former smoker; never smoker; smoker, current status unknown; and unknown if ever smoked.

Patient education objectives and measures included in the meaningful use criteria are:

- Objective: Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.
- Measure: More than 10% of all unique patients seen by the EP are provided patient-specific education resources.
- EHR requirement: Must enable a user to electronically identify and provide patient-specific education resources according to, at a minimum, the data elements included in the patient's: problem list; medication list; and laboratory test results; as well as provide such resources to the patient.

Template recommendations are on the back of this document.