



proof only

Cessation System **TOOLKIT**

Oklahoma Tobacco Helpline

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The Oklahoma State Department of Health recognizes the sacred and ceremonial use of tobacco by many tribal nations located in Oklahoma. This document refers to the cessation of commercial tobacco which leads to addiction, illness and death.

Tobacco use is the leading cause of preventable death and disability in the United States. It is critical that health care organizations begin addressing tobacco use for their patients and employees. This toolkit includes recommendations and strategies using best practices in tobacco control, which have been outlined in the U.S. Departments of Health and Human Service, Public Health Service 2008 Clinical Practice Guideline: Treating Tobacco Use and Dependence.

This toolkit offers health care organizations a staged approach to tobacco systems change which includes administrative support, tobacco policy development and patient treatment guidelines. This staged approach allows organizations to assess the current environment, develop policy and implement change to communicate a shared vision. Implementing a systems change approach to tobacco control can benefit your organization first by creating a tobacco free environment for employees, patients and visitors, second by implementing structure that ensures clinicians consistently assess and treat patients for tobacco use.

The Cessation System Toolkit is designed to be implemented in two stages. The first part of this toolkit is a readiness checklist, along with an assessment of current cessation practices. This checklist and supporting assessment outlines the components of the implementation process. Leadership support, consistent messaging and policy are the foundations of the process. The second stage incorporates training in best practices for clinicians, as well as the integration of evidence based treatments within the clinical environment. Technical assistance and further training is available from Oklahoma State Department of Health throughout both stages. A systems change approach to tobacco use cessation is the best way to increase consistent delivery of tobacco dependence treatment in a clinical setting.

Oklahoma Health Systems Initiative Network

Acknowledgments:

This project was a joint collaboration of The Oklahoma State Department of Health Office of Tribal Liaison, The Center for the Advancement of Wellness, The Office of Chronic Disease, The Oklahoma Hospital Association, The University of Oklahoma College of Public Health, The Oklahoma Tobacco Settlement Endowment Trust, and The Perkins Family Clinic – The Iowa Tribe of Oklahoma.

Implementation Process Checklist

To achieve success, this process requires supportive executive leadership as well as planning and participation by various personnel in all components of the system, ensuring buy-in by all. The process includes the following:

Getting Started

Corporate, Executive and Administrative Endorsement

- Strong and visible endorsement of all processes by executive leadership.
- Appointment of administrative leaders for various areas to oversee progress and processes.
- Involvement and endorsement by medical, nursing and pharmacy leadership.

Once you have Leadership Support

Tobacco Free Properties Policy and Messaging

- Appoint small group to develop or review and revise policy.
- Route policy through process for approval.
- Develop a communication plan for employees, patients and visitors regarding new policy or policy changes.
- Communicate to neighboring properties to work collaboratively regarding new policy and possible impact on them.
- Develop consistent and supportive signage throughout campus – inside and outside.

Cessation Implementation for Patients

Identify a team to develop a plan of clinic implementation and assure that processes are tailored to fit each clinic.

- Identify clinic champions – physicians, nurses, nurse practitioners, physician assistants, etc.
- Assess current level of cessation activities for clinic patients.
- Develop format for patient identification
 - Determine outcome measures such as: Percent of identified tobacco users who received medication or percent of tobacco users who were referred to the state quitline.

Determine the intervention process.

- Integrate the 5 A's into the clinic system and processes including:
 - Assessing each patient's tobacco use status through 5 specific screening questions.
 - Prescribing medication based on FDA approved tobacco treatment medications.
 - Developing customized Oklahoma Tobacco Helpline (OTH) fax referral forms for each clinic.
 - Determine who will be designated to track patient referrals.

Implement the intervention process.

- Review progress and processes of clinics and make adjustments as necessary.
- Order and maintain OTH or other approved tobacco cessation materials for display in clinics and for patients.
- Follow-up with patient within one week to assess cessation progress, utilization of medications, state quitline and offer support.

Cessation Assistance for Employees

- Conduct employee health assessment to determine tobacco use prevalence. (e.g. use data measures that identify tobacco users by race or gender)
- Examine current personnel policies regarding tobacco use on property. Revise policies as necessary.
- Review employee health benefits for tobacco cessation and identify improvements to be made.
 - Develop a process of 5 A's implementation for employees.
 - Include medications and coaching support through resources such as the Oklahoma Tobacco Helpline.
 - Determine how Oklahoma Tobacco Helpline fax referral forms will be designated to track employee referrals.
- Develop a communication plan and announce new benefits for employees with sufficient lead time.

Evaluation of Progress and Success

- Identify desired outcome measures for varying components.
- Determine how these measures will be evaluated, data to be gathered and analyzed.
- Review OTH fax referral data, monthly; evaluate progress and impact; make adjustments to optimize success.
- Determine a process and provide regular feedback to clinicians about their successes to motivate continued interventions and sustainability of processes.

Establishing a Tobacco-Free Environment

In order to provide the best health care possible, we have a responsibility to set an example for our patients and the community we serve. Research shows that true tobacco-free cultures are associated with reduced daily cigarette consumption and increased cessation among employees. Creating tobacco-free workplaces can have a fiscal impact as well. It may reduce fire insurance premiums as much as 30 percent.

Essential Components of an Effective, Comprehensive Tobacco-Free Culture Environment

Establishing a sound and functional comprehensive tobacco-free environment requires policies and procedures.

- Tobacco-Free Environment and Properties: Implement and communicate a clear, comprehensive, visible and enforceable tobacco-free policy for all properties owned, operated and leased by your organization, indoors and outdoors, to address tobacco use by patients, visitors, co-workers, volunteers, vendors, and contractors.
- Patient Centered Nicotine Addiction Treatment: Develop a permanent documented process of tobacco cessation intervention with patients utilizing the evidence-based treatment protocol.
- Employee Cessation Support and Treatment: Personnel policy development or revision that includes incentives to quit, improves health benefits and implements evidence-based treatment protocol to encourage and support cessation for employees and their family members.

Tobacco-Free Environments can decrease liability from tobacco use and decrease employee health care costs.

Getting Started

The following provides a basic guide to be followed in implementing a new tobacco-free policy.

Appoint small group to review and become familiar with all aspects of the new policy.

Assess the current state of tobacco use within your environment.

- Take pictures to identify your current smoking areas. (Flower beds, ER Entrance, ICU Entrance, parking lots and areas that appear hidden from “plain sight”.)

Develop a communication plan for co-workers, patients, visitors and neighboring properties regarding new policy or policy changes.

Develop consistent and supportive signage throughout campus – inside and outside – beginning at all property perimeters and entrances to property, at all areas where tobacco users congregate, and all facility entrances.

A tobacco-free environment change will affect everyone involved, including employees, patients, visitors, contractors and volunteers.

Historically, leaderships’ worst fears about tobacco-free environmental change rarely materialize especially if those impacted by it know in advance that is coming. The majority of employees, patients, visitors, contractors and volunteers will be supportive of and comply with the new changes as long as they know about them.

100% Tobacco-Free Environment Policy

Smoking and tobacco products, that are non-FDA approved, which include vapor products and e-cigarettes are not allowed on property, grounds or vehicles. This policy applies to employees, visitors, patients, vendors and volunteers. People who use tobacco will need to refrain from use throughout the workday, during their time on property, or leave grounds to smoke or use other tobacco products.

Establishing a Tobacco-Free Environment Policy

First, you’ll need to ensure that you have a comprehensive tobacco-free policy in place to support your change. The policy should be clear, comprehensive, visible and enforceable for all properties owned, operated and leased by your organization, indoors and outdoors. The policy should address tobacco use by patients, visitors, employees, volunteers, vendors, and contractors. This policy should extend to all sponsored events including those that are held off of property. This policy needs to cover all tobacco products, as well as non-FDA approved nicotine based products, such as e-cigarettes.

Communicating the Message

When communicating the change to a tobacco-free environment, it's vital to include the importance of and rationale behind the change.

Utilize all available media to communicate your new tobacco-free environment, including newsletter, intranet, email updates, staff meetings, signage and print materials.

To create the best opportunity for success, begin with a well-planned, evidence based implementation plan. This next section will lay out the steps necessary to achieve a positive successful transition.

- Focus on a health message. Use your mission and vision to support a tobacco-free culture.
- Keep the focus on tobacco, without degrading the tobacco user. Offer compassionate support rather than reprimanding and forcing guilt on those who don't comply with the policy.
- Include diverse players as you develop your implementation plan. Creating a task force that can see the situation from various perspectives, will foster buy in from all areas, as well as decrease the potential barriers your plan may encounter.
- Offer support with appropriate medications and counseling to help the user manage their nicotine withdrawal symptoms and cravings. Offering effective, proven methods and support will be a win-win for all involved.

Signage

Signage is an essential component within effective communication of healthy culture and adherence to policies. Effective signage should support the tobacco free culture change while being innovative. It should be evident, noticeable, yet environmentally aesthetic.

Signs from the Oklahoma State Department of Health are available for organizations implementing policy. <http://ok.gov/breatheeasyok/>

Placement locations are crucial

Signage should immediately be placed in multiple, highly visible areas to convey a repeated message to those entering the property.

- Property boundaries Place large signage to notify everyone entering your premises, via walkways and roadways, that they are entering a tobacco-free zone.
- Placement on buildings These must be visible signs, large enough to easily be seen by anyone entering covered driveway areas and the buildings themselves.
- Place freestanding signage Communicate your policy in pedestrian walk-ways and in areas that people typically congregate to smoke. Signage that is only placed on the building and doors results in "sign blindness" and people entering the property will likely not understand the full scope of your tobacco free culture.
- All parking areas Placement must include all parking lot entrances and periodically throughout all parking areas. Placing tobacco free signs under "24 hour surveillance" signs can be particularly effective.
- Cling signs Place signs on all doors through which people enter all facilities.

Size and color is important

Perimeter signs at roadway entrances should be large enough to be easily read, preferably, at least 4' by 2'. When creating signs, choose color, fonts and a layout with high contrast, including **BIG, BOLD FONT**. Testing should be done to ensure that people are able to read the sign from their cars upon entering the property.

Signage should be "regulatory" in nature and supportive of health improvement

Messages should put forth an understanding of this addiction such as "for everyone's health, all tobacco products are not allowed on ANY (organization name) property". Signage should also include the words "campus", "100%" and "tobacco" to fully relay a comprehensive tobacco-free campus message. The universal "No Smoking" symbol should also be incorporated for those with low-literacy issues.

Clean Environment

Effective signage eventually results in less tobacco trash across the campus as people begin to understand that this campus wide policy applied outdoors and indoors. This is a cost savings for maintenance staff and improves the appearance of the grounds.

Examples of signage developed by individual organization or associations

Develop a Plan to Enhance Compliance

A comprehensive tobacco-free campus policy is the best option, providing the best health and safety benefits for your employees, patients, visitors, contractors and volunteers. A comprehensive policy is easier to communicate and enforce.

Potential Legal Issues to Consider Inpatient Risks

- Anaphylactic shock (from e-cigarette use)
- Accident or attack (heart or asthma) while going outside to smoke
- Fall risk while outside
- Oxygen use

Employee Risks

- Potential danger of exposing patients to thirdhand smoke (tobacco residue).

HR Hiring Practices

- Smokers are currently a protected class and cannot be turned away solely on their tobacco use status.
- Inform all position applicants of policy at recruitment and hiring phase, and include an explanation of employee cessation benefits.

Additional Considerations

Personal Vehicles

Tobacco free policies should include personal vehicles, while on property. While we do not recommend policing the parking lot for violations, if an employee is found smoking in their vehicle, the disciplinary procedure outlined in the policy should be followed.

Employees Leaving Campus on Work Breaks

Existing policy revisions should include that “co-workers may not use tobacco off campus if they can clearly be identified as an employee.” Additionally, if they return to work smelling of tobacco smoke, the co-worker will be asked to leave the premises by clocking out to return home to clean up and change their clothing.

Loss of Qualified Employees

Most organizations implementing these policies have not experienced a loss of qualified employees following a tobacco-free policy change. This is especially true in communities where competing facilities held a similar policy.

Enforcement

Once the tobacco-free policy has been effectively promoted, policy enforcement should begin. It is crucial that any violations are addressed consistently and in a positive manner. Listed below are some ways that you can begin to enforce the new tobacco-free culture. It is important for all co-workers to understand that it is everyone’s responsibility to assist with this and not just the job of security.

- See Something, Say Something – Develop a “see something, say something” strategy that gives all staff ownership of the policy. If employees see someone using tobacco on property, they have the right and responsibility to address the use in a respectful manner that can be done without confrontation. Scripting and support materials that can be given to the individual will be provided to support their efforts.
- Odor Policy for Personnel - Supervisors can rely on a policy that supports personnel in not wearing strong odors during working hours, including perfume, cologne and the odor of tobacco smoke. Employees who do not comply with the policy should clock out and be sent home to shower and change clothes.

Co-Worker Disciplinary Procedures

Co-workers who do not comply with tobacco-free policies should be subject to the same disciplinary process as violating any other policy. Consistency in the use of documentation of progressive discipline can avoid legal pitfalls. Enforcement procedures should make it clear that supervisors are responsible for ensuring that employees under their charge are aware of the policy and are in compliance. This can be done by including a “Policy Acknowledgement Form” in the employee personnel file. Supervisors should also be responsible for taking appropriate action to correct noncompliance.

Visitors

The responsibility of informing visitors of the tobacco-free policy falls to all staff and volunteers. First, visitors should be politely informed of the policy. In a non-confrontational way, smile and assess the situation. Most smokers will immediately put out their cigarette when informed of the no-tobacco policy. When possible, compassionately discuss possible options to make their visit more comfortable, such as over-the-counter NRT (gum, patches or lozenges) and help them locate these items. In the event of a non-compliant visitor, security personnel should be notified to help handle the situation.

Systems Change Overview

Research clearly shows that systems-level changes can reduce smoking prevalence among enrollees of managed health care plans. Guideline recommendations for systems changes and systems strategies and actions are summarized in this section.

What is Systems Change?

Systems change describes specific strategies that health care administrators, managed care organizations, and purchasers of health plans can implement to treat tobacco dependence. These strategies include implementing a tobacco-user identification system, providing training, resources, and feed; dedicating staff to provide tobacco dependence treatments and assessing delivery of treatment in staff performance evaluations; and promoting policies that support and provide tobacco dependence services.

Changes are needed in health care systems to support clinician interventions. Efforts to integrate tobacco intervention into the delivery of health care require the active involvement of clinicians, health care systems, insurers and purchasers of health insurance. Such integration represents an opportunity to increase rates of delivering tobacco dependence treatments, quit attempts, and successful smoking cessation. In contrast to strategies that target only the clinician or the tobacco user, systems strategies are intended to ensure that tobacco user is systematically assessed and treated at every clinical encounter.

Why Should Tobacco Treatment be Addressed with a Systems Change Approach?

Several considerations argue for the adoption of systems-level tobacco intervention efforts. First, such strategies have the potential to substantially improve population abstinence rates. Second, despite recent progress in this area, many clinicians have yet to use evidence-based interventions consistently with their patients who use tobacco. Finally, agents such as administrators, insurers, employers, purchasers, and health care delivery organizations have the potential to craft and implement supporting systems, policies and environmental prompts that can facilitate the delivery of tobacco dependence treatment for millions of Americans.

Unfortunately, potential benefits of a collaborative partnership amongst health care organizations, insurers, employers and purchasers have not been fully realized. For example, treatments for tobacco user (both medication and counseling) are not provided consistently as paid services for subscribers of health insurance packages. Neither private insurers nor state Medicaid programs consistently provide comprehensive coverage of evidence-based tobacco interventions.

Findings such as these resulted in the Health People 2010 objective:

Increase insurance coverage of evidence-based treatment for nicotine dependency to 100 percent.

In sum, without supportive systems, policies, insurance coverage and environmental prompts, the individual clinician will likely not access and treat tobacco use consistently. Therefore, just as clinicians must assume responsibility to treat their patients for tobacco use, so must health care administrators, insurers, and purchasers assume responsibility to craft policies, provide resources, and display leadership that results in a health care system that delivers consistent and effective tobacco use treatment.

Strategies for Systems Change

Specific strategies will help ensure that tobacco intervention is consistently integrated into health care delivery:

1. Implement a tobacco-user identification system in every clinic.
2. Provide education, resources, and feedback to promote provider intervention.
3. Dedicate staff to provide tobacco dependence treatment and assess its delivery in staff performance evaluations.
4. Promote policies that support and provide inpatient tobacco dependence services.
5. Include tobacco dependence treatments (both counseling and medication) identified as effective in the guideline, as paid or covered services in all subscribers or members of health insurance packages.
6. Insurers and Managed Care Organizations (MCO's) should reimburse clinicians and specialists for delivery of effective tobacco dependence treatments and include these interventions among the defined duties of clinicians.

Evidence-Based Strategies and Best Practices

According to the U.S. Public Health Service Clinical Practice Guideline, Treating Tobacco Use and Dependence, many factors affect the acceptance, use and effectiveness of tobacco dependence treatments. The Guideline was developed through an analysis by national experts over more than a decade of nearly 9,000 research studies of tobacco use cessation. Their goal was to determine, from the science, the most effective nicotine dependence treatment strategies. From that meta-analysis, the following ten principles for effective treatment were determined to be the foundation of the most effective treatment, currently.

Recommendation Goals

Clinicians strongly and repeatedly recommend the use of effective tobacco dependence counseling and medication treatments to their patients who use tobacco, health care systems, insurers, and purchasers assist clinicians in making such effective treatments available.

- Tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit.
- It is essential that clinicians and health care delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a health care setting.
- Tobacco dependence treatments are effective across a broad range of populations. Clinicians should encourage every patient willing to make a quit attempt using recommended treatments. (see FDA recommended pharmacotherapy)
- Brief tobacco dependence treatment is effective.
- Individual, group, and telephone counseling are effective and their effectiveness increases with treatment intensity.

Several effective, FDA approved, medications are available for tobacco dependence treatment and clinicians should encourage their use by all patients attempting to quit smoking, except when medically contraindicated. Both over-the-counter and prescription medications reliably increase long-term tobacco abstinence rates. Certain FDA approved combinations of medications are even more effective.

Counseling and medication are effective when used by themselves, but the combination of counseling and medication can double or triple a tobacco user's likelihood of a successful quit. Thus, clinicians should encourage all individuals making a quit attempt to use both.

Telephone quitline counseling is effective with diverse populations and has broad reach. Therefore, clinicians and health care delivery systems should both ensure patient access to quitlines and promote quitline use.

- If a tobacco user is currently not yet ready to make a quit attempt, clinicians should use the motivational treatments to be effective in increasing future quit attempts and educating patients of the most effective options that are available.

Tobacco dependence treatments are both clinically effective and highly cost-effective relative to interventions for other clinical disorders.

Effectively Utilize Your Electronic Health Record (EHR)

Why Integrate Tobacco Screening and Treatment into EHRs

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 the Guidelines 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, and
- 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.

According to research, EHRs are also an effective tool for implementing the 5 A's model into the clinicians practice to increase the consistency of documentation and treatment of tobacco use in primary care. The U.S. Public Health Service recommends routine use of the "5 A's": asking all patient about tobacco use, advising smokers to quit, assessing smokers' willingness to quit, assisting smokers in quitting by prescribing smoking cessation medications and referring patients for counseling, and arranging follow-up. Brief interventions delivered by clinicians in office practices are effective in increasing cessation rates, but more intensive assistance is more effective. For example, connecting smoker to in-person or telephone-based smoking cessation counseling roughly doubles the odds of quitting.

However, despite public health efforts encouraging treatment for the tobacco use, many patients are not asked about tobacco use and even fewer tobacco users receive assistance with quitting (often less than 30%). Physicians cite limited time, lack of expertise, and concern about failure as barriers to providing consistent treatment.

Ultimately, EHR use is expanding and has the potential to increase adherence to the guidelines. However, nationally, EHRs have not been associated with improved tobacco counseling. Electronic health records could be used to remind clinicians to document smoking status and deliver brief advice, prompt clinicians to prescribe cessation medications, and facilitate referrals to counseling.

(An Electronic Health Record-Based Intervention, Linder et.al; Provider Feedback to Improve 5 A's Tobacco Cessation in Primary Care, Bentz et. al) <http://www.ncbi.nlm.nih.gov/pubmed/17365766>

Tobacco Use Screening Documentation with EHRs

Develop a system that ensures that every patient is asked about tobacco use at every visit. This information should be documented to the patient's health record.

Implementing a tobacco-user identification system will increase the assessment and documentation of tobacco use, thereby markedly increasing the rate that clinicians intervene with their patients who smoke. Certain approaches are recommended to accomplish this strategy.

- ⊗ Include tobacco status as a vital sign within the EMR/EHR to increase the probability that tobacco use will be consistently assessed and documented.
- ⊗ Staff already responsible for recording the vital signs need to understand the importance of identifying and documenting tobacco users.
- ⊗ This needs to be done with every patient, at every visit, regardless of the reason for the visit.
- ⊗ Routine smoker identification can be achieved by modifying electronic medical record data collection fields (or progress note in paper charts) to include tobacco use status as one of the vital signs.
- ⊗ Tobacco use should be identified as: Current Former Never.

Employing the 5 A's Model of tobacco treatment within your system will effectively ensure that every patient is screened for tobacco use. Tobacco users will then be provided with the most appropriate treatment resources. (see Using the 5 A's in this toolkit)

Electronic Health Records and e-Referrals

As health care reform continues to evolve, increased pressures and expectations are placed on health care systems and providers. This change has prompted systems to improve how patients are connected with additional services to meet their health care needs. "We believe that one such innovation – eReferral – can serve as a new model for integrating primary and specialty care." (Chen, et al. NEJM)

E-referrals have worked to streamline the connection between the provider/patient and the necessary health services by eliminating delayed or misinformation. This connection "uses health information technology to link providers, with the goals of increasing access to care, improving dialogue, optimizing the efficient use of specialty resources, and enhancing primary care capacity." (Chen, et al. NEJM)

Working with provider and health system EHRs, we can develop an electronic interface to connect the EHR to the Oklahoma Tobacco Helpline. This interface would take the place of traditional fax referrals, eliminating unnecessary additional paper copies, while developing a reporting system, and allowing providers to follow up with patients on subsequent visits.

Physicians send referrals → System Exchange ← Quitline receives referrals

Tobacco Cessation Counseling Reimbursement

The Oklahoma Health Care Authority, Oklahoma's Medicaid and Medicare agency, offers a reimbursement to designated providers who work with eligible patients to make a tobacco quit attempt. The following guidelines detail specific requirements within the SoonerCare™ benefit.

SoonerCare™ Benefit Design

Two cessation attempts are allowed per year.

- ☛ Each attempt may include up to four counseling sessions with a maximum of eight sessions per twelve month period.
- ☛ Providers must use the 5 A's approach when counseling patients.
 - Asking the member to describe their smoking use;
 - Advising the member to quit;
 - Assessing the willingness of the member to quit;
 - Assisting the member with referrals and plans to quit; and
 - Arranging for follow-up.
- ☛ Sessions must occur in the provider office and/or outpatient setting.
- ☛ Smoking and Tobacco Use Cessation Counseling is a covered service when performed by physicians, physician assistants, advanced registered nurse practitioners, certified nurse midwives, dentists, and Oklahoma State Health Department and FQHC nursing staff.
- ☛ It is reimbursed in addition to any other appropriate global payments for obstetrical care, PCP care coordination payments, evaluation and management codes, or other appropriate services rendered.
- ☛ It must be a significant, separately identifiable service, unique from any other service provided on the same day.

SoonerCare™ Benefit Rates

- ☛ 3-10 minutes
 - Billing Code: 99406
- ☛ Over 10 minutes
 - Billing Code: 99407
- ☛ 3-10 minutes
 - Dental Code: D1320

Documentation

Medical record documentation must include a separate progress note with the member specific information addressing the 5 A's counseling; beginning and ending times performing the service and the signature with credentials of the direct service provider.

5 A's of Tobacco's Cessation Counseling



Client's Name: _____

Physician Billing Codes: 99406 (3-10 min.) * 99407 (10+ min.)

Dental Billing Code: D1320 (3-10 min.)

Providers are encouraged to refer patients to the Oklahoma Tobacco Helpline at: **1-800-QUIT-NOW**

Visit Date	___/___/___	___/___/___	___/___/___	___/___/___
Start Time	___:___	___:___	___:___	___:___
Ask every patient every time (1 minute)	<input type="checkbox"/> Does not smoke <input type="checkbox"/> Recently quit <input type="checkbox"/> Light smoker (less than 25 cigarettes per day) <input type="checkbox"/> Heavy smoker (25+ cigarettes per day)	<input type="checkbox"/> Does not smoke <input type="checkbox"/> Recently quit <input type="checkbox"/> Light smoker (less than 25 cigarettes per day) <input type="checkbox"/> Heavy smoker (25+ cigarettes per day)	<input type="checkbox"/> Does not smoke <input type="checkbox"/> Recently quit <input type="checkbox"/> Light smoker (less than 25 cigarettes per day) <input type="checkbox"/> Heavy smoker (25+ cigarettes per day)	<input type="checkbox"/> Does not smoke <input type="checkbox"/> Recently quit <input type="checkbox"/> Light smoker (less than 25 cigarettes per day) <input type="checkbox"/> Heavy smoker (25+ cigarettes per day)
Advise all tobacco users of the consequences (1 minute)	<input type="checkbox"/> Benefits of quitting <input type="checkbox"/> Harms of continuing <input type="checkbox"/> Personalized message to quit <input type="checkbox"/> Recognize difficulty of quitting	<input type="checkbox"/> Benefits of quitting <input type="checkbox"/> Harms of continuing <input type="checkbox"/> Personalized message to quit <input type="checkbox"/> Recognize difficulty of quitting	<input type="checkbox"/> Benefits of quitting <input type="checkbox"/> Harms of continuing <input type="checkbox"/> Personalized message to quit <input type="checkbox"/> Recognize difficulty of quitting	<input type="checkbox"/> Benefits of quitting <input type="checkbox"/> Harms of continuing <input type="checkbox"/> Personalized message to quit <input type="checkbox"/> Recognize difficulty of quitting
Assess willingness to make a quit attempt (1 minute)	Readiness to quit in next 30 days: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for not quitting: _____	Readiness to quit in next 30 days: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for not quitting: _____	Readiness to quit in next 30 days: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for not quitting: _____	Readiness to quit in next 30 days: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for not quitting: _____
Assist with treatment and referrals (3+ minutes)	Set Quit Date: ___/___/___ <input type="checkbox"/> Problem-solving <input type="checkbox"/> Provide materials <input type="checkbox"/> Identify Support <input type="checkbox"/> Refer to 1 800 QUIT NOW <input type="checkbox"/> Pharmacotherapy	Set Quit Date: ___/___/___ <input type="checkbox"/> Problem-solving <input type="checkbox"/> Provide materials <input type="checkbox"/> Identify Support <input type="checkbox"/> Refer to 1 800 QUIT NOW <input type="checkbox"/> Pharmacotherapy	Set Quit Date: ___/___/___ <input type="checkbox"/> Problem-solving <input type="checkbox"/> Provide materials <input type="checkbox"/> Identify Support <input type="checkbox"/> Refer to 1 800 QUIT NOW <input type="checkbox"/> Pharmacotherapy	Set Quit Date: ___/___/___ <input type="checkbox"/> Problem-solving <input type="checkbox"/> Provide materials <input type="checkbox"/> Identify Support <input type="checkbox"/> Refer to 1 800 QUIT NOW <input type="checkbox"/> Pharmacotherapy
Arrange follow up (1 minute)	<input type="checkbox"/> Assess smoking status at every visit <input type="checkbox"/> Ask patient about the quitting process <input type="checkbox"/> Reinforce the steps the patient is taking to quit <input type="checkbox"/> Provide encouragement <input type="checkbox"/> Set follow up appointment	<input type="checkbox"/> Assess smoking status at every visit <input type="checkbox"/> Ask patient about the quitting process <input type="checkbox"/> Reinforce the steps the patient is taking to quit <input type="checkbox"/> Provide encouragement <input type="checkbox"/> Set follow up appointment	<input type="checkbox"/> Assess smoking status at every visit <input type="checkbox"/> Ask patient about the quitting process <input type="checkbox"/> Reinforce the steps the patient is taking to quit <input type="checkbox"/> Provide encouragement <input type="checkbox"/> Set follow up appointment	<input type="checkbox"/> Assess smoking status at every visit <input type="checkbox"/> Ask patient about the quitting process <input type="checkbox"/> Reinforce the steps the patient is taking to quit <input type="checkbox"/> Provide encouragement <input type="checkbox"/> Set follow up appointment
Comments				
End Time	___:___	___:___	___:___	___:___
Provider Signature				
Credentials				

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