

TOBACCO CESSATION RESOURCE GUIDE

FOR HEALTH CENTERS

March 2022

Between 2019-2021, the National Association of Community Health Centers (NACHC) and the Centers for Disease Control and Prevention (CDC) worked together to learn how the Million Hearts® Tobacco Cessation Change Package (TCCP) could be adapted to help community health center staff reach Healthy People 2030 goals to: reduce illness, disability, and death related to tobacco use and secondhand smoke.

During this pilot, NACHC partnered with the Louisiana Primary Care Association (LA PCA), the Ohio Association of Community Health Centers (OACHC), and three health centers in LA and Ohio¹ to apply TCCP strategies and identify clinical methods that work best in the health center setting. Localized and creative approaches were selected and tested, while staff simultaneously managed acute, comprehensive, and ongoing patient care demands.

The multifaceted co-location of clinical services in health centers enabled a broad range of health care team members, including Dental and Pharmacy staff, to uniquely engage in cessation efforts. These skilled professionals were empowered to become essential advocates and caregivers. In person and virtually, Dental and Pharmacy staff effectively partnered with Primary Care staff and Behavioral Health providers to encourage patients to take tobacco cessation steps and reduce the risk of smoking-associated chronic disease and death.

HEALTH CENTER ASSETS & EXPERTISE FOR TOBACCO CESSATION

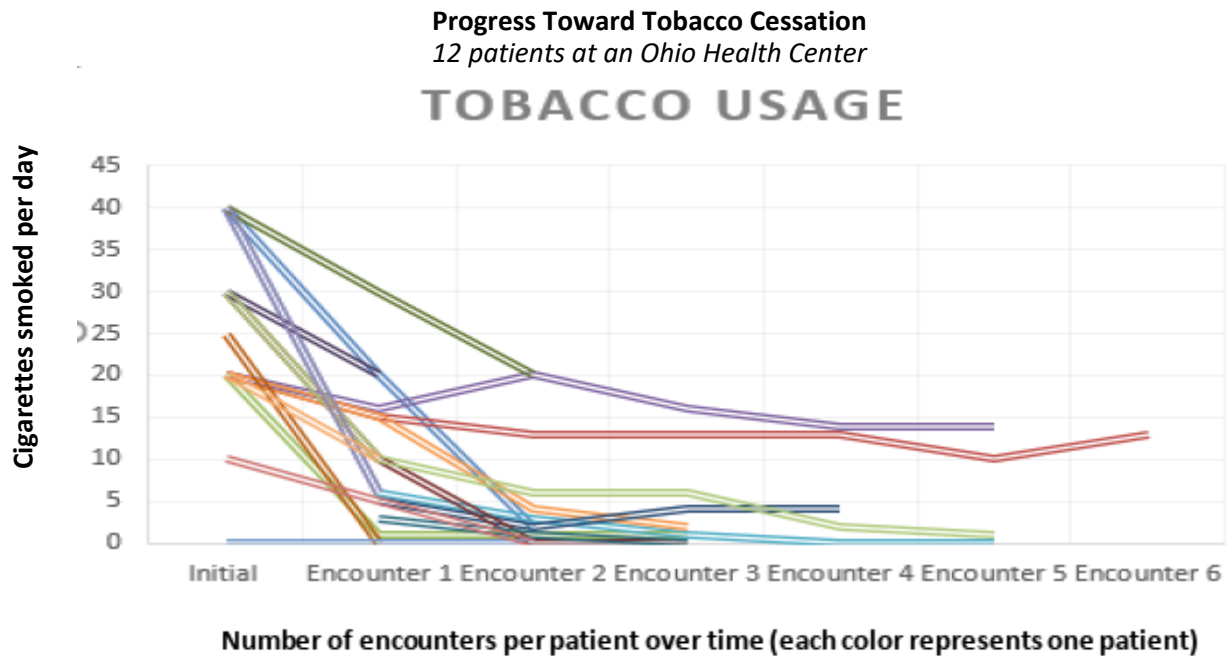
- **DENTAL PROFESSIONALS** are well positioned to identify patients who smoke, promote tobacco cessation with patients, offer referrals, and follow-up. Over half of all adults who use tobacco visit the dentist each year.
- **PHARMACISTS AND PHARMACY STAFF** are well positioned to promote tobacco cessation with patients. They can provide consultation, and in some instances prescribe smoking cessation medications and follow-up.
- **TELEHEALTH** is a powerful tool for tobacco cessation interventions, which can be incorporated into telehealth workflows for health center care managers and the full range of care team members.

To support tobacco cessation programs at health centers, Primary Care Associations (PCAs) consistently prove to be active and informed partners. PCAs have deep relationships with each health center as well as external partners at the state and local level, like state Tobacco Control Programs. They open doors for evidence-based staff training, strategies to improve motivational interviewing, and specific opportunities for the dental clinic or pharmacy. They may provide access to relevant patient and provider educational materials, ideas, and sometimes funds to support health center efforts. PCAs and Health Center Controlled Networks (HCCNs) – which offer data and training to help health centers improve their reach and care quality – serve as critical assets to reach value-based Healthy People 2030 goals.

¹ In LA: Primary One Health, Valley View Health Center, Family Health of Darke County, Inc.; In OH: Priority Health Care, Care South Medical & Dental; DePaul Community Health Centers

Generally, health centers experienced success with TCCP interventions during this pilot when integrated care teams built relationships with patients and had ongoing conversations. Conversations stayed focused on individual patient care plans and efforts to quit smoking or vaping. Care team members helped build patience and trust in the process. Small achievements were celebrated with gift cards and gestures as simple as celebratory cards or phone calls. Acknowledgement and praise helped patients stick to their efforts.

As this sample chart illustrates, the more each patient met with their care team, the more success they had with personal smoking cessation goals:



In addition to tools and resources listed in the original TCCP, tips and tailored materials specifically for health centers such as care team workflows, were identified or created through this pilot. Other health centers using the TCCP may appreciate these resources to supplement those in the TCCP. They are described in the table below.

This adaptation of the Million Hearts[®] Tobacco Cessation Change Package (TCCP), specifically for health centers, is organized by each TCCP change concept and change idea, but it offers additional resources that are not currently included in the TCCP. The applicability or relevance of each “Tool, Tip, and Resource” listed is noted for use by each health center provider-type with a checkmark in the appropriate column. Tips and lessons learned are also included.

ADAPTING THE TCCP FOR HEALTH CENTERS

Key Foundations

Approaches and tools to assess the current status of tobacco dependence and treatment in your health center. Strategies to make tobacco dependence treatment a priority.

TCCP CHANGE CONCEPT	TCCP CHANGE IDEA	HEALTH CENTER TOOLS, TIPS & RESOURCES	PROVIDER				
			Primary care	Pharmacy	Behavioral health	Dental	Care mgmt.
Make tobacco cessation a practice and system priority	Identify one or two key champions and assemble a multidisciplinary team	Employ champions from the Dental staff, Pharmacy staff, and/or Behavioral Health staff to integrate tobacco cessation efforts across the health center <ul style="list-style-type: none"> • Sample multidisciplinary model for tobacco cessation efforts at health centers • NACHC's patient case study for tobacco cessation at health centers Refer to TCCP resources	✓	✓	✓	✓	✓
	As a multidisciplinary group, conduct an assessment of your clinic/system and develop an action plan to address the current gaps	Lessons for health centers: <ul style="list-style-type: none"> • Create an integrated team with Dental, Pharmacy, Behavioral Health staff, and the primary care staff • Include the COO, Quality staff, population health staff, and social worker/case manager Address gaps: <ul style="list-style-type: none"> • Dental staff need reimbursement information, referral resources, training, and an integrated EHR to capture activity • Pharmacists and pharmacy staff need training to provide consultation, prescribe cessation products and follow-up with how those patients use cessation products (Refer to the Equipping Care Teams Table for ideas). They also need access to an integrated EHR to capture activity. • Patient barriers must be identified and addressed 	✓	✓	✓	✓	✓

	<p>Adopt or update a system-wide policy to reflect prioritization of tobacco treatment as part of chronic disease management</p>	<ul style="list-style-type: none"> • Revise health history questionnaires to include using e-cigarettes, e-vaporizers, or other electronic nicotine delivery systems to inhale tobacco or other substances – for all provider-types • Develop tools to integrate EHR systems to reduce miscommunication across providers <p>Telehealth:</p> <ul style="list-style-type: none"> • Incorporate tobacco cessation into telehealth workflows. Use materials from organizations such as the Truth Initiative: https://truthinitiative.org/ • Adopt workflow elements from the Tobacco Cessation Telehealth Guide (aafp.org) from the American Academy of Family Physicians 	✓	✓	✓	✓	✓
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Equipping Care Teams

Approaches and tools to prepare and motivate health center staff to consistently address tobacco use.

TCCP CHANGE CONCEPT	TCCP CHANGE IDEA	HEALTH CENTER TOOLS, TIPS & RESOURCES	PROVIDER				
			Primary care	Pharmacy	Behavioral health	Dental	Care mgmt.
	<p>Adopt a clinician/ staff training policy to train and retrain staff</p>	<p>No tools in the TCCP at this time</p>					
<p>Equip all staff to engage in tobacco cessation efforts</p>	<p>Conduct onboarding and annual trainings on tobacco policies, systems, and procedures</p>	<p>For Pharmacists and pharmacy staff:</p> <ul style="list-style-type: none"> • American Pharmacists Association Tobacco Cessation (pharmacist.com) • USPHS Pharmacist Professional Advisory Committee Pharmacist Professional Advisory Committee (psc.gov) • Ohio’s PCA conducted training to help providers with harm reduction counseling and pharmacotherapy best practices: https://oachcresources.blogspot.com/2021/07/tobacco-cessation-grant-provider.html <p>For General Practitioners & Behavioral Health Staff:</p> <ul style="list-style-type: none"> • See UCSF Smoking Cessation Leadership Center’s programs funded by SAMHSA, including their Leadership Academy ; Resource: https://smokingcessationleadership.ucsf.edu/free-cmececs-webinar-collections; • Refer to training materials from Million Hearts® and the TCCP 	✓	✓	✓	✓	✓

	Optimize billing practices by leveraging existing codes to capture all billable services	Refer to the Electronic Health Records, Population Health Dashboards, and Billing table below to utilize Chronic Care Management billing, Principal Care Management billing, Tobacco cessation counseling CPT codes, Behavioral Health SCPT codes, or codes for CMS Medicare patients	✓	✓	✓	✓	✓
Provide clinician and system-level feedback on progress and impact	Set and communicate specific, measurable, and quality goals	<ul style="list-style-type: none"> See AZARA measures adopted by LA health centers See Primary One's EHR updates 	✓	✓	✓	✓	✓
	Make tobacco cessation a quality improvement measure at the clinician or system level	Refer to TCCP resources	✓	✓	✓	✓	✓
	Employ population health management strategies	Refer to the Electronic Health Records, Population Health Dashboards, and Billing table below to conduct a risk assessment process to identify low-, medium-, high- and complex-risk health center patients that use tobacco and have related health effects (heart disease, diabetes, cancer) – who are eligible for care management	✓		✓		✓
	Track clinician, clinic, hospital, and system performance to provide feedback to clinicians and decision-makers	Use a population health dashboard for Tobacco Use and smoking related-diseases to track patient interventions and health center success	✓	✓	✓	✓	✓

Screening

Approaches and tools that promote consistent universal screening for tobacco use (i.e., asking about tobacco use) as a prerequisite for intervening with patients or clients who use tobacco.

TCCP CHANGE CONCEPT	TCCP CHANGE IDEA	HEALTH CENTER TOOLS, TIPS & RESOURCES	PROVIDER				
			Primary care	Pharmacy	Behavioral health	Dental	Care mgmt.
	Adopt a tobacco use screening protocol	Refer to TCCP resources	✓	✓	✓	✓	✓
	Establish workflow with screening and documentation	<ul style="list-style-type: none"> Sample workflow from Family Health Services of Darke County Sample workflow from Care South 	✓	✓	✓	✓	✓

Make tobacco use a vital sign: screen every patient for tobacco use at every visit	Embed tobacco use status prompt in the EHR or other patient-record keeping system	Refer to TCCP resources	✓	✓	✓	✓	✓
	Embed decision support scripts for screening into the EHR or other patient-record keeping system	Refer to TCCP resources	✓	✓	✓	✓	✓

Treatment
Approaches and tools to help ensure that patients or clients who use tobacco are consistently advised to quit and are assessed for their willingness to try. If they are, they are immediately offered assistance in quitting tobacco use.

TCCP CHANGE CONCEPT	TCCP CHANGE IDEA	HEALTH CENTER TOOLS, TIPS & RESOURCES	PROVIDER				
			Primary care	Pharmacy	Behavioral health	Dental	Care mgmt.
Establish tobacco treatment protocol	Implement treatment intervention(s)	Example policy: A Clinical Practice Agreement (CPA) for Pharmacy and workflow were established by Family Health Services of Darke County to allow medications to be distributed and changed according to CPA during the referral process	✓	✓	✓	✓	✓
		<ul style="list-style-type: none"> Types of interventions for Dentists: <ul style="list-style-type: none"> - Referral to Quit line - Referral to Behavioral Health/Case Manager - Referral to Clinical Pharmacy - Medical- Primary Care Physician - Dental Prescription written - Telehealth visit Types of interventions for Pharmacists: <ul style="list-style-type: none"> - Share marketing flyers for quit lines and local cessation services - Develop patient-specific action-plans - Complete cessation Pre-Quiz readiness assessments - Assess financial burden and provide resources when possible - Prescribe cessation medication - Follow-up with patents re: medication use 				✓	
	Establish a workflow to determine roles for delivering treatment intervention(s)	<ul style="list-style-type: none"> Sample Process Map from DePaul Community Health Center Sample Dental staff workflow from Care South Sample Primary Care workflow from Care South Sample interventions for telehealth (BecomeAnEX from the Truth Initiative offers intervention ideas) 		✓			

Enhance Clinical Decision Support	Embed treatment intervention prompts into EHR or other patient-record keeping system	<p>Embedded health history questions into EHR:</p> <ul style="list-style-type: none"> • Sample from Primary One includes questions about tobacco, vaping and e-cigarette use. This sample was used by Dental staff but can be adapted for others. 	✓	✓	✓	✓	✓
	Embed decision support scripts for each intervention step into EHR or Other patient record-keeping system	<ul style="list-style-type: none"> • Embed prompts for referrals, including referrals to the behavioral health, dental and/or pharmaceutical team • Embed Screening & Cessation tools in the EHR, sample • Embed marketing materials into the EHR for easy access: <ul style="list-style-type: none"> – The CDC’s You Can Quit Smoking Infographic • Materials from https://millionhearts.hhs.gov • Sample from Care South 	✓	✓	✓	✓	✓
	Implement standard order sets for counseling and medication	Refer TCCP resources	✓	✓	✓		✓
	Adopt tools to guide medication selection	Tobacco pharmacotherapy products (*note: not all medications listed are FDA-approved for smoking cessation)		✓			
	<p>Addition:</p> <p>Use patient incentives when appropriate</p>	<p>To support patient efforts, use:</p> <ul style="list-style-type: none"> • gift cards • raffle drawings • hand-written cards • phone calls <p>All incentives are appreciated by patients</p>	✓	✓	✓	✓	✓
	<p>Addition:</p> <p>Implement standing orders for counseling and medication (for Dental staff, Pharmacy staff, and Behavioral Health Staff)</p>	Create standing orders for your non-prescribing providers		✓	✓	✓	✓

Implement standardized approaches to support cessation efforts	Deliver Standard patient education regarding cessation medication	Refer to TCCP resources	✓	✓	✓	✓	✓
	Adopt a clinical decision support tool to help patients plan their quit attempts	See workflow sample from a CHC based on the “Five A’s”: Ask, Assess, Advise, Assist, Arrange	✓	✓	✓	✓	✓
Referral and Follow-up <i>Approaches and tools to follow-up with patients or clients who use tobacco. Relevant referrals to internal or external resources are made for adjunct treatment. NOTE: The original TCCP offers more information about pro-active follow-up with patients.</i>							
TCCP CHANGE CONCEPT	TCCP CHANGE IDEA	HEALTH CENTER TOOLS, TIPS & RESOURCES	PROVIDER				
			Primary care	Pharmacy	Behavioral health	Dental	Care mgmt.
Establish protocols to identify and connect patients to referral resources	Implement a protocol or workflow to ensure clinician follow-up with patients	<ul style="list-style-type: none"> Refer to TCCP resources for more information about registries and pro-active follow-up Embed an EHR script or prompts to ensure clinician follow-up with patients 	✓	✓	✓	✓	✓
	Addition: Embed an EHR prompt to remind patients to pick-up cessation prescriptions	Add a prompt (No samples at this time)	✓	✓	✓		✓
	Identify and partner with referral services that can provide adjunct care	<ul style="list-style-type: none"> Ohio’s PCA training help health center staff use the Ohio Tobacco Quit Line Local service providers for social determinants may be found through resources such as your state’s Aunt Bertha listings (https://company.auntbertha.com/) 	✓	✓	✓	✓	✓
	Set up direct referrals to internal and external resources by creating standard referral orders	<ul style="list-style-type: none"> Inquire with your state’s Tobacco Control Program for referral sources in your area 	✓	✓	✓	✓	✓
	Establish two-way communication with referral services to document whether referrals were	Refer to TCCP resources	✓	✓	✓	✓	✓

	accepted by the patient						
<p>NEW: Electronic Health Records, Population Health Dashboards, and Billing * <i>Approaches to enhance a health center's Electronic Medical Records for tracking, billing, referral sources, and follow-up. Tips to utilize population health dashboards to reach overall health center goals. Primary Care Associations and Health Center-Controlled Networks may be positioned well to lead or support this work.</i></p> <p><i>*This focus area is not in the original TCCP, though elements are embedded within it. This table is offered specifically for Health Centers.</i></p>							
CHANGE CONCEPT	CHANGE IDEA	HEALTH CENTER TOOLS, TIPS & RESOURCES	PROVIDER				
			Primary care	Pharmacy	Behavioral health	Dental	Care mgmt.
Employ population health management strategies	Conduct risk assessment to identify and categorize health center patients by risk (low-, medium-, high- and complex) – based on their use of tobacco products and related health effects (heart disease, diabetes, cancer). Complex and high-risk patients are eligible for care management.	<ul style="list-style-type: none"> Use NACHC's Value Transformation Framework Action Guide on Risk Stratification <p>By conducting a risk stratification exercise with the health center patient population, you can identify high and complex-risk patients that require more support. Cessation efforts can be pro-actively tracked in the Population Health data dashboard.</p>	✓	✓	✓	✓	✓
		<ul style="list-style-type: none"> Use Population Health data dashboards on Tobacco Use and health outcomes, to track health center patients in each risk category, and their progress 	✓	✓	✓	✓	✓
Employ EHR optimization software for care management and service integration	Identify and use EHR optimization software to integrate CHC services and track progress with tobacco cessation efforts	<ul style="list-style-type: none"> A 3rd party integrated software application for population health management is necessary to share information across medical divisions. Identify a vendor you can work with. PCAs/HCCNs may be positioned to support these efforts 	✓	✓	✓	✓	✓
	Embed marketing materials into EHR for easy access to advertise quit lines and health center cessation services	<p>Seek culturally relevant and linguistically appropriate materials from local and state providers</p> <ul style="list-style-type: none"> Materials sourced by PCAs/HCCNs Multi-lingual materials found in MedlinePlus: https://medlineplus.gov/languages/quittingmoking.html Ethnically targeted materials like The National Jewish Health's quit line 	✓	✓	✓	✓	✓

<p>Train staff regularly in EHR and track service delivery for CMS and other reimbursement</p>	<p>Identify existing codes to capture all billable services related to tobacco cessation (*See Equipping Care Teams chart)</p>	<p>Tap into PCA/HCCN training resources</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>
<p>Optimize billing and coding practices</p>	<p>Leverage existing codes to capture all billable services (*See Equipping Care Teams chart)</p>	<ul style="list-style-type: none"> • NACHC's Reimbursement Tips: FQHC Requirements for Tobacco Cessation Counseling • NACHC's Reimbursement Tips for Chronic Care Management (CCM) and Principal Care Management (PCM) • Tobacco cessation counseling may be folded into CCM (CPT 99487 – G0511 for FQHCs) as part of preventive care, medication management (if relevant), and for comprehensive care planning • SCPT codes for Behavioral Health are offered in this "BH ECW Smoking Cessation Workflow" document such as: <ul style="list-style-type: none"> ➢ 99401. Preventive medicine counseling and/or intervention to treat the risk factor of tobacco use. Provided to an individual (separate procedure); approx. 15 minutes ➢ 99402. Preventive medicine counseling and/or intervention to treat the risk factor of tobacco use. Provided to an individual (separate procedure); approx. 30 minutes ➢ 99403. Preventive medicine counseling and/or intervention to treat the risk factor of tobacco use. Provided to an individual (separate procedure); approx. 45 minutes ➢ 99404. Preventive medicine counseling and/or intervention to treat the risk factor of tobacco use provided to an individual (separate procedure); approx. 60 minutes ➢ Eligible Group Counseling CPT Codes 9 visits each 120-day Benefit Period - Up to 18 visits per Benefit Year • How to Bill for Smoking Cessation Counseling 99406 (capturebilling.com) • For CMS Medicare patients: Health Centers get \$46.71 	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>

		<ul style="list-style-type: none"> ➤ G0375: Smoking and tobacco-use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes ➤ G0376: Smoking and tobacco-use cessation counseling visit; intensive, greater than 10 minutes 					
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