

Smoking Cessation Workflow

Based on the Five A's (Ask, Assess, Advise, Assist, Arrange) for Tobacco Treatment

Program Criteria:

1. Patient had to that have been advised to quit smoking and have agreed to smoking cessation counseling.
2. Pt. will be referred to Smoking Cessation program by PCPs or other care managers via Smoking Cessation referral in the ECW.

Assess:

1. Upon receipt of the referral, the Tobacco tx clinician will then contact the pt. via phone to further educate the pt. on the program, gauge readiness for change based on the Stages of Change:
 - a. Precontemplation -Not considering a change, in denial, and may not see the advice applies to them personally.
 - b. Contemplation -Ambivalent about changing. Giving up an enjoyed behavior causes feeling of loss despite the perceived gain. Patients assess barriers (i.e., time, expense, hassle, fear, "I know I need to, but. ..") as well as the benefits of change.
 - c. Preparation -Prepare to make a specific change. They may experiment with small changes as their confidence to change increases (self-efficacy). Example, switching to a different brand of cigarettes may signal that they have decided a change is needed.
 - d. Action -Many previously failed resolutions provide evidence that action itself is often not enough. Prior stages cannot be glossed over. However, any action taken by patients should be praised because it demonstrates the desire for lifestyle change.
 - e. Maintenance and relapse prevention -Involve incorporating the new behavior "over the long haul." Discouragement over occasional "slips" may halt the change process and result in the patient giving up.
2. Based on pt.'s stage, Tobacco tx clinician will provide pt. with information to register for the smoking cessation trust 1-866-212-6635 or complete registry at www.smokingcessationtrust.org.
3. Once the pt. is registered and receives smoking cessation packet in the mail with personal ID number, the pt. will then contact Tobacco tx clinician.
4. Once the pt. makes contact, Tobacco tx clinician can either schedule an appointment to complete the Tobacco tx intake face to face or via phone. Confirm with pt. ID number which will be located on their GET HELP QUIT SMOKING card.
5. Patient will be screened for insurance benefits to cover smoking cessation counseling.
6. Financial counselors will discuss with patients sliding scale options for smoking cessation counseling.

Advise:

1. Once the intake is completed, Tobacco tx clinician will then schedule the pt. for a follow up appointment.
2. Follow up appointment must be done face to face at which time the pt. will be given a Smoking Cessation Calendar to monitor smoking habits and be administered the Smoking Addictions Calculator.

Assist:

1. Treatment will be based on Motivation Interviewing techniques and medication management if required.
 - a. Relevance = Encourage the smoker to identify why smoking is personally relevant.
 - b. Risks = Ask the smoker to identify negative consequences of continued tobacco use for them in both the short term and long term.
 - c. Rewards = Ask the smoker to identify and discuss specific benefits of quitting.
 - d. Roadblocks = Assist the smoker to identify barriers and specific impediments to quitting.
 - e. Repetition = Reinforce the motivational message at every opportunity and reassure that repeated quit attempts are not unusual.

Note: This information can also be gathered through a BH intake and would offer more opportunities to see the pt. as we discussed.

Arrange:

1. Develop a quit plan with the pt. (equivalent to a treatment plan).

Billing:

1. Billing for patients will be done through codes used for care management until pt. has completed Tobacco tx intake.

SCPT Codes:

Eligible Individual Counseling CPT Codes 9 visits per each 120-day Benefit Period Up to 18 visits per Benefit Year

99401 . Preventive medicine counseling and/or intervention to treat the risk factor of tobacco use provided to an individual (separate procedure); approximately 15 minutes

99402 -Preventive medicine counseling and/or intervention to treat the risk factor of tobacco use provided to an individual (separate procedure); approximately 30 minutes

99403 -Preventive medicine counseling and/or intervention to treat the risk factor of tobacco use provided to an individual (separate procedure); approximately 45 minutes

99404 -Preventive medicine counseling and/or intervention to treat the risk factor of tobacco use provided to an individual r-S (separate procedure); approximately 60 minutes

Eligible Group Counseling CPT Codes 9 visits per each 120-day Benefit Period Up to 18 visits per Benefit Year

90853 -Group psychotherapy (other than a multiple-family group)

Please see below for follow up after 120 days:

Important Member Benefit Coverage Information Approved SCT members will be eligible for up to two 120-clay benefit coverage periods in their Benefit Year. SCT Members will need to notify SCTMS at 1-855-259-6346 or(504) 529-5665 to activate their second 120-day benefit coverage period, should they desire additional Smoking Cessation covered services. * 120-0ay Benefit Period -Represents limited number of covered service per period not to exceed two periods per benefit year. *Benefit Year -Represents a 365 day period beginning with SCT

Please see below to confirm enrollment in the Smoking Cessation Trust:

Go the link <https://www.smokingcessationtrust.org/>

Scroll to the bottom of the page and on the right hand side click Provider Toolbox

Enter the username DOCC and password DOCCSCT

Click eligibility inquiry add patients last name and date of birth to get their SCT ID#

Smoking Addiction Scoring

The Fagerstrom test is a standard questionnaire that is used to determine if a smoker is addicted to nicotine.

There are several versions of the Fagerstrom test. The one we will use has 6 multiple-choice questions. Each of the multiple-choice responses has a point score.

After the person has answered all the questions, you need to add all points from the individual questions; this should give an integer between 0 and 10.

The person is then probably strongly addicted if the total score *is* 8 or more; addicted if the score is 6 or 7; mildly addicted if the score is 3, 4, or 5; and not addicted if the score is 2 or less.

Patient Number: _____

Date: _____

Smoking Addiction Calculator

Q1: When do you smoke your first cigarette of the day?

- Within 5 minutes (3 pt)
- 6-30 minutes (2 pt)
- 31-60 minutes (1 pt)
- More than 60 minutes after waking up (0 pt)

Q2: Do you find it hard not to smoke in places where it is forbidden, such as in a cinema?

- Yes (1 pt)
- No (0 pt)

Q3: Which cigarette would you most hate to give up?

- The first one in morning (1pt)
- Any other one (0 pt)

Q4: How many cigarettes do you smoke in a day?

- 10 or less (0 pt)
- 11-20 (1 pt)
- 21-30 (2 pt)
- 31 or more (3 pt)

QS: Do you smoke more after waking up than during the rest of the day?

- Yes (1 pt)
- No (0 pt)

Q6: Do you still smoke if you are so sick that you're in bed most of the day?

- Yes (1 pt)
- No (0 pt)

Total: _____

Name:
Patient #:
SCT #:
Date:

TOBACCO TREATMENT INTAKE

TOBACCO USE HISTORY

1. How old were you when you first began to smoke cigarettes regularly?
2. Number of years you have been a regular cigarette smoker? (Do not count any time off of cigarettes)
3. Total number of years you have used smokeless tobacco? (Do not count time off using smokeless tobacco)

Answer the following with regard to your Current Tobacco Use

Cigarettes	number per day
Cigars	number per day
Pipe	number per day
Snuff or Dip	number per day
Chew	number per day

Check any tobacco products you have ever used:

- Ariva Cigalets
- Hookah smoking
- Betel Quid
- Bidis
- Kreteks
- Herbal Cigarettes
- Other: _____

FTND SCALE

1. How many cigarettes a day do you smoke?
 - 1-10
 - 11-20
 - 21-30
 - 31 or more
2. Do you smoke more frequently during the first hours after waking, than during the rest of the day?
 - Yes
 - No
3. How soon after you wake do you smoke your first cigarette?
 - Within 5 minutes
 - 6-30 minutes
 - 31-60 minutes
 - More than 60 minutes

4. Of the cigarettes you smoke, which one would you hate the most to give up?
 - First one of the day
 - Any other
5. Do you find it difficult to not smoke in places where it is not allowed, like a church, at the movies, etc.?
 - Yes
 - No
6. Do you still smoke, if you are so sick that you are in bed most of the day?
 - Yes
 - No

TOBACCO USE CONTEXT

1. How many people who live in your household use tobacco? (DO NOT COUNT YOURSELF)
 - 0
 - 1
 - 2 – 3
 - 4 or more
2. Does your spouse or partner currently use tobacco?
 - Yes
 - No
 - N/A*, I do not have a spouse or partner
3. What percent of your close friends use tobacco?
 - Almost None
 - About 25%
 - About 50%
 - About 75%
 - About 100%
 - I do not have any close friends
4. What percent of your co-workers use tobacco?
 - Almost None
 - About 25%
 - About 50%
 - About 75%
 - About 100%
 - I am not employed right now
5. Do you have at least one person you can count on for support while you quit using tobacco?
 - Yes
 - No
6. How much support do you expect from those closest to you (such as family, friends, co-workers, and neighbors) as you work towards quitting tobacco?
 - A great deal
 - Much
 - Some
 - A little
 - None at all
7. Which statement best describes the rules about smoking inside your home?
 - Smoking not allowed anywhere
 - Smoking allowed in some places, at some times

- o Smoking allowed everywhere
- o There are no rules

FOR WOMEN ONLY:

Are you currently pregnant?

- o Yes
- o No

Are you currently breastfeeding?

- o Yes
- o No

TOBACCO QUITTING HISTORY

1. During the past 12 months, did any doctor, nurse, dentist or other health professional advise you to quit using tobacco?
 - o Yes
 - o No
2. When was your last serious attempt to quit tobacco?
 - o Less than 1 month ago
 - o At least 1 month ago but less than 3 months ago
 - o At least 3 months ago but less than 6 months ago
 - o At least 6 months ago but less than 1 year ago
 - o 1 year ago or more
 - o Never made a serious quit attempt
3. Check the below, which helped you quit tobacco:
 - o Nicotine gum
 - o Nicotine patch
 - o Nicotine inhaler
 - o Nicotine nasal spray
 - o Nicotine lozenge
 - o Zyban/ Wellbutrin/Bupropion
 - o Chantix (Varenicline)
 - o Herbal products
 - o Self-help materials
 - o On-line or web-based service
 - o Talked with doctor, dentist, nurse
 - o Counseling by health profession!
 - o Tobacco clinic program
 - o Tobacco Quitline
 - o Acupuncture
 - o Hypnosis
 - o Cold Turkey
 - o Cutting down
 - o Laser Therapy
 - o Anti-smoking injections
 - o E-Cigarette
 - o Other medication
 - o Other method
 - o None of the above
4. If you were ever successful quitting did the stressors below started you to use again:

- o Fair
- o Poor

Has a doctor ever told you, or have you ever received a diagnosis or treatment for any of the following?

2. Lung or Respiratory Disease

- Asthma
- Chronic Bronchitis
- COPD
- Pneumonia
- Emphysema
- Other: _____

3. Cancer or Tumors

- Lung
- Colorectal
- Stomach
- Other: _____

4. Cardiovascular Disease

- Heart attack
- Angina
- Arrhythmia
- High Cholesterol/Lipids
- Raynaud's Disease
- Buerger's Disease
- Angioplasty
- Deep Vein Thrombosis
- Heart Bypass
- Leg Bypass
- Stroke (CVA)
- Type Unknown
- Other: _____

5. Kidney Disease

- Renal insufficiency
- Kidney failure
- Other: _____

6. Diabetes

- Adolescent Onset
- Adult Onset
- Require Insulin
- Type Unknown

7. Allergies

- Medications
- Food
- Other: _____

8. Liver Disease

- Hepatitis
- Cirrhosis
- Other: _____

9. Digestive Problems

- Chronic diarrhea
- Initable bowel
- Ulcers
- Esophagitis

- o Other: _____
- 10. Thyroid Problems
 - o Hyperthyroid
 - o Hypothyroid
 - o Other: _____
- 11. Eating Disorders
 - o Anorexia Nervosa
 - o Bulimia
 - o Other: _____
- 12. Seizures
 - o Yes
 - o No
- 13. Bone Problems
 - o Low bone density
 - o More than 1 break since the age of 18
 - o Other: _____

MENTAL HEALTH HISTORY

Have you ever been diagnosed with any of the following?

- o Schizophrenia or other Psychotic Disorder
- o Bipolar I or II Disorder
- o Other Depressive Disorder (Major, Dysthymic)
- o Alzheimer's, Dementia, or other Cognitive Disorder
- o Any Anxiety Disorder (PTSD, GAD, Simple/Social Phobia, Agoraphobia, Panic Disorder, OCD, or Other)
- o Alcohol or Other Substance Abuse
- o Other Health or Mental Health Problems:

ALCOHOL AND OTHER SUBSTANCE USE

1. Do you currently drink any alcoholic beverages?
 - o Yes, I currently drink
 - o I do not drink now, but did in the past
 - o I never drank alcohol

For the next 2 questions, a "drink" means any of the following:

- 12-ounce can or bottle of beer or wine cooler
 - 5-ounce glass of wine
 - 1.5 ounce of straight liquor or in a mixed drink
2. How many drinks do you have in a typical week?
 - o Less than 1
 - o 1 – 3
 - o 4 – 7
 - o 8 – 10
 - o 11 – 14
 - o 15 – 17
 - o 18 – 21

- More than 21
3. In the last 3 months, what is the greatest number of drinks you've had in one sitting?
 - None in the past 3 months
 - 1–4
 - 5–8
 - 9–12
 - 13 or more
 4. Have you ever felt the need to cut down on your drinking?
 - Yes
 - No
 5. Have people annoyed you by criticizing your drinking?
 - Yes
 - No
 6. Have you felt bad or guilty about your drinking?
 - Yes
 - No
 7. Have you had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye opener)?
 - Yes
 - No

STRESS

1. Would you describe your life as:
 - Not at all stressful
 - A little stressful
 - Somewhat stressful
 - Very stressful
2. In the last month, how often have you felt you were unable to control the important things in your life?
 - Never
 - Almost Never
 - Sometimes
 - Fairly Often
 - Very Often
3. In the last month, how often have you felt confident about your ability to handle your personal problems?
 - Never
 - Almost Never
 - Sometimes
 - Fairly Often
 - Very Often

Smoking Cessation Calendar

Sunday Monday Tuesday Wed. Thursday Friday Saturday

Name: _____