



NEXT GENERATION
CALIFORNIA TOBACCO CONTROL ALLIANCE

Health Care Provider's Tool Kit



for Delivering Smoking Cessation Services

exercise

pills

therapy

cold turkey



the patch

support

..... *one step at a time*

ABOUT NEXT GENERATION CALIFORNIA TOBACCO CONTROL ALLIANCE

Next Generation California Tobacco Control Alliance (NGA) is a statewide coalition working to reduce tobacco use in California. NGA accomplishes this through collaboration between traditional tobacco control constituencies and new partners not traditionally associated with tobacco control.



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FACTS ABOUT SMOKING CESSATION




More than 43,000 smoking-related deaths occurred in California in 1999.



Smokers have 30 to 40 percent more hospital visits than those who quit smoking.




More than 70 percent of California smokers wish they did not smoke.



In 1999, over 60 percent of smokers in California tried to quit smoking.



Over the last decade, attempts to quit by California smokers have increased by 25 percent.




When smokers try to quit on their own, without support or health care services, their long-term success rate is only about five percent.




70 percent of smokers visit a physician at least once a year.




Physician advice to quit can increase cessation rates by as much as 30 percent.



Only 46 percent of California smokers report being advised to quit smoking by their physician.



Smokers who quit have lower rates of hospital use within two to four years of quitting.



In 1999, 33 percent of the smokers who received advice to quit from a physician made a quit attempt.




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Section 1

Why Should We Promote Smoking Cessation?

Dispelling the Myths

In today's health care environment, clinicians and medical staff have a host of demands on their time. Shorter patient visits have become the norm, and medical offices strain to continue to balance providing quality care with serving increasing numbers of patients.

Providing assistance to help patients quit smoking is a proactive, preventative step that can help decrease time spent on smoking-related illnesses later. Your role is critical—and the reality is that your patients need your help. Recognize the myths for what they are and help promote smoking cessation in your office.

MYTH: There aren't that many smokers in California overall, why go through a lot of trouble for such a small percentage of people?

REALITY: While California's smoking prevalence may be one of the lowest in the nation, the absolute number of smokers in California is still extremely large, given the size of the state's population. Our 17 percent prevalence translates into over 4.7 million smokers annually. In 1999, over 60 percent of smokers tried to quit. Clearly, the health care system needs to respond to an epidemic that is taking its toll on millions of Californians.

MYTH: Simply telling my patient to quit smoking isn't going to make a difference.

REALITY: Physician advice to quit is often cited as a major motivation for a patient to make a quit attempt. In 1999, 33 percent of smokers who received advice to quit from a physician made a quit attempt. The credibility and authority of health care providers makes them unique messengers for delivering advice to quit and positive reinforcement to the patient. However, the provider's role does not stop with simply telling a patient to quit. Other office personnel can also be effective by assisting with setting a quit date, making a referral to external counseling resources and following up with the patient.

MYTH: If I advise a patient to quit smoking and they don't quit, they don't want to give up the habit. Why should I keep badgering them?

REALITY: Patients don't view your advice as badgering. In fact, providing advice to quit and offering resources to the patient has been shown to result in higher patient satisfaction scores for providers. Most successful quits occur after multiple attempts by smokers to stop. Expressing continued concern for the patient's health and their family's health isn't badgering them, it's doing your job.

●

When smokers try to quit on their own, without support or health care services, their long-term success rate is only about five percent.

●

About This Tool Kit

This Tool Kit was developed by Next Generation California Tobacco Control Alliance (NGA) in collaboration with health provider associations, managed care organizations, tobacco control experts, researchers and community advocates. Information in this Tool Kit draws on the evidence-based Treating Tobacco Use and Dependence Guidelines developed by the U.S. Public Health Service.

MYTH: It will take too much time to focus just on smoking; time with patients is already too limited.

REALITY: More often than not, the illness for which a smoking patient comes into your office is related to their smoking. Given the known adverse health effects of smoking, consider how much time it takes to provide treatment to a patient with Chronic Obstructive Pulmonary Disease (COPD), hypertension, lung cancer or other smoking-related illnesses.

MYTH: I'm not sure what reputable programs exist in my area that are available for me to refer patients for more help in quitting.

REALITY: You and your office staff don't have to do it all. Providing advice to quit and noting the patient's smoking status is an excellent first step. In the Tools section of this Tool Kit is a list of statewide resources for smoking cessation that can be photocopied for office staff and provided to patients.

MYTH: Smokers make a choice to pick up smoking in the first place and they choose to continue smoking.

REALITY: The addictive property of nicotine requires health care providers to be more persistent in offering positive encouragement for smokers to make quit attempts. Some smokers who say they don't want to quit are ashamed of failed past quit attempts and are afraid to try again. They need your support and encouragement to give it another try.

MYTH: I don't offer nicotine replacement therapies (NRTs) or medication to patients because their insurance usually doesn't cover it.

REALITY: Insurance coverage CAN sometimes be a barrier. But some local resources can help provide low-cost or free alternatives to patients. All Californians, regardless of insurance status, can contact the toll-free California Smokers' Helpline (see Section 7 of this Tool Kit) for free, telephone-based counseling sessions. For those patients who are enrolled in Medi-Cal, certain medications and NRTs can also be provided without a Treatment Authorization Request (TAR) as an adjunct to counseling.

How Will This Tool Kit Help?

This Tool Kit was designed to assist physicians, medical office personnel and medical group staff in their daily efforts to establish office-based systems to track smoking status, conduct cessation interventions with patients, and refer patients to additional resources for more intensive assistance in their quit attempts.

Section 2

Simple Methods for Tracking Patient Smoking Status

Establishing an office system that simplifies identifying and tracking a patient's smoking status can help make encounters with smokers more effective and efficient. By making questions about smoking status a routine part of the intake process for all patients, medical office staff save time by not having to select which patients to query. Including assessments of tobacco-use status as a routine part of care also ensures that the patients' smoking status can be updated at every visit. This enables physicians and medical office staff to target appropriate interventions to patients when they most need assistance in quitting.

Create Achievable Goals

It is important to set goals that are both meaningful and achievable in their scope. Find a method of tracking your patients' tobacco use and cessation efforts that works for YOUR office. In Section 7 of this Tool Kit is a checklist for establishing an office-wide system for documenting tobacco use.

Make it a Simple Part of Your Staff Routine

Assessing the smoking status of patients and advising them to quit at every visit takes very little time and

sends a clear message that their tobacco use is an important aspect of their health. Methods such as incorporating smoking status into vital sign records, using a reminder system that includes chart stickers, or inserting a prompt for smoking status into computer reminder systems or electronic medical records increase the likelihood of clinician intervention.

Section 7 of this Tool Kit contains a template for chart stickers that can be photocopied onto standard office labels (Avery labels #5162 and #5262 - 1.33"x4"). The stickers incorporate tobacco as a vital sign and signal whether the patient is a current smoker, former smoker, or non-smoker. Because medical offices vary widely in their approach to tracking tobacco use status, assess what tracking tools will best help you in your practice. Whatever method you chose, remember that once a patient's smoking status is documented in their file, providing the rest of the intervention is simple. The next steps – offering advice to quit, providing brief behavioral counseling and assisting in making arrangements for more intensive counseling services – can be effectively provided to help a smoker's quit attempt be successful.

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Physician advice to quit can increase cessation rates by as much as 30 percent.

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Only 46 percent of California smokers report being advised to quit smoking by their physician.

Section 3

Using the 5 A's to Help Patients Quit

The 5 A's are a simple road map for health practitioners to use during visits with patients who are smokers. Everyone in the medical office can play a role in helping patients quit.

ASK – Establish an office system to consistently identify tobacco use status for every patient at every visit. Congratulate former smokers on their continued abstinence to prevent relapse. Be sure to make note of patients exposed to second hand smoke.

ADVISE – Deliver a clear, strong and personal message. **“As your clinician, I think it is important for you to quit and I can help. Quitting smoking is the most important thing you can do to protect your health now and in the future.”** Mention the impact of smoking on the patient’s health and the health of others in the household.

ASSESS – Ask the patient if they are ready to try to quit. If they are, provide assistance and/or arrange for more intensive services to assist with the quitting process. If the patient isn’t ready to quit, don’t give up on them. Providers can conduct effective motivational interventions that keep the patient thinking about quitting. Conduct a motivational intervention that helps the patient identify quitting

as personally relevant and repeat motivational interventions at every visit.

ASSIST – Provide practical counseling to encourage patients who are ready to quit that their decision is a positive step. Help set a quit date, ideally within 2 weeks. Remind the patient about the need for total abstinence and encourage them to remove cigarettes from the home, car and workplace and avoid smoking in those places. Help the patient anticipate challenges to quitting and identify actions to take to avoid relapse. Recommend the use of pharmacotherapies to increase cessation success and discuss options for addressing behavioral changes (e.g. cessation classes, telephone counseling from the California Smokers Helpline, individual counseling).

ARRANGE – Schedule follow up with the patient, ideally within the first week of the quit date. Congratulate success and encourage the patient in their quit attempt. If the patient relapses, encourage recommitment to abstinence and discuss circumstances that led to relapse. Assess pharmacotherapy use and consider referral to more intensive services or treatment programs.

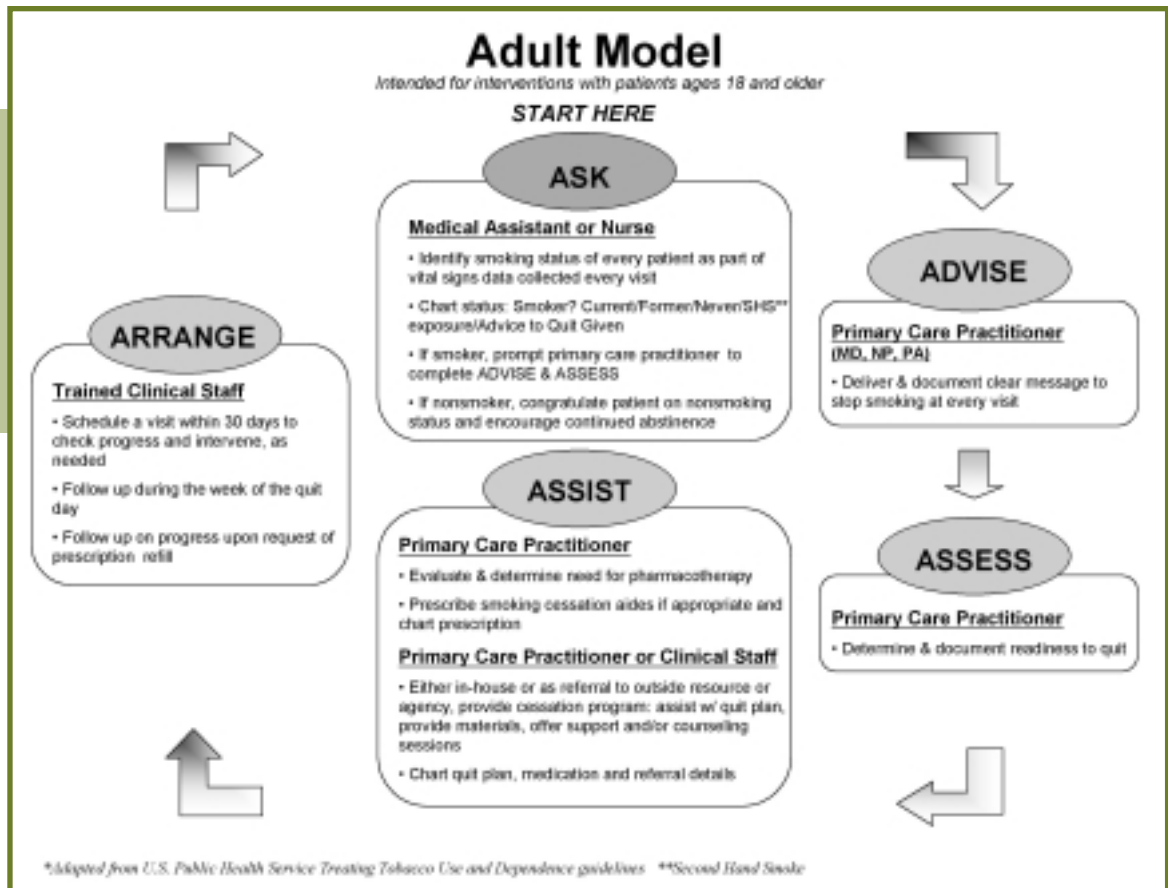
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70 percent of smokers visit a physician at least once a year.

●

Delivery Models for the Cycle of the 5 A's

Delivering the 5 A's is a process that starts with asking every patient about their smoking status. Because quitting is difficult for most smokers, the 5 A's is a cycle that is often repeated. Based on the U.S. Public Health Service Treating Tobacco Use and Dependence clinical guidelines, NGA developed service delivery models to assist medical offices in applying the 5 A's to diverse patient populations: adults, youth, and pediatric patients. In addition to delivering the 5 A's as depicted in these models, creating an office environment that discourages tobacco use (by displaying anti-tobacco posters, making anti-tobacco buttons available, placing consumer-oriented cessation materials in waiting areas, etc.) can help facilitate discussions with a patient or a patient's parents or caregivers regarding tobacco use and cessation.



Youth

Youth-Adolescent Model

Intended for interventions with patients ages 12-17

START HERE

ASK

Child's Primary Care Practitioner

- Identify smoking status of every patient 12 or over confidentially as part of vital signs data collected every visit and others in household
- Chart status: Smoker? Current/Former/Never/SHS** exposure/Advice to Quit Given
- If nonsmoker, congratulate patient on nonsmoking status and encourage continued abstinence

ADVISE

Primary Care Practitioner (MD, NP, PA)

- Deliver & document clear message to stop smoking at every visit
- Deliver & document clear message to eliminate SHS every visit.

ASSIST

Primary Care Practitioner or Clinical Staff:

- Provide referral to health plan, community, regional or statewide resources or other self-help materials

Primary Care Practitioner With or Without Parent Involvement:

- Evaluate & determine need for pharmacotherapy
- Prescribe cessation aides as appropriate
- Document above steps

ASSESS

Primary Care Practitioner

- Determine & document readiness to quit
- Assess willingness to involve parent/caregiver in quit process

ARRANGE

Trained Clinical Staff

With Parent/CG involvement:

- Schedule a visit within 15-30 days to check progress and intervene as needed
- If quit date has been set, follow up during the week of the quit date
- If no quit date, schedule a follow up call within 30-days

Without Parent/CG involvement:

- Conduct confidential call to adolescent on quit date
- Schedule a follow up appointment within 30 days

*Adapted from U.S. Public Health Service Treating Tobacco Use and Dependence guidelines **Second Hand Smoke

Pediatric

Pediatric Model – Interventions with Parents/Caregivers (CG)

Intended for interventions with patients ages 17 and under and their parents or caregivers

START HERE

ASK

Medical Assistant

- As appropriate, identify smoking status of patient
- Identify smoking status of every parent/CG as part of vital signs data collected every visit
- Chart status: Smoker? Current/Former/Never/SHS** exposure/Advice to Quit Given
- At every visit, pay particular attention to mothers who quit during pregnancy
- Prompt primary care practitioner to complete Advise & Assess steps

ADVISE

Primary Care Practitioner (MD, NP, PA)

- Deliver & document clear advice to quit smoking at every visit
- Complete SHS counseling – deliver and document clear message to eliminate SHS from child's environment

ARRANGE

Trained Clinical Staff

- Follow up regarding steps taken by the parent/CG at naturally-occurring visits for the child

ASSIST

Child's Primary Care Provider or Clinical Staff

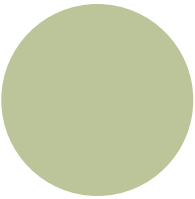
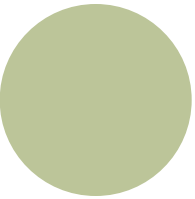
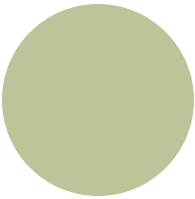
- Provide referral to health plans, community, regional or statewide resources or other self-help materials
- Inform the parent/CG of the availability of pharmacotherapies, both over-the-counter medications and medications that require a prescription
- Advise parent/CG to see their primary care practitioner for further medication assistance
- Document above steps

ASSESS

Primary Care Practitioner

- Determine & document readiness to quit

*Adapted from U.S. Public Health Service Treating Tobacco Use and Dependence guidelines **Second Hand Smoke



In 1999, 33 percent of the smokers who received advice to quit from a physician made a quit attempt.



Section 4

Prescribing Guide for Cessation Pharmacotherapies

Helping patients quit smoking means treating the highly addictive nature of nicotine. Studies have shown that tobacco dependence meets the criteria for drug dependence: use of tobacco produces tolerance for continued use, a well-characterized withdrawal syndrome, and an inability to control future use. For some people, the nicotine in tobacco products can be just as addictive as heroin or cocaine. Within seconds of puffing on a cigarette, nicotine travels to the brain, and triggers a chemical release that makes the smoker crave more nicotine.

Studies and analyses of first-line cessation medications have shown that the medications can generally double long-term quit rates for smokers when compared to placebos. It is difficult, however, to compare the “success rate” of one medication to another, since the methods used to study and evaluate the different medications vary.

Medications to treat tobacco dependence have been found to be effective in helping smokers suppress withdrawal symptoms and gradually reduce their exposure to nicotine. However, it is important to remind patients that cessation med-

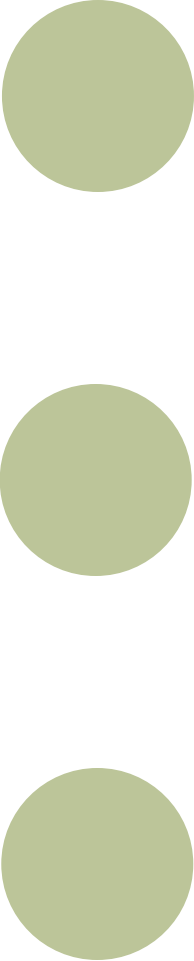
Nicotine Replacement and Other Pharmacotherapy: Quick Reference Guide for Prescribing
Must individualize nicotine replacement for those smoking <10 cigarettes/day (CPD)

Pharmacotherapy	Precautions/ Contraindications	Side Effects	Dosage	Duration	Availability
First-line Pharmacotherapies – approved for use for smoking cessation by FDA					
Zyban (Wellbutrin, Bupropion SR) Can be used with NRT (FDA Class B)	<ul style="list-style-type: none"> Hx of seizure Hx of eating disorder AOD Withdrawal MAO Inhibitor within 2 wks 	<ul style="list-style-type: none"> Insomnia (Take dose at 8 AM and 4PM) Dry mouth 	150 mg qam x 3 days, then 150 mg BID Start 1 week before quit day	7-12 weeks maintenance up to 6 months	Prescription only 12 weeks covered by MediCal with scrip and group certificate
Nicotine Patch <i>** (has an increase in efficacy when combined with Zyban)</i> place on hairless part of body between neck and waist – rotate (FDA Class C)	<ul style="list-style-type: none"> Pregnant or lactating* 2 wks post myocardial infarction/serious arrhythmias/serious or worsening angina NASAL INHALER ONLY: Hx of severe reactive airway disease 	<ul style="list-style-type: none"> Local skin reaction (treat with Hydrocortisone cream) Insomnia (Remove patch at night)	Nicoderm CQ 21 mg/24 hours 14 mg/24 hours 7 mg/24 hours	4 weeks then 2 weeks then 2 weeks	Nicoderm CQ (OTC) Generic patches (OTC and scrip)
			Nicotrol 15 mg/16 hours Use lower dose if smoking ≤ 10 cigs/d	8 weeks	Nicotrol (Prescription only) 6 weeks covered by MediCal with scrip and group certificate
Nicotine Gum (Nicorette/Nic Mint) chew at least 10 pieces, chew until tingly park-repeat x 30min/ water only x 10-15min (FDA Class D)		<ul style="list-style-type: none"> Mouth soreness Dyspepsia 	1-24 cigs/day: 2 mg gum (up to 24 pcs/day) 25+cigs/day: 4 mg gum (up to 24 pcs/day)	Up to 12 weeks	OTC (MediCal requires TAR with tapering schedule)
Nicotine Inhaler (Nicotrol Inhaler) (FDA Class D)		<ul style="list-style-type: none"> Local irritation of mouth and throat/cough/rhinitis 	6-16 cartridges/day	Up to 6 months	Prescription only
Nicotine Nasal Spray (Nicotrol NS) (FDA Class D)		<ul style="list-style-type: none"> Nasal Irritation 	8-40 doses/day	3-6 months	Prescription only
Second-line Pharmacotherapies – not approved for use for smoking cessation by the FDA					
Clonidine (Oral Clonidine generic, Catapres and Transdermal catapres (FDA Class C)	<ul style="list-style-type: none"> Rebound hypertension 	<ul style="list-style-type: none"> Dry mouth Drowsiness Dizziness Sedation 	0.15-0.75 mg/day 0.10-0.20 mg/day transdermal	3-10 weeks	Prescription only
Nortriptyline (Nortriptyline HCl-generic)	<ul style="list-style-type: none"> Risk of Arrhythmias 	<ul style="list-style-type: none"> Sedation Dry mouth 	75-100 mg/day	12 weeks	Prescription only

Source: adapted from the U.S. DHHS *Treating Tobacco Use and Dependence* reference guide for clinicians. ISSN-1530-6402 – Available by calling 1-800-CDC-1311

***Urge to quit on own; use pharmacotherapy if increased likelihood of smoking abstinence outweighs the risk of pharmacotherapy and potential concomitant smoking.**

****Patients should be encouraged to combine patch with other NRT or Zyban if unable to quit with patch alone.**



ications are not a “magic bullet.” The patient still needs to take an active role in changing the many smoking habits that they have developed over the years. Combined with a desire to quit smoking and appropriate behavioral modification (avoiding situations associated with smoking, identifying positive alternatives to replace smoking habits, etc.), nicotine replacement therapy and other cessation medications can be very effective for some smokers.

Below are some tips about information to consider when prescribing cessation medications. (NOTE: When prescribing medications, patients must be reminded not to smoke when using any nicotine replacement therapy (NRT) product.)

- nicotine patch use generally results in better adherence to the therapy than with the gum, spray or inhaler
- nicotine gum may be a good alternative for individuals who have skin reaction to patches, prefer oral stimulation, or prefer to control their dosing of nicotine
- nicotine nasal spray provides a rapid nicotine delivery and provides greater potential for the user to self-administer nicotine doses
- nicotine inhaler delivers nicotine in a manner that simulates the behavioral and sensory aspects of smoking
- bupropion may be a good alternative for individuals who prefer not to use nicotine replacement methods
- second-line medications (clonidine and nortriptyline) are recommended for use on a case-by-case basis after first-line medications have been tried or considered

California’s Medi-Cal program covers a variety of medications for Medi-Cal enrollees. A prescription and a letter or certificate of enrollment for the

patient from a behavioral modification smoking cessation program is required to receive medications.

Additionally, a small number of studies have shown that utilizing a combination therapy approach of combining NRTs with bupropion or the patch with other NRTs may lead to some increase in quit rates when compared to using only one form of NRT. At present, the FDA has not approved combination therapy for smoking cessation. The U.S. Public Health Service Treating Tobacco Use and Dependence clinical guidelines suggest that combination therapy be used only with those patients unable to quit using a single form of pharmacotherapy.

This prescribing guide was developed by the Alameda Health Consortium’s American Legacy Foundation-funded Tobacco Use Intervention Project and the Alameda County Alcohol Tobacco and Other Drugs (ATOD) network funded by the Alameda County Master Settlement, based on information from the U. S Public Health Service Treating Tobacco Use and Dependence Clinical Guidelines. This prescribing guide is intended solely for the convenience of the prescribing provider. Please consult the Physician’s Desk Reference for complete product information and additional description of contraindications and potential side effects.

Section 5

Treatment Recommendations for Special Populations

Special populations are defined in this section as those groups of individuals that may benefit from extra attention both in how cessation services are presented to them and in their response to the cessation process itself.

One example of this is when working with a patient from a cultural group that may have negative associations to seeing a “counselor.” In this example, referring to the cessation counselor with another term, such as a health educator, may make the difference between whether that patient seeks support in quitting or not. Another example is when working with patients on psychiatric medication, where increased monitoring of dosage levels may be required. When a patient with a psychiatric diagnosis stops smoking, medications for their psychiatric condition may increase in potency. The medications may require an adjustment in dosage because the suppressive effect of the nicotine has been eliminated.

In addition to primary care providers, many different health care practitioners are involved with smokers during their quit attempts. Mental health providers, substance abuse counselors, hospital discharge planners, case managers and certain specialists can have a key role in treating smokers when they present for other medical issues or comorbidities.

The following table contains an overview of the unique needs of several special populations and recommendations for treatment techniques to meet those needs. All providers are encouraged to adopt the following recommendations for populations that may benefit from increased attention to the cessation process.

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More than 70 percent of California smokers wish they did not smoke.

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Recommendations for Cessation Interventions with Special Populations

Population	Unique Needs	Recommendations
Elderly	<ul style="list-style-type: none"> • Cessation for older adults can reduce the risk of lung cancer, death from coronary heart disease, myocardial infarction • Smoking cessation in older adults can be effective & allow older smokers to realize health benefits of quitting • Rarely a primary target in media campaigns/social norm change efforts 	<ul style="list-style-type: none"> • Older patients should be screened for tobacco use and encouraged to quit in the same manner that non-elderly patients are screened & advised
Hospitalized Patients	<ul style="list-style-type: none"> • Continued smoking may slow or complicate a hospitalized patient's recovery • Smoking negatively affects bone and wound healing • Among cardiac patients, second heart attacks are more common in those who smoke 	<ul style="list-style-type: none"> • Hospital staff should capitalize on a smoker's increased motivation to quit, due to the link between tobacco use and initial cause for hospitalization, by: <ul style="list-style-type: none"> - Asking patients on admission for tobacco use status - Documenting tobacco use status on admission problem list - Offering pharmacotherapies and counseling - Incorporating cessation treatment into discharge planning • Hospital staff should utilize the mandatory cessation required of patients while in hospitals to encourage long-term abstinence
Patients with Mental Illnesses or Psychiatric Disorders	<ul style="list-style-type: none"> • Individuals with psychiatric illnesses are nearly twice as likely as the general population to smoke • Some smokers with psychiatric conditions may experience exacerbated conditions when they stop smoking • Smoking cessation may impact the effectiveness of some psychiatric medications 	<ul style="list-style-type: none"> • Patients with mental illnesses or psychiatric disorders should be screened for tobacco use and encouraged to quit in the same manner that other patients are screened & advised • Mental health providers should utilize the frequency of mental health treatment visits as an opportunity for monitoring progress in smoking cessation • Smoking cessation strategies should be integrated and coordinated with treatments for mental illnesses and psychiatric conditions • Bupropion and nortriptyline should be considered for prescriptions to patients with depression diagnoses • Clinicians should closely monitor actions or side effects of psychiatric medications in smokers making quit attempts
Patients with Substance Abuse History	<ul style="list-style-type: none"> • Individuals with a history of substance abuse or chemical dependence have smoking rates greater than 70 percent • There is little evidence that patients with chemical dependencies relapse to other drug use when they stop smoking 	<ul style="list-style-type: none"> • Comprehensive cessation treatments should be integrated and coordinated with treatments for chemical dependency or substance abuse • Smoking cessation strategies should be integrated and coordinated with treatments for chemical dependency or substance abuse • Patients with substance abuse histories should be screened for tobacco use and encouraged to quit in the same manner that other patients are screened & advised
Pregnant Women	<ul style="list-style-type: none"> • Although cessation prior to pregnancy will reduce risks to the fetus and the mother, quitting at any point in pregnancy is beneficial • Pregnant women who smoke have higher risk of low birth weight babies than nonsmokers • Women who have maintained abstinence during pregnancy have high rates of relapse postpartum 	<ul style="list-style-type: none"> • Pregnant women should receive advice to quit at every visit during pregnancy • Pregnant women who have quit smoking should receive advice to stay quit during all postpartum visits with OB/GYNs AND during well-child visits to pediatricians
Racial/Ethnic Groups	<ul style="list-style-type: none"> • In California, African Americans and Non-Hispanic Whites have the highest smoking prevalence rates, followed by Hispanics and Asians/Pacific Islanders (However, there are significant variations in smoking rates and patterns among various Asian Americans and Pacific Islander groups) • Immigrants from countries with high smoking rates may need additional education about why quitting smoking is beneficial • Racial and ethnic groups experience high mortality among a number of smoking-related disease categories 	<ul style="list-style-type: none"> • Patients from diverse ethnic and racial groups should receive advice to quit and assistance in the same manner that other patients are screened & advised • Cessation materials should be offered that include culturally appropriate examples and are in a language understood by the smoker

Section 6

Delivering Cessation Services is an Important Quality Goal

Studies have shown that delivering smoking cessation interventions during physician visits is associated with increased patient satisfaction, even when a smoker reports no interest in quitting at the time of the visit. Because cessation has the potential to improve health, decrease health care costs, and lessen the burden on the health care system, interventions by health care providers are being recognized as critical components of delivering care.

Given the potential that cessation interventions have for demonstrating quality health care interactions, advising smokers to quit is one of the quality measures developed by the National Committee on Quality Assurance (NCQA). By administering the Consumer Assessment of Health Plans Survey (CAHPS) to individual consumers after visits to their physicians, NCQA measures overall performance of health plans on specific clinical and screening activities and provides meaningful information for health care purchasers and consumer to make their health care choices.

Currently, CAHPS includes three questions related to smoking cessation:

In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?

On how many of these visits was medication recommended to assist you with smoking cessation (for example nicotine gum, patch, nasal spray, inhaler, Bupropion SR)?


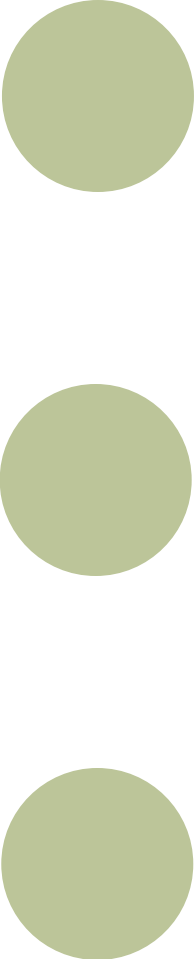
On how many of these visits did your doctor or health provider discuss methods and strategies (other than medication) to assist you with smoking cessation?

Measuring patient responses to these questions encourages providers to be additionally diligent in offering services and treatments to help smokers quit. Providers can show progress toward these important quality measures by utilizing information in this Tool Kit to become familiar with evidence-based recommendations, best practices and strategies for providing effective cessation counseling and interventions.

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High patient satisfaction occurs for physician visits even for smokers who report no interest in quitting at the time of visit.

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**More than 43,000 smoking-related deaths occurred
in California in 1999.**

Section 7

Tools to Track Patients' Smoking Status and Encourage Cessation

This section contains several resources and tools for use in tracking patients' smoking status and providing cessation services in a medical office environment. The Tools section has been prepared on perforated pages to allow for easy removal and duplication. Laminating or enclosing the double-sided Tools pages in plastic sheet protectors can help ensure their durability. Offices may wish to post the Community-Based Cessation Programs listing in a prominent office location, so all staff can easily access the list of resources. Copies of Statewide Resources for Community-Based Cessation and Tips for Preparing to Quit Smoking may also be distributed to patients preparing to make a quit attempt.

Resources

- Checklist for Documenting Tobacco Use at Every Visit
- Online Professional Resources for Continuing Medical Education (CME) Credits and Cessation Training

Tools

- Template of Stickers to help Track Patients' Smoking Status
This template can be photocopied onto Avery labels #5162 and #5262 (1.33"x4") to make the tracking of patient smoking status easy and efficient. For additional label designs, visit our web site at www.cessationcenter.org for more label templates.
- Prescribing Guide for Cessation Pharmacotherapies
This has been displayed twice to help offices photocopy multiple copies and provide to each physician in the office.
- Statewide Resources for Community-Based Cessation Interventions
This document contains:
 - Local Tobacco Control and Cessation Program Listings by County
 - Health Plan Customer Service Numbers
 - Online Cessation Resources
- Tips for Helping Patients Quit Smoking
 - *This summary is provided to help answer questions that may arise from patients during their quitting process.*
- Tips for Preparing to Quit Smoking
 - *This tip sheet is provided for offices to photocopy and distribute to patients getting ready to quit, or patients with family members getting ready to quit.*



Smokers who quit have lower rates of hospital use within two to four years of quitting.

Online Professional Resources for CME Credits and Cessation Training

The University of Wisconsin Medical School Center for Tobacco Research and Intervention and Office of Continuing Medical Education (CME) have created a free web-based continuing medical education program that provides training in the treatment of tobacco dependence. The program is based on the U.S. Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence and provides education in conducting brief interventions with smokers, guidelines for use and prescribing cessation pharmacotherapies, suggestions for following up with patients and case studies for practical application. One hour of category 1 credit toward the AMA Physician's Recognition Award is offered. Visit <http://www.cme.uwisc.org/> to access the program, under the Substance Abuse: Tobacco, Alcohol and Drugs section.

Center for Tobacco Research and Intervention
Free CME-eligible Cessation Course for Clinicians

HealthCME.com offers an online course on tobacco cessation that includes multiple case studies, clinical information and a list of printable patient handouts. Hypothetical patient scenarios are offered to allow CME-users to conduct interviews to determine each patient's tobacco use status, willingness to quit, concerns about quitting, and appropriate types of interventions. Individualized feedback is provided for each decision and survey response. The program takes from 45 minutes to 2 hours to complete and a printable CME certificate is provided at the close of the program. Visit <http://www.HealthCME.com> to access the course.

HealthCME.com's Tobacco Cessation CME course can be accessed at <http://www.HealthCME.com>.

HealthCME.com
Free CME-eligible Tobacco Cessation Course

Providers may also review the complete U.S. Public Health Service Treating Tobacco Use and Dependence guidelines for in-depth information on the efficacy of cessation interventions and the vast body of evidence that is the foundation for the guidelines. The guidelines may be accessed by visiting <http://www.surgeongeneral.gov/tobacco/>.

U.S. Public Health Services Guidelines

Checklist for Documenting Tobacco Use at Every Visit

Staff Resources & Knowledge

- Have staff been assigned clear roles and responsibilities for conducting interventions with smoking patients?
- Are clinicians knowledgeable in discussing the risks of tobacco use and the benefits of quitting and the physiological and emotional process a patient may go through when quitting?
- Are clinicians/medical staff familiar with the process of setting a realistic quit date for smokers?
- Is staff time set aside to call patients to follow up on their quit date?
- Is the clinician/office staff aware of the internal (e.g. medical group programs) and external (e.g. health-plan sponsored programs, hospital programs, community-based organizations, and telephone quit line, etc.) opportunities for patients to attend cessation classes, group programs or individual counseling sessions for smoking cessation?
- Is the clinician/office staff familiar with the process of referring patients to internal or external cessation programs?
- Is the clinician/office staff aware of appropriate billing codes or reimbursement policies and requirements that may be used to bill for a patient visit for smoking cessation?

Material Resources

- Do intake forms include a section for charting smoking status, a sticker for smoking status or some other mechanism for prominently noting a patient's smoking status?
- Are tobacco use assessments included in vital sign-taking process?
- Does the intake form or sticker provide space for updating information during subsequent patient visits?
- Is a current copy of county-specific resources – available from the California Smokers Helpline - available and accessible to all medical office staff?
- Are listings of community-based resources accessible to all medical office staff?
- Are patient materials describing the benefits of quitting available to patients? In appropriate non-English languages?

Prescribing Information

- Is information regarding prescribing guidelines for cessation pharmacotherapies available to clinicians?

Sticker Template — Use with Avery Labels #5162 and #5262 (1.33"x4")

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

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Pulse _____ Temp _____ Resp _____
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**Removable Sticker
Template to Track Patients'
Smoking Status**

Prescribing Guide for Cessation Pharmacotherapies

Nicotine Replacement and Other Pharmacotherapy: Quick Reference Guide for Prescribing Must individualize nicotine replacement for those smoking <10 cigarettes/day (CPD)

Pharmacotherapy	Precautions/ Contraindications	Side Effects	Dosage	Duration	Availability
First-line Pharmacotherapies – approved for use for smoking cessation by FDA					
Zyban (Wellbutrin, Bupropion SR) Can be used with NRT (FDA Class B)	<ul style="list-style-type: none"> Hx of seizure Hx of eating disorder AOD Withdrawal MAO Inhibitor within 2 wks 	<ul style="list-style-type: none"> Insomnia (Take dose at 8 AM and 4PM) Dry mouth 	150 mg qam x 3 days, then 150 mg BID Start 1 week before quit day	7-12 weeks maintenance up to 6 months	Prescription only 12 weeks covered by MediCal with scrip and group certificate
Nicotine Patch <i>** (has an increase in efficacy when combined with Zyban)</i> place on hairless part of body between neck and waist – rotate (FDA Class C)	<ul style="list-style-type: none"> Pregnant or lactating* 2 wks post myocardial infarction/serious arrhythmias/serious or worsening angina NASAL INHALER ONLY: Hx of severe reactive airway disease 	<ul style="list-style-type: none"> Local skin reaction (treat with Hydrocortisone cream) Insomnia (Remove patch at night)	Nicoderm CQ 21 mg/24 hours 14 mg/24 hours 7 mg/24 hours	4 weeks then 2 weeks then 2 weeks	Nicoderm CQ (OTC) Generic patches (OTC and scrip)
			Nicotrol 15 mg/16 hours Use lower dose if smoking ≤ 10 cigs/d	8 weeks	Nicotrol (Prescription only) 6 weeks covered by MediCal with scrip and group certificate
Nicotine Gum (Nicorette/Nic Mint) chew at least 10 pieces, chew until tingly park-repeat x 30min/ water only x 10-15min (FDA Class D)		<ul style="list-style-type: none"> Mouth soreness Dyspepsia 	1-24 cigs/day: 2 mg gum (up to 24 pcs/day) 25+cigs/day: 4 mg gum (up to 24 pcs/day)	Up to 12 weeks	OTC (MediCal requires TAR with tapering schedule)
Nicotine Inhaler (Nicotrol Inhaler) (FDA Class D)			6-16 cartridges/day	Up to 6 months	Prescription only
Nicotine Nasal Spray (Nicotrol NS) (FDA Class D)			8-40 doses/day	3-6 months	Prescription only
Second-line Pharmacotherapies – not approved for use for smoking cessation by the FDA					
Clonidine (Oral Clonidine generic, Catapres and Transdermal catapres (FDA Class C)	<ul style="list-style-type: none"> Rebound hypertension 	<ul style="list-style-type: none"> Dry mouth Drowsiness Dizziness Sedation 	0.15-0.75 mg/day 0.10-0.20 mg/day transdermal	3-10 weeks	Prescription only
Nortriptyline (Nortriptyline HCl-generic)	<ul style="list-style-type: none"> Risk of Arrhythmias 	<ul style="list-style-type: none"> Sedation Dry mouth 	75-100 mg/day	12 weeks	Prescription only

Source: adapted from the U.S. DHHS *Treating Tobacco Use and Dependence* reference guide for clinicians. ISSN-1530-6402 – Available by calling 1-800-CDC-1311

**Urge to quit on own; use pharmacotherapy if increased likelihood of smoking abstinence outweighs the risk of pharmacotherapy and potential concomitant smoking.*

***Patients should be encouraged to combine patch with other NRT or Zyban if unable to quit with patch alone.*

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**Urge to quit on own; use pharmacotherapy if increased likelihood of smoking abstinence outweighs the risk of pharmacotherapy and potential concomitant smoking.*

***Patients should be encouraged to combine patch with other NRT or Zyban if unable to quit with patch alone.*



**Prescribing Guide for Cessation
Pharmacotherapies**



**Prescribing Guide for Cessation
Pharmacotherapies**

Statewide Resources for Community-Based Cessation Programs

CALIFORNIA SMOKERS' HELPLINE 1-800-NO-BUTTS

Provides free telephone counseling services in English, Spanish, Cantonese, Korean and Vietnamese. Also TDD for hearing-impaired. Medi-Cal callers may receive proof of participation to satisfy prerequisite for receiving pharmaceuticals. Hours: 9 a.m. – 9 p.m. Monday- Friday; 9 a.m. – 1 p.m. Saturday; 24-hour voice mail.

The California Smokers' Helpline maintains county-specific listings of tobacco cessation and education resources and can distribute local listings to medical office staff.

Statewide Resources

Local Tobacco Control and Cessation Program Listings By County

Resources may be available in your area that offer educational materials and smoking cessation programs. Select local health departments offer cessation services or partner with health care institutions to offer cessation services. Numbers for the tobacco education programs in local county health departments are listed below. Additionally, certain local offices of the American Cancer Society (ACS) and American Lung Association (ALA) provide direct services or group classes. Cessation programs offered by ACS include Make Yours A Fresh Start Family, geared to health care providers who work with pregnant women and parents of young children. Cessation programs offered by ALA include Freedom From Smoking (for adults) and Not On Tobacco (for teens). Most offices can provide referrals to other cessation services. Call for more information.

Alameda County	County Health Department: (510) 208-5920	ACS: (510) 742-8346	ALA: (510) 893-5474
Alpine County	County Health Department: (530) 694-2771	ACS: (916) 783-4181, 888-222-2836	ALA: (916) 444-5864
Amador County	County Health Department: (209) 223-6638	ACS: (916) 446-7933	ALA: (916) 444-5864
Butte County	County Health Department: (530) 538-2075	ACS: (530) 342-4567	ALA: (530) 345-5864
Calaveras County	County Health Department: (209) 754-6460	ACS: (209) 941-2676	ALA: (209) 478-1888
Colusa County	County Health Department: (530) 458-0488	ACS: (530) 741-1366	ALA: (916) 444-5864
Contra Costa	County Health Department: (925) 313-6214	ACS: (925) 934-7640	ALA: (510) 893-5474
Del Norte County	County Health Department: (707) 464-3191	ACS: (707) 442-1436	ALA: (707) 527-5864
El Dorado County	County Health Department: (530) 621-6130	ACS: (916) 783-4181	ALA: (916) 444-5864
Fresno County	County Health Department: (559) 445-3276	ACS: (559) 451-0722	ALA: (559) 222-4800
Glenn County	County Health Department: (530) 934-6506 x 213	ACS: (530) 342-4567	ALA: (530) 345-5864
Humboldt County	County Health Department: (707) 268-2132	ACS: (707) 442-1436	ALA: (707) 527-5864
Imperial County	County Health Department: (760) 482-4908	ACS: (760) 352-6656	ALA: (619) 297-3901
Inyo County	County Health Department: (760) 872-4245	ACS: (661) 945-7585	ALA: (909) 884-5864
Kern County	County Health Department: (661) 868-0571	ACS: (661) 327-2424	ALA: (661) 327-1601
Kings County	County Health Department: (559) 584-1401	ACS: (559) 584-6691	ALA: (559) 222-4800
Lake County	County Health Department: (707) 263-1090	ACS: (510) 763-8826	ALA: (707) 527-5864
Lassen County	County Health Department: (707) 251-8357	ACS: (530) 342-4567	ALA: (530) 345-5864
Los Angeles County	County Health Department: (213) 351-7890	ACS: (213) 386-7660	ALA: (323) 935-5864
Madera County	County Health Department: (559) 675-7627	ACS: (559) 673-9425	ALA: (559) 222-4800
Marin County	County Health Department: (415) 499-3020	ACS: (415) 454-8464	ALA: (707) 527-5864
Mariposa County	County Health Department: (209) 966-3689	ACS: (209) 722-3341	ALA: (559) 222-4800
Mendocino County	County Health Department: (707) 472-2694	ACS: (707) 462-7642	ALA: (707) 527-5864
Merced County	County Health Department: (209) 381-1220	ACS: (209) 722-3341	ALA: (559) 222-4800
Modoc County	County Health Department: (530) 233-6311	ACS: (530) 222-1058	ALA: (530) 345-5864
Mono County	County Health Department: (760) 934-7059	ACS: (559) 451-0722	ALA: (909) 884-5864
Monterey County	County Health Department: (831) 647-7910	ACS: (805) 434-3051	ALA: (831) 373-7306
Napa County	County Health Department: (707) 253-4073	ACS: (707) 255-5911	ALA: (707) 527-5864
Nevada County	County Health Department: (530) 265-1450	ACS: (530) 741-1366	ALA: (916) 444-5864
Orange County	County Health Department: (714) 541-1444	ACS: (949) 261-9446	ALA: (714) 835-5864
Placer County	County Health Department: (530) 889-7141	ACS: (916) 783-4181	ALA: (916) 444-5864
Plumas County	County Health Department: (530) 283-6484	ACS: (530) 342-4567	ALA: (530) 345-5864
Riverside County	County Health Department: (909) 358-4977	ACS: (909) 683-6415	ALA: (909) 884-5864
Sacramento County	County Health Department: (916) 875-5869	ACS: (916) 446-7933	ALA: (916) 444-5864
San Benito County	County Health Department: (831) 636-4011	ACS: (831) 442-2992	ALA: (408) 998-5864
San Bernadino County	County Health Department: (909) 388-5777	ACS: (909) 683-6415	ALA: (909) 884-5864
San Diego County	County Health Department: (619) 692-5725	ACS: (619) 299-4200	ALA: (619) 297-3901

San Francisco County	County Health Department: (415) 581-2448	ACS: (415) 394-7100	ALA: (650) 994-5864
San Joaquin County	County Health Department: (209) 468-3415	ACS: (209) 941-2676	ALA: (209) 478-1888
San Luis Obispo County	County Health Department: (805) 781-5564	ACS: (805) 543-1481	ALA: (805) 963-1426
San Mateo County	County Health Department: (650) 573-2496	ACS: (650) 578-9902	ALA: (650) 994-5864
Santa Barbara County	County Health Department: (805) 681-5407	ACS: (805) 922-2354	ALA: (805) 963-1426
Santa Clara County	County Health Department: (408) 494-7830	ACS: (408) 879-1032	ALA: (408) 998-5864
Santa Cruz County	County Health Department: (831) 454-4318	ACS: (831) 477-9523	ALA: (408) 998-5864
Shasta County	County Health Department: (530) 225-5134	ACS: (530) 222-1058	ALA: (530) 345-5864
Sierra County	County Health Department: (530) 993-6700	ACS: (916) 783-4181	ALA: (916) 444-5864
Siskiyou County	County Health Department: (530) 841-4090	ACS: (916) 222-1058	ALA: (530) 345-5864
Solano County	County Health Department: (707) 553-5890	ACS: (707) 425-5006	ALA: (510) 893-5474
Sonoma County	County Health Department: (707) 565-6613	ACS: (707) 766-8066	ALA: (707) 527-5864
Stanislaus County	County Health Department: (209) 558-6053	ACS: (209) 524-7242	ALA: (209) 478-1888
Sutter County	County Health Department: (530) 822-7215	ACS: (530) 741-1383	ALA: (530) 345-5864
Tehama County	County Health Department: (530) 527-8491	ACS: (530) 222-1058	ALA: (530) 345-5864
Trinity County	County Health Department: (530) 623-1450	ACS: (530) 222-1058	ALA: (530) 345-5864
Tulare County	County Health Department: (559) 733-6123 x214	ACS: (559) 734-1391	ALA: (559) 222-4800
Tuolumne County	County Health Department: (209) 533-7408	ACS: (209) 524-7242	ALA: (209) 478-1888
Ventura County	County Health Department: (805) 677-5229	ACS: (805) 983-8864	ALA: (805) 963-1426
Yolo County	County Health Department: (530) 666-8645	ACS: (916) 446-7933	ALA: (916) 444-5864
Yuba County	County Health Department: (530) 741-6366	ACS: (530) 741-1366	ALA: (530) 345-5864

Health Plan Customer Service Numbers

Tobacco cessation benefits – coverage for medications, behavioral treatment sessions and classes - vary by health plan. Below is a listing of major health plans in California and their customer service numbers to contact for more information.

Aetna US Health Care
(800) 756-7039

Alameda Alliance for Health
(510) 747-4500

Blue Cross
(800) 642-4809

Blue Shield
(800) 484-6521

CalOptima
(888) 587-8088

Care 1st Health Plan
(626) 299-4299

Cedars-Sinai Provider Plan, LLC
(310) 423-3277

Central Coast Alliance for Health
(831) 457-3850

Chinese Community Health Plan
(415) 397-3190

Cigna
(800) 832-3211

Community Health Group
(800) 840-0089

Community Health Plan
(323) 780-2356

Health Net
(800) 638-3889

Health Plan of San Mateo
(800) 750-4776

Inland Empire Health Plan
(909) 890-2000

Inter Valley Health Plan
(800) 251-8191

Kaiser Foundation Health Plan, Inc.
(800) 464-4000

Kern Family Health Care
(800) 391-2000

L.A. Care
(213) 694-1250

Molina Health Care of California
(800) 526-8196

National HMO Health Plan
(800) 468-8600

On Lok Senior Health Plan
(888) 886-6565

One Health Plan
(800) 909-3447

PacificCare of California
(800) 624-8822

Partnership Health Plan of California
(800) 863-4155

Priority Plus of California
(559) 435-8366 ext. 6833

ProMed Health Care Administrators
(909) 932-1045

San Francisco Health Plan
(800) 288-5555

San Joaquin County Health
(800) 939-3500

Santa Barbara Regional Health Authority
(800) 421-2560

Santa Clara Family Health Plan
(800) 260-2055

SCAN Health Plan
(877) 452-5898

Scripps Clinic Health Plan Services
(888) 680-2273

Sharp Health Plan
(858) 637-6500

UCSD Health Plan
(800) 478-2700

UHP Health Care
(800) 847-1222

United Health Care of California
(800) 334-4638

Universal Care
(800) 257-3087

Valley Health Plan
(888) 421-8444

Ventura County Health Care Plan
(805) 677-8787

Western Health Advantage
(888) 563-2250

Online Cessation Resources

QuitNet: www.quitnet.com Offers free and fee-based online counseling and self-help materials.

Freedom From Smoking Online: www.lungusa.org/ffs/index.html American Lung Association's free, online version of Freedom From Smoking Program.

California Smokers Helpline: www.nobutts.org General information regarding services offered through the Helpline.

Quitting smoking is an extremely difficult and often-repeated process. Health care providers can play an important role in the quitting process by congratulating patients for trying to quit, even when they make a quit attempt that was unsuccessful. What's important is to continue to encourage them to make repeated quit attempts and provide advice, counseling, medications and support that can make that next attempt a success.

Some of the most common concerns from smokers include overcoming withdrawal, weight gain and the cost of trying to quit. Below are some tips for addressing these common concerns.

Some smokers may be concerned about overcoming difficult withdrawal symptoms.

Most withdrawal symptoms start to decrease after the first few days of quitting.

- Reassure patients that these feelings will pass, and their efforts to quit smoking will help them lead healthier, longer lives.
- Inform patients that some of these symptoms signal that nicotine is being cleared out of the body – that's a good thing!

Some smokers may be particularly interested in avoiding weight gain.

Some smokers will gain weight in the first few weeks after quitting, usually less than 10 pounds.

- Reassure patients that quitting smoking does not automatically mean that they will gain weight.
- Don't let weight gain distract from the main goal.
- Remind patients that smoking is far more dangerous to their health than any weight gain.
- Encourage patients to use exercise as an alternative activity to smoking, and remind them that exercise can also help keep any weight gain down.
- Advise patients to drink plenty of water and fluids.

Some smokers may consider the cost of medications and cessation classes or programs to be too expensive for them to quit.

The immediate out-of-pocket costs to access services to quit can often seem large compared to the cost of a pack of cigarettes.

- Ask the patient to calculate the number of packs smoked over a 30-day period. Chances are, the cost of continuing to smoke is far greater than the cost of using services to quit.
- Remind the patient that quitting now means that they will soon have money available to spend on things other than cigarettes.
- Help the patient put the picture in perspective by informing them that continued smoking will likely mean that their health care costs for treating more frequent illnesses, heart attacks, strokes, or cancer will be much greater than if they were to quit.

**Tips for
Helping
Patients Quit
Smoking**

For more information
and resources for use in your
office, visit
www.cessationcenter.org.

Health Benefits of Quitting are Immediate

After 20 minutes — Blood pressure, often abnormally high while smoking, drops to a level close to that before last cigarette. Hand and foot temperature increase to normal.

8 hours — Blood carbon monoxide level drops to normal.

24 hours — Decreased chance of heart attack.

48 hours — Improved ability to smell and taste. Nerve endings start regrowing.

2 weeks to 3 months — Circulation improves. Lung function increases up to 30 percent.

1-9 months — Decreased coughing, sinus congestion, fatigue and shortness of breath. Cilia (tiny hair-like structures that move mucus out of lungs) regain normal function. Reduced chance of infection. Lungs are cleaner.

1 year — Excess risk of coronary heart disease reduced by 50 percent.

5 years — Stroke risk reduced to that of non-smoker 5-15 years after quitting.

10 years — The lung cancer death rate is about half that of a continuing smoker. Decreased risk of mouth, throat, esophagus, bladder, kidney and pancreatic cancers.

15 years — Coronary heart disease risk is that of a non-smoker.

Tips for Preparing to Quit Smoking

Congratulations on taking the first step! By making an effort to quit smoking, you're taking control of your life and your health. As your health care provider, I'm here to support you during your quitting process. To help you get started, here are some tips for preparing to quit smoking.

1. Get ready.

- Pick a time to quit when you can be successful. Don't try to quit around the holidays or when you're under a lot of stress.
- Set a specific quit date, usually within 10 days to a few weeks of when you decide to try quitting.
- Identify the situations, environments and routines that cause you to smoke.
- Remove all cigarettes and ashtrays from your home, car, and place of work.
- Don't let people smoke in your home.
- Review your past attempts to quit. What worked? What did not?
- Once you quit, don't smoke—NOT EVEN A PUFF!

2. Get support.

- Tell family, friends, and co-workers that you are going to quit and want their support. Ask them not to smoke around you.
- Talk to your health care provider about strategies to help you quit.
- Look for resources in your area to help you quit. Ask your health care provider for a referral to quitting programs, group classes, phone counseling or other support services.

3. Learn new skills and behaviors.

- Distract yourself from urges to smoke. Talk to someone, go for a walk, or start a task that will keep you busy.
- Change your routine. Use a different route to work. Drink tea instead of coffee. Eat breakfast in a different place.
- Participate in activities that make smoking difficult, like exercising, gardening, washing the car.
- Do something to reduce your stress.
- Plan something enjoyable to do every day to reward yourself for another smoke-free day.
- Drink plenty of water and other fluids.

4. Use cessation medications correctly.

- Talk to your health care provider about nicotine replacement therapies or medications that are right for you.
- Carefully read the package for any precautions or side effects.
- If you are pregnant or trying to become pregnant, nursing, under age 18, smoking fewer than 10 cigarettes per day, or have a medical condition, talk to your doctor or other provider before taking medications.

5. Be prepared for relapse or difficult situations.

- Don't be discouraged if you start smoking again. Remember, most people try several times before they finally quit.
- If you relapse, identify the circumstances that caused you to smoke again. Try to avoid those circumstances in the future.
- Start again! Your next quit attempt could be the one where you succeed.

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EVALUATION FORM

Please complete the following evaluation form to provide us with feedback on the utility of the “Health Care Provider’s Tool Kit for Delivering Smoking Cessation Services.” We appreciate your feedback.

Please select your job type: Dentist Dental Hygienist Health Educator Medical Assistant
 Nurse Practitioner Physician Physician Assistant Registered Nurse Other _____

Please circle the number below that best represents your response to each statement after reviewing the Tool Kit .

	Disagree				Agree
My knowledge about delivering smoking cessation services improved.	1	2	3	4	5
I understand better my role/impact on influencing my patients’ smoking status.	1	2	3	4	5
I will incorporate Tobacco as a Vital Sign into my practice.	1	2	3	4	5
I will utilize the patient resources including the referral information.	1	2	3	4	5
I feel familiar enough with the document to begin implementing its recommendations.	1	2	3	4	5
I will share the document with other staff in my office.	1	2	3	4	5
I will recommend the document to a colleague.	1	2	3	4	5

What about the Tool Kit did you find most valuable? _____

What about the Tool Kit did you find least valuable? _____

Is there information not included that you would have found valuable? _____

Additional comments: _____

Please fax this form to 916.554.0399
 or mail to:
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 980 9th Street, Suite 370, Sacramento, CA 95814

Thank you for your time and input.