HEALTHCARE PROVIDER REMINDER SYSTEMS, PROVIDER EDUCATION, AND PATIENT EDUCATION

Working with Healthcare Delivery Systems to Improve the Delivery of Tobacco-Use Treatment to Patients

AN ACTION GUIDE

Partnership for Prevention®

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TOBACCO-USE TREATMENT

This publication was developed and produced with funding from the Centers for Disease Control and Prevention (CDC) under cooperative agreement U58CCU322077. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

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Tobacco-Use Treatment

- *Healthcare Provider Reminder Systems, Provider Education, and Patient Education: Working with Healthcare Delivery Systems to Improve the Delivery of Tobacco-Use Treatment to Patients—An Action Guide*

Suggested citation

Partnership for Prevention. *Healthcare Provider Reminder Systems, Provider Education, and Patient Education: Working with Healthcare Delivery Systems to Improve the Delivery of Tobacco-Use Treatment to Patients—An Action Guide. The Community Health Promotion Handbook: Action Guides to Improve Community Health.* Washington, DC: Partnership for Prevention; 2008.

April 2008
(Updated April 2009)

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Partnership for Prevention® is a nonprofit organization dedicated to preventing illness and injury and promoting health. Partnership's programs reach policy makers, a wide range of public health and healthcare professionals, businesses, and others who can emphasize prevention.

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Partnership for Prevention expresses sincere appreciation to the members of its Project Advisory Committee for their expert guidance in developing *The Community Health Promotion Handbook* and for their ongoing support of the organization. The Committee's time and expertise contributed significantly to the vision and content of this publication.

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Partnership for Prevention would like to thank Stephanie Jacks; Michelle Marzullo, MA; and Molly Rauch, MPH, for providing research support and thoughtful feedback throughout development of *The Community Health Promotion Handbook*.

Robert Harmon, MD, MPH, and Susan K. Maloney, MHS, served as advisors to this project.

Special thanks to EEI Communications for editorial and production support.

Partnership for Prevention is especially grateful for the funding support from the Centers for Disease Control and Prevention and extends thanks to experts from the National Center for Chronic Disease Prevention and Health Promotion and the Community Guide Branch, National Center for Health Marketing, who participated in the development and technical review of *The Community Health Promotion Handbook*.

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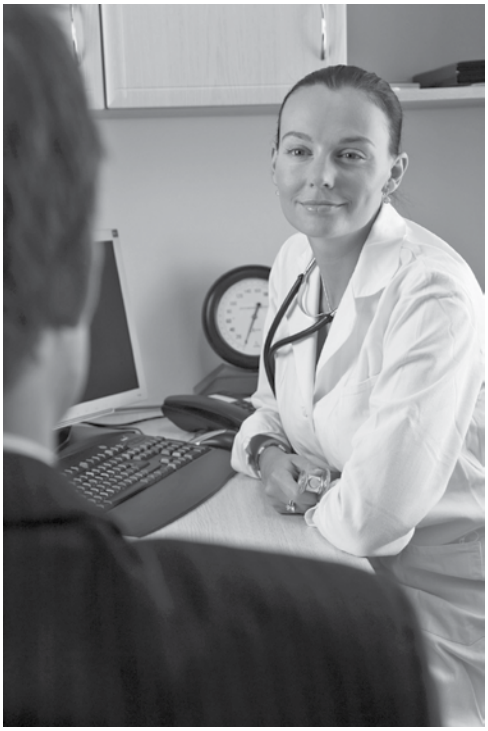
Introduction

The Community Health Promotion Handbook: Action Guides to Improve Community Health is an important tool, composed of five Action Guides, that translates evidence-based recommendations into the necessary "how to" guidance for implementation of effective community-level health promotion strategies. Although *The Community Health Promotion Handbook* is designed primarily to assist public health practitioners in implementing evidence-based practices, additional audiences who may benefit from using this resource include local planners, advocates, policy makers, community and business leaders, community-based organizations, educators, healthcare providers, and others interested in improving health in their communities.

The Community Health Promotion Handbook was developed through a collaborative effort between Partnership for Prevention®—a national membership organization dedicated to building evidence of sound disease prevention and health promotion policies and practices and advocating their adoption by public and private sectors—and the Centers for Disease Control and Prevention (CDC). These implementation guidelines have emerged from the experiences of the 40 communities supported by CDC's Steps Program, which is creating models for how local communities can act to address chronic diseases. The Steps Program's current focus areas are obesity, diabetes, and asthma, as well as the related risk factors of physical inactivity, poor nutrition, and tobacco use.

All five Action Guides are based on specific health promotion recommendations from *The Guide to Community Preventive Services* (*Community Guide*), which is published by the Task Force on Community Preventive Services. This independent decision-making body makes recommendations for the use of various public health interventions on the basis of the evidence of effectiveness gathered in the rigorous and systematic scientific reviews of published studies. Although these recommendations advise on "what to do," they do not provide the guidance needed to successfully take the interventions "from the page to the field." Partnership for Prevention and CDC have worked together to bridge this gap between research and practice by developing *The Community Health Promotion Handbook*.



This Action Guide focuses on a specific approach for implementation of its related *Community Guide* recommendation. When selecting among effective interventions to improve health outcomes, you should first assess your resources and health priorities. After this up-front analysis is completed and this approach is deemed appropriate and viable for your community's needs, this Action Guide can be used to facilitate your activities.

The information within this Action Guide is intended to be generalizable to a range of communities, but you will need to determine what modifications may be necessary to meet your local health objectives. Rather than a prescriptive list of required actions, general steps and suggestions are provided in this guide to accommodate the unique aspects of communities and their resources. This Action Guide should be used along with technical assistance offered by experienced organizations, local or state health experts, public health program managers, researchers, or others with relevant expertise.

Introduction

Information in this Action Guide is organized under the following sections and appendixes:

- **Section 1: Overview of the Approach**
  This section provides information on the *Community Guide*'s recommendation and the supporting evidence, presents the specific approach used in this Action Guide, describes expected outcomes from implementing the approach, and suggests a role for the reader that both is feasible and maximizes the ability to effect change.

- **Section 2: Implementing the Approach**
  This section of the Action Guide provides the bulk of implementation guidance by addressing the "who," "what," "when," "where," and "how" of the activities. Key stakeholders you may want to engage are listed within this section, as well as their related interests and potential roles as partners. Action steps are laid out to follow a general progression, from *Getting Started* to *Moving Forward* to *Looking Beyond*. Although the action steps are numbered to suggest an order of activity you might consider, in practice, many steps will likely occur simultaneously or may occur in a sequence different from what appears in this Action Guide.

- **Appendix A: Determining Your Resource Needs**
  Personnel, material, and financial resources that may be needed to successfully plan, implement, and sustain the approach are suggested here. You must determine what resources are necessary, ways to obtain those resources, and their costs. In the personnel resources subsection, a table presents a summary of tasks to allocate or assign among the main individuals and groups involved. The material and financial resources subsections each contain a list of items to consider based on the activities described in this Action Guide.

- **Appendix B: Evaluating Your Activities**
  Evaluation is a crucial component of public health practice and should begin to be addressed during the planning stage. Although it is outside the scope of this Action Guide to provide specific guidance on how to conduct an evaluation, this appendix does provide questions to help you collect data for process and outcome evaluations. Potential sources of data relevant to the approach are also included.

- **Appendix C: References and Resources**
  Here you will find a list—by topic—of references used in the development of this Action Guide and resources that provide information on similar approaches; tools for planning, implementation, and evaluation; and general guidance.

- **Appendix D: Glossary of Selected Terms**
  Words that are listed in this appendix are *italicized* in the guide's text whenever they are used in order to alert you that a definition is provided.

Section 1
Overview of the Approach

The Evidence

Promoting the widespread prevention and treatment of tobacco use is a primary goal in improving public health. Treating current users and preventing new users is the only way to eliminate the disease, death, and healthcare costs from this preventable epidemic. In terms of efficacy, cost effectiveness, and health impact, "tobacco-use screening and brief intervention (providing brief counseling and offering medication)" is ranked as one of the top three clinical preventive services (Maciosek et al., 2006). Research has shown that healthcare delivery systems that want to improve their delivery of evidence-based tobacco-use treatment should focus on systems strategies. One evidence-based systems strategy for increasing the number of people who stop using tobacco is to implement a multicomponent intervention made up of healthcare provider reminder systems, provider education, and patient education. This strategy's primary focus is to have healthcare providers identify tobacco-using patients and both increase the frequency and improve the effectiveness of their treatment. This strategy can be used in various healthcare delivery systems (i.e., a network of healthcare professionals and facilities organized to deliver patient care, such as private practices, managed care organizations, hospitals, and public health clinics) and can involve a variety of healthcare provider specialties such as primary care, cardiology, pulmonology, surgery, obstetrics, and dentistry.

The Task Force on Community Preventive Services (TFCPS) recommends that an intervention that is composed of educating and prompting healthcare providers to identify and to intervene with tobacco-using patients (as well as to provide supplementary educational materials to patients when appropriate) be implemented to increase the number of tobacco users who quit. This recommendation is based on strong evidence of effectiveness found through a systematic review of published studies conducted by a team of experts on behalf of the TFCPS. Information on their recommendation, published in *The Guide to Community Preventive Services: What Works to Promote Health?* (*Community Guide*), is presented in Table 1 on page 5. Related publications by the TFCPS and reviews by other organizations are listed under "Evidence-Based Reviews of Interventions to Treat Tobacco Use and Decrease Exposure to Secondhand Smoke" in Appendix C: References and Resources. The three components of TFCPS's recommendation are

- **Healthcare provider reminder system**—A system that identifies patients who use tobacco and reminds clinicians to advise these patients against tobacco use at every visit. Individuals from the clinical or office staff manage the system, and clinicians are reminded through the use of medical chart stickers, medical record flowsheets, or checklists. A reminder system can also work by expanding the vital signs profile to include tobacco use. With electronic medical record systems, automated versions of these methods have been created.
- **Healthcare provider education**—Training to improve the knowledge and skills of clinicians in delivering evidence-based brief or intensive tobacco-use treatment, including tobacco-use screening, behavioral counseling, and medication. Brief tobacco-use treatment consists of screening all adult patients and parents of pediatric patients for tobacco use, providing less than three minutes of brief behavioral counseling for those who use tobacco, and offering medication to assist in quitting. With intensive tobacco-use treatment, more time is devoted to counseling patients to quit using tobacco, and treatment is delivered by an appropriately trained clinician through individual, group, or telephone-based counseling. In healthcare provider education, clinicians should also be informed of community *referral resources*, such as *quitlines*, that offer intensive treatment that can supplement clinicians' efforts. Healthcare provider education can be presented in a variety of ways, including written materials, videos, lectures, academic detailing in clinical settings, and continuing medical education seminars. It is also appropriate for the office staff to receive education on related administrative responsibilities.
- **Patient education**—Information provided by clinicians that educates and motivates patients who use tobacco to quit and remain abstinent. Self-help materials are a common form of patient education, but should be used in conjunction with other treatment components.

Section 1—Overview of the Approach

The Approach

This Action Guide focuses on assisting local public health practitioners in increasing cessation rates among tobacco users through the following approach: **working with healthcare delivery systems to improve the delivery of tobacco-use treatment—in both inpatient and outpatient settings—through healthcare provider reminder systems, provider education, and patient education.** Although the *Community Guide*'s recommendation in Table 1 states "with or without patient education," it should be noted that this Action Guide's approach incorporates all three tobacco-use treatment components—provider reminder systems, provider education, and patient education—into its steps and information. Specific decisions relating to patient education materials should be made by clinicians to reflect available resources and the individual needs of each patient.

On the basis of an assessment of their resources and community's needs, public health practitioners committed to increasing tobacco-use cessation in their community may find the approach outlined in this Action Guide to be appropriate and viable. Implementing this tobacco-use treatment strategy requires the participation of the healthcare delivery system's clinical staff (i.e., health professionals who directly provide healthcare services to patients), which is made up of primary or specialty care providers (e.g., physicians, physician assistants, nurse practitioners) and many other types of health professionals (e.g., nurses, pharmacists, medical assistants, health educators, psychologists, therapists). Office staff (e.g., individuals working at the front desk, in medical records, or in information technology) will also be involved in an administrative capacity.

The three components of this tobacco-use treatment strategy are specifically addressed in Action Step 9 (developing a healthcare provider reminder system), Action Step 10 (providing patient education materials), and Action Step 12 (developing and conducting healthcare provider education).

Expected Outcomes

Communities that successfully engage healthcare delivery systems to implement healthcare provider reminder systems, provider education, and patient education can expect to see the following results:

- Healthcare delivery systems will institute systems changes to improve the delivery of evidence-based tobacco-use treatment.
- These changes will inform, motivate, and prompt clinicians to assist patients in quitting tobacco use.
- Clinicians in turn will deliver evidence-based tobacco-use treatment (counseling and medication) to an increased number of patients who use tobacco.
- More patients who use tobacco will attempt to quit.
- More patients who attempt to quit using tobacco will succeed in quitting for good, thereby decreasing the risks for coronary heart disease, lung and other cancers, chronic obstructive pulmonary disease, and other tobacco-related diseases.

Implementing this approach can be useful in addressing tobacco-related objectives of the national Healthy People 2010 initiative, such as 1) increasing the proportion of physicians and dentists who counsel their at-risk patients about tobacco-use cessation and 2) reducing tobacco use by adults.

Your Role

As a public health practitioner, your role in working with healthcare delivery systems to implement healthcare provider reminder systems, provider education, and patient education will depend on the needs of your healthcare community and the resources and capacity you have to conduct an outreach campaign and facilitate the implementation of these enhancements. Healthcare delivery systems may lack the knowledge on how to best implement this approach; therefore, one option for you to consider is to coordinate the outreach campaign and assist, as needed, with planning, implementing,

and evaluating this tobacco-use treatment strategy within the healthcare delivery system. **The role of initiative coordinator is the focus of this Action Guide.**

Table 1: Highlights of *Community Guide*'s Recommendation

Recommendation

Healthcare Provider Reminder Systems with Provider Education, with or without Patient Education—Strong Evidence of Effectiveness

Findings

These multicomponent interventions to increase tobacco-use cessation include efforts to educate and to prompt providers to identify and to intervene with tobacco-using patients, as well as to provide supplementary educational materials when appropriate. The interventions consist of a provider reminder system and a provider education program, and may or may not include patient education materials (e.g., self-help cessation manuals). A multicomponent intervention can provide an integrated approach to increasing and improving tobacco-use cessation by patients. Goals of the interventions include educating, motivating, and prompting providers to increase and improve their interaction with tobacco-using patients, as well as improving patient cessation by increasing knowledge and motivation to quit and to remain abstinent. The multicomponent interventions evaluated in this section include at least one provider-directed component.

Effectiveness

- These interventions were effective in increasing the number of patients who quit smoking by approximately 5 additional patients per 100 smokers.
- The interventions were also effective in increasing the number of tobacco-using patients who received advice to quit from their healthcare provider by approximately 20 additional patients per 100 smokers.

Applicability

- These findings should be applicable to most clinical settings in the United States and to a variety of provider specialties.

Additional Considerations

- TFCPS found that healthcare provider reminder systems when used alone have sufficient evidence of effectiveness, healthcare provider education when used alone has insufficient evidence of effectiveness, and that the combination of the two has a strong evidence of effectiveness as a systems intervention for increasing tobacco-use cessation.
- Provider reminder systems can also be used to increase delivery of other preventive services.
- Although one potential barrier to the implementation of a provider reminder system could be the administrative burden, most reminder systems (e.g., "expanded vital signs" in charts or electronic medical records) are easily implemented.

Source

Excerpts taken from Task Force on Community Preventive Services. *The Guide to Community Preventive Services: What Works to Promote Health?* New York, NY: Oxford University Press; 2005:35-40. Available at: http://www.thecommunityguide.org/library/book (Chapter 1: Tobacco).

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Other recommended interventions in Chapter 1 of the *Community Guide* for increasing tobacco-use cessation

- Reducing Patient Out-of-Pocket Costs for Effective Cessation Therapies
- Multicomponent Interventions That Include Patient Telephone Support
- Smoke-Free Policies
- Increasing the Unit Price for Tobacco Products
- Mass Media Education Campaigns Combined with Other Interventions

Note: Refer to Action Step 17 in this Action Guide for a discussion of these other recommendations.

Section 2
Implementing the Approach

Table 2 summarizes the action steps that are recommended for successfully working with healthcare delivery systems to improve the delivery of tobacco cessation interventions in your community. The numbering of action steps is meant only to suggest an order of activity you might consider; in practice, there is no exact order to the steps—many steps will likely occur simultaneously or may occur in a sequence different from what appears in this Action Guide. In addition, the timeline for completing each step is highly dependent on a community's particular circumstances. Use this Action Guide to inform and direct your activities, making sure to seek additional technical assistance with your efforts and realizing that you will need to determine how these steps best fit your community.

Table 2: Action Steps for Working with Healthcare Delivery Systems to Improve the Delivery of Tobacco-Use Treatment to Patients

Getting Started

- Action Step 1— Conduct a preliminary assessment to understand the current environment surrounding tobacco-use treatment in healthcare delivery systems in your community.
- Action Step 2— Begin organizing the human, material, and financial resources that you will need to perform your initiative's outreach activities and to provide support services to a healthcare delivery system.
- Action Step 3— Identify the healthcare delivery system you will encourage to implement this tobacco-use treatment strategy, and develop a tailored outreach campaign. (Depending on your objectives, you may choose to engage more than one system at the same time.)
- Action Step 4— Engage the targeted healthcare delivery system's existing partners and key stakeholders by educating them about your initiative's strategy for improving the delivery of evidence-based tobacco-use treatment.
- Action Step 5— Once the targeted healthcare delivery system is committed to your initiative, identify which of its departments will be responsible for moving the strategy forward.
- Action Step 6— Have the identified department spearhead the formation of an internal working group within the healthcare delivery system to guide implementation of this tobacco-use treatment strategy and to begin planning for the evaluation component.
- Action Step 7— Understand and inform the internal working group's goals for implementing this tobacco-use treatment strategy, assist in addressing possible billing and coding issues, and reach agreement with the group about which needed support services will be provided by you or others.

Moving Forward

- Action Step 8— Encourage the internal working group to agree on the use of the evidence-based 5A's model as the standard of practice for delivering a brief tobacco-use intervention.
- Action Step 9— Assist the internal working group in developing the **healthcare provider reminder system**, which involves using the first component—"ask"—of the 5A's model to identify the tobacco-use status of every patient and then prompting clinicians to intervene on the basis of the tobacco-use status.
- Action Step 10— Support the internal working group in mapping out the other four components of the 5A's model—"advise," "assess," "assist," and "arrange"—and related **patient education**.
- Action Step 11— Encourage the internal working group to agree on evidence-based standards of practice for delivering an intensive tobacco-use intervention.
- Action Step 12— Assist the internal working group in identifying key objectives of **healthcare provider education** in order to acquire and adapt appropriate training resources and determine ongoing training needs.

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- Action Step 13—Collaborate with the internal working group to review and refine project evaluation activities.
- Action Step 14—Assist the internal working group with the rollout of the selected policies, processes, and practices for this tobacco-use treatment strategy.

Looking Beyond

- Action Step 15—Publicize the success of your initiative's outreach campaign and the healthcare delivery system's implementation of this tobacco-use treatment strategy.
- Action Step 16—Continue to promote internal working group activities and build relationships with healthcare delivery administrators and staff as you work on sustainability and expansion of your initiative.
- Action Step 17—Encourage the healthcare delivery system's stakeholders to support other public health and policy interventions that increase tobacco-use cessation.

Boxes marked with this lightbulb icon present tips, ideas, and additional information on implementing an action step and may also provide Web site links to helpful resources.

Boxes marked with this hurdler icon describe possible obstacles that may occur during implementation and offer suggestions for successfully overcoming those hurdles.

Getting Started

As you progress through the steps in this Action Guide, you may wish to consult experienced organizations—such as the ones noted here—for additional information about implementing this tobacco-use treatment strategy.

- Alliance for the Prevention and Treatment of Nicotine Addiction at http://www.aptna.org offers a variety of tools and resources that may be adapted for use in engaging and supporting healthcare delivery systems as they consider implementing a tobacco-use treatment strategy.
- CDC's Office on Smoking and Health (OSH), through its Cessation Resource Center at http://apps.nccd.cdc.gov/crc, offers tools, protocols, policies, and procedures for tobacco control program managers and staff in state health departments, as well as partner organizations. In addition, visit OSH's Web site at http://www.cdc.gov/tobacco for a large variety of tobacco-related resources.
- Tobacco Cessation Leadership Network at http://www.tcln.org offers links to many resources and tools for *health plans*, health professionals, *purchasers*, state agencies, and tobacco control advocates.
- Tobacco Technical Assistance Consortium at http://www.ttac.org provides general information, technical assistance, and training to state and community organizations involved in tobacco control.
- University of Wisconsin's Center for Tobacco Research and Intervention at http://www.ctri.wisc.edu offers a large selection of resources and training materials on its Web site for healthcare providers, as well as resources for researchers, insurers, employers, advocates, and people who want to quit using tobacco.

Section 2—Implementing the Approach

Action Step 1—Conduct a preliminary assessment to understand the current environment surrounding tobacco-use treatment in healthcare delivery systems in your community.

- Begin laying the groundwork for your initiative by ensuring that you have a comprehensive understanding of the evidence regarding effective tobacco-use treatment strategies; this is essential to your role in supporting the efforts of healthcare delivery systems. The U.S. Public Health Service (USPHS) publication entitled *Treating Tobacco Use and Dependence—2008 Update: A Clinical Practice Guideline* provides extensive discussion on the evidence regarding a wide variety of tobacco-use treatment issues. Visit http://www.surgeongeneral.gov/tobacco to review this important guideline and its supplementary information, including a clinician's packet—"a how-to guide for implementing the clinical practice guideline." Information from the USPHS guideline is cited throughout this Action Guide.

- Prepare to effectively engage and support your community's healthcare delivery systems in implementing this tobacco-use treatment strategy by understanding the environment in which they operate.

Review the following topics to improve your knowledge base about healthcare delivery and its complexity:

- Components of the U.S. *health system* and how each influences healthcare delivery.
- Types of *health plans* (e.g., health management organizations, fee-for-service plans) and healthcare delivery systems (e.g., a network of hospitals, a solo private practice) that operate in the U.S. and in your community.
- Fundamental differences between healthcare delivery as a public service and healthcare delivery as a business. Understand how both models drive healthcare delivery.
- Clinical quality improvement and its utility in shaping healthcare delivery.
- Challenges that groups working outside healthcare delivery may face when seeking to effect systems change.

The Centers for Disease Control and Prevention provides much of the above information, with a view toward building positive relationships, in *A Practical Guide to Working with Health-Care Systems on Tobacco-Use Treatment*, available at http://www.cdc.gov/tobacco/quit_smoking/cessation/practical_guide/index.htm. The guide provides key elements for a broad-based systems approach to treating tobacco use in *health systems* and is an important adjunct to the information provided in this Action Guide.

"Chapter 5: Systems Interventions: Importance to Healthcare Administrators, Insurers, and Purchasers" of the USPHS's *Treating Tobacco Use and Dependence—2008 Update: A Clinical Practice Guideline* (http://www.surgeongeneral.gov/tobacco) provides strategies for healthcare administrators, insurers, *purchasers*, and other decision makers to modify *health systems* to improve the delivery of tobacco-use treatment interventions.

The American Academy of Family Physicians provides general information and resources on clinical quality improvement at http://www.aafp.org/online/en/home/practicemgt/quality.html.

- Familiarize yourself with tobacco-use statistics for your state and community. Refer to CDC's Office on Smoking and Health Web site at http://www.cdc.gov/tobacco/data_statistics/index.htm, which provides national and state data and statistics from sources such as CDC's Behavioral Risk

Factor Surveillance System (BRFSS). For tobacco-use data at the local level, visit http://apps.nccd.cdc.gov/brfss-smart/index.asp to see if your community is one of the metropolitan or micropolitan statistical areas that is also analyzed in BRFSS. In addition, your state and local health departments can serve as valuable resources.

- Determine what tobacco-use treatment coverage is being provided within your community's *health system*. Assess coverage for tobacco-use treatment (counseling and medication) provided by *health plans* that cover the highest numbers of enrollees to help you understand variations in reimbursement for services.
- Determine what work is being done within your community's *health system* by organizations involved in tobacco prevention and control and whether there is an interest in coordinating activities with your initiative. Organizations to look into include your state's tobacco control program, foundations in your state established through funding from the 1998 Tobacco Master Settlement Agreement, and your state and local health departments, as well as pertinent community groups such as voluntary health organizations (e.g., American Heart Association, American Cancer Society, American Lung Association), tobacco control coalitions, and business health coalitions.
- Define your objectives. Think about the number and types of healthcare delivery systems and providers you plan to engage; the types of support services you will offer (e.g., general technical assistance, training, evaluation); and the policies, processes, and practices you will promote to ensure that this tobacco-use treatment strategy is implemented effectively.

Action Step 2—Begin organizing the human, material, and financial resources that you will need to perform your initiative's outreach activities and to provide support services to a healthcare delivery system.

- Refer to Appendix A: Determining Your Resource Needs for information on personnel, material, and financial resources that you may need to successfully perform outreach and support activities. Make these determinations during the upcoming action steps as you establish the scope of your activities. Resource needs of the healthcare delivery system for implementing this tobacco-use treatment strategy (also discussed in Appendix A) will be determined during later action steps in this "getting started" stage and during the "moving forward" stage.

Action Step 3—Identify the healthcare delivery system you will encourage to implement this tobacco-use treatment strategy, and develop a tailored outreach campaign. (Depending on your objectives, you may choose to engage more than one system at the same time.)

- Conduct an initial assessment of potential healthcare delivery systems to target. Determine the structure of each healthcare delivery system, each healthcare delivery system's tobacco-use treatment services and activities, and obstacles that may prevent effective implementation of this tobacco-use treatment strategy. Consider healthcare delivery systems that are in the best position to support your initiative, such as having policies or processes in place to support this tobacco-use treatment strategy but needing to improve their treatment delivery rate; having participating *health plans* that reimburse for tobacco-use treatment; and being open to implementing systems changes. Factors to consider in your assessment are listed in Table 3. Make your selection by comparing potential targets and measuring the fit of each to your initiative's objectives.

Table 3: Checklist of Factors to Consider When Selecting a Healthcare Delivery System to Engage	
☑	Groups already working in or with the healthcare delivery system to promote evidence-based tobacco-use treatment strategies or high quality patient care in general
☑	Established relationships that may exist between your organization's management and that of the healthcare delivery system that would assist in gaining high level buy-in of your objectives
☑	Characteristics of the healthcare delivery system (e.g., size, type, number of patients served, patient load, function within the greater *health system*)
☑	Characteristics of the healthcare delivery system's patient population (e.g., number of tobacco users, predominant *health plans* in which patients are enrolled, percentage of patients with private vs. public insurance)
☑	Types of tobacco-use treatment offered and their utilization within the healthcare delivery system
☑	Extent of coverage and reimbursement for tobacco-use treatment by participating *health plans*
☑	Healthcare delivery system's experience with implementing systems strategies to improve the delivery of tobacco-use treatment or other health services
☑	Needed improvements to healthcare delivery system's existing tobacco-use treatment policies, processes, and practices
☑	Obstacles that may prevent or deter the healthcare delivery system from implementing tobacco-use treatment strategies (e.g., lack of reimbursement, limited resources, time constraints)
☑	Existing or potential champions among clinical and office staff in the healthcare delivery system
☑	Healthcare delivery system's culture/environment in regard to promoting tobacco-use cessation (e.g., campus is tobacco-free, posters and other displays encourage cessation, tobacco-use treatment is a strategic objective)
☑	Commitment of the healthcare delivery system's leadership to providing effective tobacco-use treatment

- Make sure this tobacco-use treatment strategy is practical and appropriate for the targeted healthcare delivery system's type, size, operation, experience with delivering tobacco-use treatment, and other characteristics. This Action Guide aims to support improvements in the delivery of both inpatient and outpatient tobacco-use treatment. Although healthcare delivery can differ significantly between the two settings, this tobacco-use treatment strategy can be implemented in either setting. If you plan to engage hospitals or other inpatient facilities in your community, be aware of how you may need to tailor the guidance provided within this Action Guide to inpatient practices. Review *Treating Tobacco Use and Dependence in Hospitalized Smokers* at http://www.ctri.wisc.edu/HC.Providers/healthcare.Hospital.Packet.htm as an important starting point.

The Joint Commission—an independent, not-for-profit organization that accredits and certifies nearly 15,000 healthcare organizations and programs in the United States—mandates that hospitals be smoke-free as part of its accreditation requirements, thereby presenting these hospitals with a unique opportunity to address tobacco use and an additional incentive to assist patients in quitting tobacco use. Every patient admitted to a hospital should have his or her tobacco-use status documented. Tobacco users should be advised to quit and offered counseling and medication.

- Develop an outreach campaign—an organized set of educational and advocacy activities to raise awareness of and gain healthcare delivery system support for this tobacco-use treatment strategy—that is tailored to the needs of the healthcare delivery system that you plan to engage. A tailored message to your target audience will improve interest in implementing this strategy; develop presentations and materials to convey your message.

In developing your case for why this tobacco-use treatment strategy is appropriate for the targeted healthcare delivery system, compile the following information:

- Data on this strategy's effectiveness in improving the delivery of tobacco-use treatment and the number of patients who succeed in quitting—refer to data in the *Community Guide* (presented in Table 1 of this Action Guide) and in "Chapter 6: Evidence" of the USPHS's *Treating Tobacco Use and Dependence—2008 Update: A Clinical Practice Guideline*.
- Data on this strategy's cost effectiveness—also refer to Chapter 6, in the "Cost-Effectiveness of Tobacco Dependence Interventions" subsection, which states that "the tobacco dependence treatments shown to be effective in this guideline (both counseling and medication) are highly cost-effective relative to other reimbursed treatments." In terms of efficacy, cost effectiveness, and health impact, "tobacco-use screening and brief intervention (providing brief counseling and offering medication)" has been ranked as one of the top three clinical preventive services (refer to Maciosek, et al., 2006 in Appendix C: Reference and Resources under "Evidence-Based Reviews of Interventions to Treat Tobacco Use and Decrease Exposure to Secondhand Smoke" and, for related information on this ranking, visit http://www.prevent.org/content/view/43/71).
- Tobacco-use treatment coverage that is available through participating *health plans*.
- Tobacco-use treatment services and activities of other local healthcare delivery systems. Competition from other healthcare delivery systems is a powerful motivator.

In addition, determine whether you live in a community that has laws mandating smoke-free indoor or outdoor areas or plans to put such laws into effect. If so, point out to the targeted healthcare delivery system that it can capitalize on this opportunity to improve its delivery of effective tobacco-use treatment and to meet the potential increased demand for such services because these laws motivate smokers to try to quit and increase their chances of success.

- Focus your outreach messages on this tobacco-use treatment strategy's utility in helping the healthcare delivery system meet or exceed *performance standards*. Common examples of *performance standards* pertaining to evidence-based tobacco-use treatment include those established by The Joint Commission or measured through the National Committee for Quality Assurance's *Healthcare Effectiveness Data and Information Set (HEDIS)*. As part of The Joint Commission's core measures, an assessment is made of the percentage of smokers with the following conditions who receive tobacco-use treatment during their hospital stays: acute myocardial infarction, congestive heart failure, and pneumonia. In *HEDIS*, a three-question survey measure looks at the healthcare provider's role in curbing tobacco use by quantifying how many current adult smokers, seen by a managed-care organization, 1) received advice to quit smoking, 2) had smoking cessation medications recommended or discussed, and 3) had smoking cessation methods or strategies recommended or discussed. Try to determine the healthcare delivery system's scores on these and other tobacco-use treatment measures by contacting the system's quality improvement staff. Facilities that score lower than average may be more interested in establishing or improving healthcare provider reminder systems and provider education for tobacco-use treatment. Access The Joint Commission Web site at http://www.jointcommission.org. Access the National Committee for Quality Assurance Web site and *HEDIS* information at http://www.ncqa.org.

➤ Point out ways that the healthcare delivery system can integrate this tobacco-use treatment strategy into its existing administrative and clinical infrastructure, processes, and practices.

Illustrate through case studies how other healthcare delivery systems have implemented and evaluated this tobacco-use treatment strategy. Identify potential case studies through organizations, initiatives, and publications such as

- Addressing Tobacco in Healthcare, a Research Network of the Robert Wood Johnson Foundation, at http://www.atmc.wisc.edu/researchfindings.html.
- CDC's *A Practical Guide to Working with Health-Care Systems on Tobacco-Use Treatment*, at http://www.cdc.gov/tobacco/quit_smoking/cessation/practical_guide/index.htm.
- National Cancer Institute's *Tobacco and the Clinician: Interventions for Medical and Dental Practice*, at http://cancercontrol.cancer.gov/tcrb/monographs/5/index.html.
- Tobacco Control Network's "Help Your Peers Listserv Archives," at http://www.ttac.org/tcn/peers/index.html.
- U.S. Public Health Service's "Achievements in Tobacco Cessation: Case Studies," at http://www.surgeongeneral.gov/tobacco/smcasest.htm.

Action Step 4—Engage the targeted healthcare delivery system's existing partners and key stakeholders by educating them about your initiative's strategy for improving the delivery of evidence-based tobacco-use treatment.

➤ Healthcare delivery is one of several functional components of a *health system*. Although this Action Guide focuses on engaging healthcare delivery systems to implement this tobacco-use treatment strategy, consider implementation within the context of the greater *health system*, and be sure to involve other stakeholders as appropriate and necessary.

CDC's *A Practical Guide to Working with Health-Care Systems on Tobacco-Use Treatment* (http://www.cdc.gov/tobacco/quit_smoking/cessation/practical_guide/index.htm) discusses in detail the concerns of stakeholders operating within the *health system* and roles that each group can play in improving the delivery of effective tobacco-use treatment.

➤ Success in implementing this strategy will depend on forming good relationships with various stakeholders who are invested in how the healthcare delivery system operates and in improving the delivery of evidence-based treatment to tobacco users. Certain partners and stakeholders may be key decision makers whose influence within and understanding of the healthcare community are essential throughout project planning, implementation, and evaluation. Types of stakeholders that you may choose to partner with are listed in Table 4. Some healthcare delivery systems may have many stakeholders and others may have only a few. When deciding how to engage different types of stakeholders, consider the potential role that each can and will want to play on the basis of their interests relating to improving the delivery of tobacco-use treatment. In addition to the possible partnership roles for implementing this particular strategy (outlined in Table 4), Action Step 17 discusses the importance of encouraging the healthcare delivery system's stakeholders to support other public health and policy interventions that increase tobacco-use cessation.

Table 4: Stakeholders' Related Interests and Their Possible Roles as Partners

Stakeholders	Related Interests	Roles as a Partner
Administrators of healthcare delivery system	■ Accreditation and performance on quality-of-care surveys ■ Resource capacity ■ Consumer demand for healthcare services ■ Benefits and costs of delivered healthcare services ■ Strong community relationships ■ Community health promotion	■ Negotiate for coverage and reimbursement for tobacco-use treatment within *health plan contracts* ■ Institute treatment policies as determined by the internal working group ■ Ensure infrastructure, resources, and training to support tobacco-use treatment strategies ■ Set performance targets and provide performance feedback ■ Market tobacco-use treatment services to increase consumer demand ■ Provide leadership and support for your initiative
Quality improvement staff of healthcare delivery system	■ Accreditation and performance on quality-of-care surveys ■ Compliance with evidence-based healthcare guidelines ■ Consumer demand for healthcare services ■ Patient satisfaction	■ Set performance targets ■ Plan and evaluate implementation of this tobacco-use treatment strategy ■ Provide performance feedback ■ Offer education, training, and technical assistance ■ Manage information technology for tracking of data ■ Provide leadership and support for your initiative
Clinical and office staff of healthcare delivery system	■ Accreditation and performance on quality-of-care surveys ■ Reimbursement for services delivered ■ Adequate time, training, and resources to provide healthcare services ■ Evidence base for recommended healthcare services ■ Consumer demand for healthcare services ■ Improved patient health	■ Support treatment policies ■ Assist in planning, implementing, and evaluating this tobacco-use treatment strategy ■ Deliver tobacco-use treatment ■ Mentor and train peers as part of healthcare provider education
Purchasers of healthcare benefits	■ Healthcare and productivity costs of tobacco-related illnesses ■ Benefits and costs of purchased healthcare service coverage ■ Consumer demand for healthcare services	■ Negotiate coverage and reimbursement for tobacco-use treatment in *health plan contracts* ■ Support and influence tobacco-use treatment policies ■ Promote tobacco-use treatment services to increase demand among tobacco users

continued on next page

Table 4: Stakeholders' Related Interests and Their Possible Roles as Partners, cont'd

Stakeholders	Related Interests	Roles as a Partner
Health plans and insurers	■ Accreditation and performance on quality-of-care surveys ■ Benefits and costs of healthcare coverage ■ Marketability of healthcare services to *purchasers* ■ Demand for healthcare services among *health plan* members ■ Variations in coverage and reimbursement policies among *health plans* ■ Strong community relationships ■ Community health promotion	■ Manage coverage and reimbursement for tobacco-use treatment ■ Institute treatment policies ■ Ensure infrastructure, resources, and training to support this tobacco-use treatment strategy ■ Provide performance feedback and incentives ■ Market tobacco-use treatment services to increase demand among members ■ Manage information technology for tracking of data ■ Manage *referral resources* (e.g., *quitlines*, community programs)
Public health and tobacco control community	■ Healthcare coverage and access to healthcare among community residents ■ Consumer demand for healthcare services ■ Funding for and prioritization of tobacco control initiatives and effective implementation ■ Improved public health ■ Quality of patient care	■ Promote implementation of this tobacco-use treatment strategy and garner support and assistance from stakeholders ■ Offer education, training, and technical assistance ■ Manage *referral resources* (e.g., *quitlines*, community programs) ■ Increase consumer awareness of tobacco-use treatment services ■ Provide supporting data for your initiative's outreach campaign ■ Work with healthcare insurers and *purchasers* to improve coverage and reimbursement for tobacco-use treatment
Community leaders	■ Community health promotion ■ Recognition for role in supporting tobacco-use cessation	■ Support clinical and community interventions that increase tobacco-use cessation
Local media (television, radio, newspaper, Internet)	■ News coverage of local issues ■ Public service announcements	■ Inform the public about the benefits of cessation and the existence of treatment services ■ Highlight patient success stories

➤ Various engagement strategies can be used. Identify contacts inside the healthcare delivery system and plan office visits to join in face-to-face discussions when possible. Make brief presentations at staff meetings and similar forums. Visit offices to distribute printed materials. Information about your outreach campaign can also be disseminated through mailings and *health system* newsletters.

Suggestions for how to gain the targeted healthcare delivery system's leadership support for implementing this tobacco-use treatment strategy include

- Make a strong case by focusing on how this strategy not only saves lives but also reduces future healthcare costs. In terms of efficacy, cost effectiveness, and health impact, "tobacco-use screening and brief intervention (providing brief counseling and offering medication)" has been ranked as one of the top three clinical preventive services (refer to Maciosek, et al., 2006 in Appendix C: Reference and Resources under "Evidence-Based Reviews of Interventions to Treat Tobacco Use and Decrease Exposure to Secondhand Smoke" and, for related information on this ranking, visit http://www.prevent.org/content/view/43/71).
- Identify key contacts within the healthcare delivery system, such as key decision makers, quality improvement managers, and other staff administrators. Connect with members of the targeted healthcare delivery system's board of directors if possible. Engage key decision makers directly or work first with clinical and office staff to gather support and to learn more about how the healthcare delivery system operates. Understand the healthcare delivery system's decision-making process, quality improvement process, and any process that governs its tobacco-use treatment practices to identify key decision makers and appropriate ways to engage them. Look to champions and other key contacts for guidance.
- Engage one or more individuals in the healthcare delivery system to champion this strategy. Champions have the leadership, credibility, and expertise to influence change and are committed to improving the delivery of evidence-based tobacco-use treatment. Physicians, nurses, other clinical staff, system administrators, and office managers are all possible champions. Although some champions are immediately apparent, others will emerge as planning and implementation progresses.

Action Step 5—Once the targeted healthcare delivery system is committed to your initiative, identify which of its departments will be responsible for moving the strategy forward.

➤ Find a strong internal "home" for moving this tobacco-use treatment strategy forward and ensuring that the strategy is sustained once implemented. An internal home is a department or division of the healthcare delivery system that is invested in high quality healthcare and positioned to claim ownership over issues relating to tobacco-use treatment. Possible internal homes include quality improvement, preventive medicine, health promotion, or provider relations departments.

- **Action Step 6—Have the identified department spearhead the formation of an internal working group within the healthcare delivery system to guide implementation of this tobacco-use treatment strategy and to begin planning for the evaluation component.** The internal working group identifies and makes key decisions regarding policies, processes, and practices that require modification to improve and sustain the delivery of evidence-based tobacco-use treatment.

  - Ensure that the internal working group is large enough to represent the key interests of the healthcare delivery system but small enough to allow for effective group process. In addition to the internal working group coordinator and you, in your separate role as initiative coordinator, members may include champions of this strategy, healthcare administrators, clinicians, quality improvement staff, and information technology staff. An internal group might already exist to lead the effort (e.g., a quality improvement or practice committee).

Encourage the internal working group to recruit or assign a coordinator dedicated to supporting and organizing the healthcare delivery system's tobacco-use treatment activities. The internal working group coordinator should be selected early in the planning process. To strengthen the internal working group coordinator's commitment to seeing tobacco-use treatment activities succeed, encourage the incorporation of tasks associated with coordinating the group and its activities into the staff member's official job description.

  - Identify people with experience in project planning, implementation, and evaluation who may be able to serve in leadership roles in the internal working group. Appendix A: Determining Your Resource Needs provides you with a basic list of internal working group tasks that are identified in the action steps of this guide.

  - Assist the internal working group in deciding whether to approach implementation of this tobacco-use treatment strategy throughout the delivery system at the same time or by piloting implementation in one or more divisions before rolling it out system-wide.

Healthcare delivery systems may wish to pilot-test implementation of this tobacco-use treatment strategy. An obvious reason for a pilot test is to identify problems and their solutions early to ensure that large-scale implementation is effective. A second, less apparent reason is to engage an initial group of clinical and office staff members who can rally support for this strategy among their peers and facilitate its continued implementation. These advocates can also serve as spokespeople for their peers as the planning and implementation steps continue.

  - Start to draft an evaluation plan with the internal working group for assessing the implementation of this strategy and the improvements in the delivery of tobacco-use treatment. Action Step 13 addresses the need to review and refine evaluation activities during the "moving forward" stage. Although specific guidance on conducting an evaluation is outside the scope of this Action Guide, you will find information within this guide to help you prepare for and develop an evaluation plan. Review Appendix B: Evaluating Your Activities for the types of questions to ask to guide you in gathering process and outcome data for project evaluation needs. Refer also to "Resources for Developing an Evaluation Plan" in Appendix C: References and Resources.

Action Step 7—Understand and inform the internal working group's goals for implementing this tobacco-use treatment strategy, assist in addressing possible billing and coding issues, and reach agreement with them about which needed support services will be provided by you or others.

- Encourage the internal working group to conduct an assessment of the healthcare delivery system's current tobacco-use treatment activities (especially in the areas of patient care and education, provider reminder systems, and provider education) to reveal opportunities for improvement in policies, processes, and practices. Identify barriers to implementation of this tobacco-use treatment strategy. Inform the assessment with insight from the internal working group and from questionnaires and informal interviews with others inside the delivery system. Information collected through your initial assessment of potential healthcare delivery systems to target can also be referenced. Refer to Appendix F of *A Practical Guide to Working with Health-Care Systems on Tobacco-Use Treatment*, available at http://www.cdc.gov/tobacco/quit_smoking/cessation/practical_guide/index.htm, for an example of an assessment tool.

- Engage the internal working group in a discussion about its overall goals for implementing this strategy. Assist with determining reasonable, evidence-based performance targets that the internal working group can use to direct and evaluate the healthcare delivery system's performance. Make sure that the internal working group compiles the healthcare delivery system's scores on tobacco-use treatment *performance standards* that are currently tracked and then uses those scores to help inform goal setting. A comparison of these scores from prior to and after implementation will provide a sense of the effectiveness of this strategy. Examples of initial goals might include capturing tobacco-use status 90% of the time during assessment of vital signs, providing documented tobacco-use treatment to 75% of identified tobacco users, increasing documented tobacco-use treatment of hospitalized patients by 20%, and increasing *HEDIS*'s three "medical assistance with smoking cessation" scores by 10%. Note that the actual percentages used in creating the healthcare delivery system's goals will reflect baseline measurements and expected feasibility of attaining targets.

Understand how *performance standards* will influence the healthcare delivery system's goals by becoming familiar with the standards pertaining to tobacco-use treatment that are already in place within its system. The evaluation process followed by healthcare delivery systems is often directed by *performance standards*, which drive high quality care and are powerful influences on policies, processes, and practices. Common examples of *performance standards* pertaining to tobacco-use treatment include those established by The Joint Commission or measured through the National Committee for Quality Assurance's *Healthcare Effectiveness Data and Information Set* (*HEDIS*). As part of The Joint Commission's core measures, an assessment is made of the percentage of smokers with the following conditions who receive tobacco-use treatment during their hospital stays: acute myocardial infarction, congestive heart failure, and pneumonia. In *HEDIS*, a three-question survey measure looks at the healthcare provider's role in curbing tobacco use by quantifying how many current adult smokers, seen by a managed-care organization, 1) received advice to quit smoking, 2) had smoking cessation medications recommended or discussed, and 3) had smoking cessation methods or strategies recommended or discussed. Access The Joint Commission Web site at http://www.jointcommission.org. Access the National Committee for Quality Assurance Web site and *HEDIS* information at http://www.ncqa.org.

- Share examples of strategies that support clinician reimbursement for tobacco-use treatment (e.g., using billing and diagnostic coding sheets preprinted with tobacco-use treatment codes to facilitate the reimbursement process). Provide information on proper billing and diagnostic

codes. Encourage consistent coding and billing, which enables the healthcare delivery system to track the number of tobacco users treated and increases the ability to quantify the cost of treating tobacco use within its system. Promote consistent documentation of the ICD-9-CM diagnostic code of 305.1—Tobacco Dependence—in medical and billing records to more effectively identify patients as tobacco users (refer to *International Classification of Diseases, 9th Revision, Clinical Modifications* at http://www.cdc.gov/nchs/icd9.htm).

- Encourage the internal working group to conduct an assessment of coverage and reimbursement for tobacco-use treatment (counseling and medication) provided by the participating *health plans* to determine whether there are any issues that would impede this strategy's implementation. Be aware that Medicaid in some states covers medications and counseling for treating tobacco use. Find out how coverage works in your state by referring to the most current *MMWR* report on "State Medicaid Coverage for Tobacco-Dependence Treatments—United States" at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a2.htm or by contacting your state's tobacco control program or Medicaid agency. For Medicare, prescription medications (under Medicare Part D) and counseling (for patients who have a medical condition that is caused or adversely affected by tobacco use or who use medications that interact with tobacco) are covered services nationwide.

Resources with information on coding and billing for tobacco-use treatment include the following:

- *Build a Financial Infrastructure: Health Plan Benefits and Provider Reimbursement for the Treatment of Tobacco Dependence* at http://www.tcln.org/cessation/PCHT.html.
- "Coding Information Regarding the Diagnosis of and Billing for Tobacco Dependence Treatment" (Appendix C of USPHS's *Treating Tobacco Use and Dependence—2008 Update: A Clinical Practice Guideline*) at http://www.surgeongeneral.gov/tobacco.
- "Current Procedural Terminology Codes for Tobacco-Use Screening and Counseling" (page 97 of *A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage*) at http://www.businessgrouphealth.org/benefitstopics/topics/purchasers/index.cfm.
- *Reimbursement for Smoking Cessation Therapy: A Healthcare Practitioner's Guide* at http://www.endsmoking.org/resources/reimbursementguide/reimbursement.asp.
- "Reimbursement/Payment for Tobacco-Use Treatment" Web page at http://www.aafp.org/online/en/home/clinical/publichealth/tobacco/reimbursement.html.
- *Smoking and Tobacco-Use Cessation Counseling Services* (Medicare Learning Network brochure) at http://www.cms.hhs.gov/MLNproducts/downloads/smoking.pdf. (Also visit http://www.cms.hhs.gov/SmokingCessation for additional information on Medicare coverage.)

Note that coverage is subject to specific *health plan* policies and that codes and coding requirements are subject to change over time. For example, effective January 1, 2008, two codes—99406 and 99407—were added in the preventive medicine services section of the American Medical Association's 2008 Current Procedural Terminology (CPT®) book (http://www.ama-assn.org/ama/pub/category/3113.html) for qualified clinicians to use in reporting face-to-face encounters with patients for "smoking and tobacco-use cessation counseling." These codes differ according to time increments (99406 – intermediate, greater than 3 minutes up to 10 minutes; 99407 – intensive, greater than 10 minutes) and replace G0375 and G0376.

If you find that your targeted healthcare delivery system is dealing with limitations or variations in coverage and reimbursement for tobacco-use treatment that would impede this strategy's implementation, read on for some suggestions for addressing these issues.

Limited coverage and reimbursement for tobacco-use treatment is a disincentive for clinicians to treat tobacco use and for patients to seek treatment. If patients and clinicians within the healthcare delivery system are insufficiently covered or reimbursed, work with healthcare insurers and *purchasers* to develop effective coverage and reimbursement policies. Optimal patient coverage is described in "Appendix G: Coverage for Tobacco-Use Cessation Treatments" in CDC's *A Practical Guide to Working with Health-Care Systems on Tobacco-Use Treatment*, available at http://www.cdc.gov/tobacco/quit_smoking/cessation/practical_guide/index.htm. Additional information is available in *A Purchaser's Guide to Clinical Preventive Services: Moving Science into Coverage* (pages 71, 97, and 415-425) at http://www.businessgrouphealth.org/benefitstopics/topics/purchasers/index.cfm.

Variations in coverage and reimbursement among participating *health plans* may also discourage clinicians from providing treatment. If variable coverage and reimbursement for tobacco-use treatment is an issue for the healthcare delivery system, encourage and facilitate collaboration between *health plans*, clinicians, and healthcare administrators to establish more uniform policies. When addressing these variations, the focus should be on strengthening weak coverage, not weakening good coverage.

- Help the internal working group to identify needed support services for activities related to planning, implementing, and evaluating this tobacco-use treatment strategy—activities such as conducting the assessments discussed at the beginning of this action step, developing a draft action plan, educating healthcare providers, and conducting evaluations. Help to identify human resources inside or outside the healthcare delivery system that can best meet these needs. Reach agreement with the internal working group on which of these support services you and your staff will perform. Although your level of involvement may be significant at times as you and the healthcare delivery system move forward, it may be minimal at other times, depending on the expertise of the internal working group members and the details of your arrangement with the group. Throughout this Action Guide's remaining steps, refer often to Table 5 on the next page for suggestions on how you can generally inform and support the internal working group.

Table 5: Checklist of Actions to Take to Inform and Support the Internal Working Group in Implementing and Evaluating This Tobacco-Use Treatment Strategy	
☑	Be an informed participant, as discussed in Action Step 1—understand the healthcare delivery system's constraints, how its *health plan contracts* influence the health services it provides, its coverage and reimbursement options, how and which *performance standards* govern its priorities and practices, and other important aspects of its business of healthcare delivery.
☑	Share scientific evidence on effective practices for delivering tobacco-use treatment that increase the number of patients quitting tobacco use (refer to "Evidence-Based Reviews of Interventions to Treat Tobacco Use and Decrease Exposure to Secondhand Smoke" in Appendix C: References and Resources).
☑	Encourage the internal working group to establish policies, processes, and practices that support this strategy's implementation and its potential to improve delivery of effective treatment (e.g., implementing a tobacco-free campus to complement this strategy, ensuring that electronic medical records contain fields for documenting tobacco-use status and treatment).
☑	Listen to feedback from clinical and office staff—their insight can inform decision making and improve the implementation process.
☑	Guide the internal working group in tailoring implementation and evaluation of this strategy to its individual needs, resources, and capacity.
☑	Link the internal working group to resources, materials, and tools for planning, implementing, and evaluating this strategy and for facilitating and supporting tobacco-use treatment. Assist with development or adaptation of materials and tools as needed.
☑	Work with champions to promote this strategy to clinicians; to communicate relevant policies, processes, and practices decisions; and to rally general support for tobacco-use treatment.

If the healthcare delivery system has not already implemented a tobacco-free campus, encourage the internal working group to speak to key decision makers about doing so to complement tobacco-use treatment activities. The group can examine methods and policy examples from organizations that have already successfully banned smoking in and around their health facilities. The following are just a few of many resources on this subject:

- CDC's "Implementing a Tobacco-Free Campus Initiative in Your Workplace Tool Kit" at http://www.cdc.gov/nccdphp/dnpa/hwi/toolkits/tobacco/index.htm and *Making Your Workplace Smokefree: A Decision Maker's Guide* at http://www.cdc.gov/tobacco/secondhand_smoke/guides/workplace_guide.htm.
- MaineHealth's *Becoming Tobacco-Free: A Guide for Healthcare Organizations* at http://www.mainehealth.org/workfiles/mh_media/0Tobacco8-Final.pdf.
- Maryland Hospital Association's "Smoke-Free Hospital Campus Tool Kit" at http://www.mdhospitals.org/mha/Community_Health_Resources/Smoke_Free_Hospital_Campuses.shtml.
- University of Arkansas' *Smoke-Free Hospital Toolkit: A Guide for Implementing Smoke-Free Policies* at http://www.uams.edu/coph/reports/SmokeFree_Toolkit.
- University of Michigan Health System's "Implementing a Smoke-Free Environment in Hospitals" CD-ROM at http://www.med.umich.edu/mfit/tobacco/freeenvironment.htm.

The Alliance for the Prevention and Treatment of Nicotine Addiction provides a list of many other resources at http://www.aptna.org/APTNA_Smokefree_Grounds.html.

Moving Forward

Now that the healthcare delivery system is committed to implementing this tobacco-use treatment strategy, goals have been developed by the internal working group, and you have a better understanding of your role in planning, implementing, and evaluating this strategy, what's next? Look at the activities outlined below to gain insight into how to move forward. Although the internal working group, led by the internal working group coordinator, will direct many of the remaining steps, your continued involvement will be critical to the success of the project.

■ **Action Step 8—Encourage the internal working group to agree on the use of the evidence-based 5A's model as the standard of practice for delivering a brief tobacco-use intervention.** Although the healthcare delivery system may already deliver tobacco-use treatment in some capacity, treatment practices may lack consistency, comprehensiveness, and adherence to a strong evidence base. Thus, an important step for the internal working group is to agree on an effective *standard of practice* and set internal practice guidelines accordingly.

➤ For brief tobacco-use treatment, promote adherence to the information in USPHS's T*reating Tobacco Use and Dependence—2008 Update: A Clinical Practice Guideline* (at http://www.surgeongeneral.gov/tobacco). USPHS recommends that all adults who use tobacco receive, at a minimum, brief tobacco-use treatment. This consists of patients being screened for tobacco use, provided with brief (i.e., up to 3 minutes) behavioral counseling, and offered medication. Refer to "Chapter 3: Clinical Interventions" in the USPHS guideline for information about effective brief tobacco-use treatment designed for either the patient who is willing to try to quit at this time, the patient who is not yet willing to try to quit, or the patient who has recently quit (for relapse prevention). Promote the use of the 5A's model as an effective *standard of practice* for brief tobacco-use treatment. See Table 6 below for an overview; detailed information on the 5A's model is provided in Chapter 3, as well as clinical guidelines for prescribing medication for the treatment of tobacco use and information about each recommended medication. For considerations to take into account for specific populations (e.g., pregnant women, hospitalized patients, adolescents), refer to the Specific Populations section in Chapter 7 of the USPHS guideline.

Table 6: The 5A's Model for Brief Tobacco-Use Treatment in Healthcare

Ask	Implement a system to ensure that every patient's tobacco-use status (i.e., current, former, or never) is identified and documented at every visit.
Advise	Provide each patient who uses tobacco with a clear, strong, and personalized recommendation to quit.
Assess	Determine the patient's willingness to make a quit attempt at this time (e.g., within the next 30 days).
Assist	Help the patient create a quit plan; provide brief practical counseling (problem solving and skills training), intra-treatment social support, and supplementary patient education materials as appropriate; and offer medication unless contraindicated. Provide or refer to more intensive treatment if the patient is interested. For patients not ready to make a quit attempt, provide brief counseling using the 5R's, which is designed to promote the motivation to quit.
Arrange	Schedule follow-up contact with the patient (either in person or by telephone), preferably within the first week after the quit date, and provide or refer to more intensive treatment if tobacco use has occurred after the quit date.

➤ Refer to the checklist provided in Table 7 below for key "to do's" when preparing to implement the 5A's model as a *standard of practice*. These activities are further discussed in Action Steps 9-12.

Table 7: Checklist for Implementing the 5A's Model of Brief Tobacco-Use Treatment

☑	Determine how the 5A's, including the healthcare provider reminder component, can be integrated into the healthcare delivery system's existing administrative and clinical infrastructure.
☑	Determine which clinical staff members will participate in delivering each of the 5A's and what their responsibilities will be. For example, the medical assistant may ask about tobacco-use status; the physician or the nurse practitioner may give advice to quit, assess willingness to quit, and recommend medication; and a health educator may provide more intensive counseling.
☑	Establish written practices or policies on tobacco-use treatment to guide clinicians working with patients documented as current or ex-tobacco users; be sure to differentiate steps to follow with patients willing to quit vs. patients unwilling to quit vs. patients who have recently quit (see Chapter 3 of USPHS's *Treating Tobacco Use and Dependence—2008 Update: A Clinical Practice Guideline* at http://www.surgeongeneral.gov/tobacco).
☑	Determine how tools for brief tobacco-use treatment (e.g., *quitline* referral cards, treatment flowcharts, patient education materials) will be used to facilitate delivery of each of the 5A's.
☑	Build documentation of the 5A's into patient charts or electronic records. Determine what information should be documented and also how the documentation system will track the provision of tobacco-use treatment.
☑	Develop a list of first-line medications and combinations of medications that clinicians should offer to patients willing to quit, using recommendations from USPHS's *Treating Tobacco Use and Dependence—2008 Update: A Clinical Practice Guideline* at http://www.surgeongeneral.gov/tobacco (check for possible updates over time). Develop strategies (e.g., standing orders, direct provision of over-the-counter medications) to ensure that patients receive medication.
☑	Determine the types of educational materials that patients will receive (e.g., brochures, audio- or videotapes, links to online resources) and select specific materials—discussed in Action Step 10).
☑	Develop a follow-up protocol to be used with patients who have agreed to quit using tobacco (i.e., Who will follow up with these patients, when, and how? What information will be covered?).
☑	Determine how involved the healthcare delivery system plans to be in helping patients obtain tobacco-use treatment services outside its system and what *referral resources* will be used (e.g., referral to *quitline*—discussed in Action Step 11).
☑	If *referral resources* will be used, develop a process to refer patients. (Be sure to address the following questions: Will a fax referral system or other method be implemented to ensure that patients follow through with referrals to *quitlines* and other community resources? How will reports on patient progress be obtained from *referral resources*? How will availability and cost of *referral resources* be communicated to patients? How and how often will information on *referral resources* be updated?)
☑	Modify tobacco-use treatment and treatment materials for any specific populations (e.g., pregnant women, hospitalized patients, adolescents) served by the healthcare delivery system for which adaptations may be needed.
☑	Determine who will order and stock treatment materials (e.g., medication starter kits, patient education materials, referral materials).
☑	Develop coding and billing guidelines and strategies that support clinician reimbursement (discussed in Action Step 7).

- **Action Step 9—Assist the internal working group in developing the healthcare provider reminder system, which involves using the first component—"ask"—of the 5A's model to identify the tobacco-use status of every patient and then prompting clinicians to intervene on the basis of the tobacco-use status.**

➤ Emphasize to the internal working group that the most important question to ask patients is whether or not the patient uses or has ever used tobacco. Asking all patients this one question can effectively initiate delivery of the 5A's if documented appropriately. Additional questions will help clinicians individualize treatment.

Asking patients about tobacco use can be as simple as a yes/no question or can include a series of questions about several or all of the following issues:

- Current and past tobacco use
- Willingness to quit
- Previous cessation attempts and treatment received (counseling and medication)
- Situations that have caused the patient to relapse on previous cessation attempts
- Medical symptoms as they relate to tobacco use
- Exposure to secondhand smoke
- Quality of life as it relates to the patient's health
- Knowledge of the association between tobacco use and health problems
- Available social support to help the patient quit

For pediatric clinicians, the following resources provide tools for identifying parents who smoke and talking to them in a routine and effective manner about reducing children's secondhand smoke exposure through parental smoking cessation:

- Clinical Effort Against Secondhand Smoke Exposure (CEASE), at http://www.massgeneral.org/ceasetobacco.
- Smoke Free Homes, at http://www.kidslivesmokefree.org.

➤ Assist the internal working group in identifying convenient, efficient ways to consistently and regularly document tobacco-use status in patient medical records. Either clinical or office staff can effectively identify tobacco-use status among patients. Look at patient intake procedures and get staff input to inform decisions regarding who specifically (i.e., which staff position) will identify tobacco-use status and how status will be assessed. Common and effective methods for assessing tobacco-use status include having patients complete a self-administered survey at check-in time or verbally assessing tobacco use at the time a patient's vital signs are taken. The internal working group should also determine how repeat assessment of tobacco-use status will be documented for each patient at each visit, regardless of whether the patient was previously identified as a tobacco user.

- Help the internal working group outline the process by which clinicians will be reminded to intervene. The selected method of documenting patient tobacco-use status could also serve as the provider reminder. For example, if tobacco-use status is documented next to the patient's vital signs, the clinician will easily see this information when meeting with the patient. Stickers, flowsheets, or checklists attached to patient charts can also serve as effective reminders to provide tobacco-use treatment, as can automated reminders generated by electronic health records. Additional prompts can be created to remind clinicians to follow through on one or more actions such as provide counseling, help patient set a quit date, or offer medication. For example, placing standing orders for tobacco-use treatment in the hospital charts of patients who use tobacco can prompt the admitting physician to fill out the order (which would commonly include requesting a tobacco-use treatment consult, providing medication for treating tobacco use, managing withdrawal symptoms during the hospitalization, and referring to a *quitline* at discharge).

The following are some examples of ways to document tobacco-use status in medical charts:

- An example of an expanded vital signs sticker that includes tobacco-use status is shown at http://www.quitworks.org/tools/providertools.php.
- Several other chart sticker templates that identify tobacco users are available at http://www.americanheart.org/presenter.jhtml?identifier=3036764.
- Examples of expanded vital sign stamps (as well as a "Because We Care, We Ask" tent card and a "We Ask/We Care" button) are all provided in English and Spanish at http://www.aztreattobacco.org/resources/tools_materials.htm.
- Sample hospital forms such as admission questions and physician orders (standing orders) for tobacco-use treatment are included in *Treating Tobacco Use and Dependence in Hospitalized Smokers* at http://www.ctri.wisc.edu/HC.Providers/healthcare.Hospital.Packet.htm.

Action Step 10—Support the internal working group in mapping out the other four components of the 5A's model—"advise," "assess," "assist," and "arrange"—and related patient education.

- As highlighted in the 5A's model (refer back to Table 6), emphasize the importance of all tobacco users receiving advice to quit ("Advise"), an assessment of their willingness to quit ("Assess"), a brief counseling intervention and a discussion of medication ("Assist"), and follow-up contact after the quit date ("Arrange"). More intensive counseling interventions should be encouraged by informing patients about treatment services that are available in the community. If the patient is willing to receive a more intensive intervention, it can be provided through the healthcare delivery system or through a referral to tobacco-use treatment services available through organizations such as *quitlines*, the American Lung Association, and the American Cancer Society (see Action Step 11 for further discussion of intensive interventions).
- Help the internal working group select appropriate existing tools and materials that can prepare clinical staff to facilitate the delivery of the four remaining components of the 5A's model, or help the group develop such tools and materials if necessary.

The healthcare delivery system will want to equip clinicians with tools and materials that facilitate tobacco-use treatment. The following are some examples of materials or guidance on how to develop them:

- A basic tobacco-use questionnaire and a pocket guide on medications for treating tobacco use are available at http://www.quitworks.org/tools/providertools.php.
- A patient flowsheet, tobacco-use treatment flowcharts, and a provider script are included in *Tobacco and the Clinician: Interventions for Medical and Dental Practice* at http://cancercontrol.cancer.gov/tcrb/monographs/5/index.html. Another patient flowsheet example is available at http://www.ghihmo.com/pdf/pr_med_assessflowsheet.pdf, and another provider script example is available at http://www.askadviserefer.org/downloads/ProtocolsAndScripts.pdf.
- A patient flowsheet and 5A's clinician checklist for pregnant patients is available at http://iml.dartmouth.edu/media/website/smoking/linkpage/resources/preg_flow_sheet.pdf.

➤ Patient education materials are optional, but can reinforce the brief tobacco-use intervention provided by the clinician. With the large selection of professionally-prepared patient education materials available, it is unlikely that the creation of new materials will be needed. Patient education materials should be evidence-based, informative, and instructional, and should link patients to additional tobacco-use treatment resources, including *quitlines*.

A variety of patient education materials (e.g., fact sheets, brochures, audio-visual presentations) on tobacco-use cessation are available on the Internet for downloading or ordering—frequently at no cost. Examples of evidence-based materials can be found under the following listings:

- "Consumer Materials" on Office of the Surgeon General's Web site at http://www.surgeongeneral.gov/tobacco.
- "Publications Catalog" on CDC's Office on Smoking and Health Web site at http://apps.nccd.cdc.gov/osh_pub_catalog/PublicationList.aspx.
- "Print Resources" on Web site created by Tobacco Control Research Branch of the National Cancer Institute at http://www.smokefree.gov/resources.html.
- "Office Resources and Patient Education Materials" on American Academy of Family Physicians' Web site at http://www.aafp.org/online/en/home/clinical/publichealth/tobacco/resources.html.
- "Resources for Smokers" on Smoking Cessation Leadership Center's Web site at http://smokingcessationleadership.ucsf.edu/FSstopsmoking.html.
- "Oral Health Education Videos" on American Dental Association's Web site at http://www.ada.org/prof/resources/topics/smoking_cessation.asp.

Also look at the patient education materials available on the Web sites of state and local health departments, as well as health organizations such as the American Cancer Society, the American Lung Association, and the American Heart Association.

Many organizations have translated patient education materials into other languages so that they are readily available for use; an Internet search should provide you with information on where to obtain the translated materials you need. For example, Web sites offering patient education handouts in Spanish include http://www.cdc.gov/spanish/prevencion/tabaquismo.html, http://www.smokefree.gov/resources.html, and http://www.surgeongeneral.gov/tobacco.

- Guide the internal working group in tailoring the treatment, treatment materials for clinical staff, and related patient education materials to specific patient populations (e.g., pregnant women, hospitalized patients, adolescents) as necessary and appropriate. Refer to the Specific Populations section in Chapter 7 of USPHS's *Treating Tobacco Use and Dependence—2008 Update: A Clinical Practice Guideline* at http://www.surgeongeneral.gov/tobacco for information; clinician education materials on this subject are also available at http://www.surgeongeneral.gov/tobacco/clinpack.html as part of the related *Clinician's Packet: A How-To Guide for Implementing the Public Health Service Clinical Practice Guideline*.

■ **Action Step 11—Encourage the internal working group to agree on evidence-based standards of practice for delivering an intensive tobacco-use intervention.** Because intensive interventions produce higher success rates for cessation than less intensive ones, they are a very important element in tobacco-use treatment.

- Promote adherence to the USPHS guideline, which recommends delivery of intensive tobacco-use treatment to all patients willing to participate in them (see Chapter 4 of *Treating Tobacco Use and Dependence—2008 Update: A Clinical Practice Guideline* at http://www.surgeongeneral.gov/tobacco). If the healthcare delivery system plans to have clinicians provide intensive treatment, refer to Chapter 4 for a table of intensive intervention components that have been shown to be effective.
- Determine whether the internal working group is interested in using *referral resources* for the provision of the more intensive counseling discussed in the 5A's model. If so, assist the group in becoming familiar with available resources and the services each provides. Also assist in evaluating the effectiveness of potential *referral resources* before they are recommended. (Keep in mind that medication for treating tobacco use should always be discussed with patients and offered, even if they are referred to more intensive treatment services.)

Learn about tobacco-use treatment programs offered in the healthcare delivery system and the community to which patients can be referred. Ways you might locate community resources include the following:

- Find information about your state's *quitline* services at http://www.naquitline.org and by contacting the *quitline* directly (contact information is also available at above Web site).
- Check with your state's *quitline* to see what community resources they refer callers to in your area.
- Contact your state or local health department and offices of the American Cancer Society, American Heart Association, and American Lung Association for information on *referral resources* they know of or offer.
- Contact insurers directly to identify treatment programs that they offer.

Keep in mind that many treatment programs exist and that some may not be as effective as they claim. To ensure that you recommend only evidenced-based effective programs, look for those that offer behavioral counseling and have good rates of program completion and long-term abstinence. Behavioral counseling helps patients gain the skills needed to quit using tobacco. Ideally, programs should provide 4 or more counseling sessions of at least 10 minutes each (individual or group counseling in person or proactive telephone counseling), as well as follow-up contact. Sessions should assist the patient in establishing reasons for quitting, understanding nicotine addiction, setting a quit date, and learning techniques for quitting and for overcoming barriers to remaining abstinent.

To determine the effectiveness of various *referral resources* at helping patients quit tobacco use, ask for the following information:

a) The number of tobacco users who entered the program.

b) The number and percentage of tobacco users who completed the program.

c) The number and percentage of tobacco users who ceased using tobacco for six months after program completion.

Ask how the program calculated the percentage in (c). The number of participants who ceased using tobacco should be divided by the number of participants who entered the program. Participants who could not be reached for follow-up should have been counted as tobacco users for these calculations.

➤ Encourage the healthcare delivery system to contract with or establish a partnership with a *quitline*, if it has not already done so, and to have clinicians refer patients to the *quitline* for assistance beyond that provided by the healthcare delivery system. Also be aware that *health plans* may have existing relationships for referral to a particular *quitline*. Because capacity can vary significantly among *quitlines*, the healthcare delivery system must be aware of the types and levels of services (e.g., counseling, medication) that are offered to its patients by *quitlines* under consideration, including the state's *quitline*. The North American Quitline Consortium—whose mission is to maximize the access, use, and effectiveness of *quitlines*—provides information on issues and innovations in tobacco-use treatment and *quitline* operations and services. Also visit its Web site at http://www.naquitline.org for information on each state's *quitline*.

Review the following resources to gain a better understanding about how *quitlines* are developing partnerships within the *health system*:

- CDC's *Telephone Quitlines: A Resource for Development, Implementation, and Evaluation* presents information on "The Role of Quitlines" (Chapter 1) and "Quitline Partnerships" (Chapter 10) at http://www.cdc.gov/tobacco/quit_smoking/cessation/quitlines.
- North American Quitline Consortium's *Quitline Operations: A Practical Guide to Promising Approaches* covers "Working with the Medical Community: Healthcare and Fax Referral Programs" (Chapter 2) and "Making the Most of Quitline Resources Through Public-Private Partnerships" (Chapter 5) at http://www.naquitline.org/pdfs/quitline_approaches.pdf.
- Pacific Center on Health and Tobacco's *Linking a Network: Integrate Quitlines with Health Care Systems* reports on trends and issues for expanding and integrating *quitlines* with *health systems*' tobacco-use treatment activities, as well as provides case studies at http://www.tcln.org/cessation/PCHT.html.

If the internal working group is interested in having national or state *quitline* referral cards provided to patients, keep in mind that

- Referral cards to the U.S. National Network of Tobacco Cessation Quitlines' portal phone number (1-800-QUIT-NOW) can be ordered through Web sites such as http://www.aafp.org/online/en/home/clinical/publichealth/tobacco/resources.html and http://smokingcessationleadership.ucsf.edu/1800QuitNow.html. This national portal phone number refers people directly to their state *quitline*—available in all 50 states—on the basis of the area code where the call originated.
- Referral cards to your state's *quitline* may be readily available through the *quitline* or state and local non-profit health organizations.
- Referral cards can be created by the healthcare delivery system.

➤ Determine whether the *quitline* selected by the healthcare delivery system offers a "fax referral" service for clinicians to expedite assistance to patients. (After receiving a simple enrollment form by fax, a *quitline* representative calls the patient to offer free, confidential tobacco-use cessation counseling rather than the patient having to initiate the call.) If so, encourage use of the "fax referral" service as a *standard of practice* when clinicians recommend the *quitline* to interested patients. Many state *quitlines* offer this service; for an example of how it works, refer to information posted on the Utah Tobacco Prevention and Control Web site at http://www.tobaccofreeutah.org/utqlprofax.html.

- **Action Step 12—Assist the internal working group in identifying key objectives of healthcare provider education in order to acquire and adapt appropriate training resources and determine ongoing training needs.** The purpose of healthcare provider education is to motivate all clinicians to screen all patients for tobacco use; provide treatment (counseling and medication); and provide documentation of tobacco-use status and treatment, which includes appropriate coding and billing. (These key components are discussed in Action Steps 7–11.)

  - As the initiative coordinator, help to identify training opportunities and trainer(s). Discuss your role in training if this is one of the support services you offer. Ideally, key trainer(s) will be identified early in the process to enable their involvement during the planning stage.

The following activities for planning the most effective training program should be performed or overseen by the internal working group:

- Determine healthcare provider training objectives that support the specific tobacco-use treatment policies, processes, and practices selected by the group.

- Determine the most appropriate training formats (individual, group, or online) for the delivery of healthcare provider education. For group formats, training can fit into a variety of educational opportunities (e.g., grand rounds sessions, continuing education activities, existing lecture seminars, academic detailing in clinician's setting). It is also appropriate for the office staff (e.g., individuals working at the front desk, in medical records, or in information technology) to receive education on related administrative responsibilities. Keep in mind the need to incorporate effective teaching strategies for any training. Such strategies commonly use a combination of lecture, practice demonstration (either live or via video), role playing, and interactive discussion on the experiences of clinicians who deliver effective tobacco-use treatment. Written materials to supplement and reinforce the training are usually provided as well.

Staffing and financial constraints can limit options for clinician training. Although it may cost less to administer training in certain group formats or via an online continuing medical education seminar, be aware that these methods may not meet all of the healthcare provider training objectives. Pre-packaged online seminars are typically not tailored to specific policies, processes, and practices, nor do they familiarize clinicians with the healthcare delivery system's specific treatment resources and tools. In addition, both online seminars and other training that is not conducted in-person in the clinician's setting do not provide individualized help in setting up the provider reminder system and other support systems needed to maintain this tobacco-use treatment strategy. Consider combining training formats to provide the flexibility needed to meet all of the training program's goals.

- Assess the methods and materials already being used by the healthcare delivery system for clinician training. Then select a training format and supplementary or replacement training materials that meet your requirements and are from a reputable organization. Training should educate clinicians on this tobacco-use treatment strategy's resources, tools, and other clinician supports. Where needed, adapt curricula and materials to conform to the policies, processes, and practices developed by the internal working group. Refer to Table 8 on the next page for topics commonly covered in clinician training. Clinicians frequently indicate that they do not have enough background information to give advice to quit and provide tobacco-use treatment to patients; therefore, these topics are of critical importance in the education process.

Table 8: Checklist of Topics Commonly Covered in Tobacco-Use Treatment Training for Clinicians	
☑	Tobacco dependence as a chronic disease
☑	Importance and effectiveness of tobacco-use treatment at both the individual patient and population levels
☑	Importance and effectiveness of a consistent healthcare provider reminder system that identifies patients who use tobacco and reminds clinicians to advise these patients against tobacco use at every visit
☑	5A's model for brief tobacco-use treatment
☑	Interactive treatment strategies involving motivational interviewing and cognitive-behavioral counseling
☑	Appropriate use of medication for treating tobacco use
☑	Treatment strategies to manage patient relapse and to promote continued tobacco-use cessation
☑	*Referral resources* to which clinicians can refer patients for more intensive tobacco-use treatment
☑	*Health plan* coverage for tobacco-use treatment
☑	*Health plan* reimbursement policies, procedures, and codes relevant to tobacco-use treatment

Both fee-based and no-cost clinician training resources are listed on many of the Web sites noted in this Action Guide (e.g., http://www.tobacco-cessation.org/resources.htm#CCT). The following are examples of tobacco-use treatment training resources that are available at no cost if continuing education credits are not needed:

- American Academy of Family Physicians offers online continuing medical education through several one-hour webcasts at http://www.aafp.org/online/en/home/clinical/publichealth/tobacco/cme/webcasts.html.
- Clinical Tools, Inc., offers a large set of online continuing education courses at http://www.tobaccocme.com and http://www.tobaccofreepatients.com.
- University of Arizona's HealthCare Partnership offers the Tobacco Cessation Online Learning Center at http://www.aztreattobacco.org.
- U. S. Public Health Service offers clinician educational materials, based on its clinical practice guideline for treating tobacco use and dependence, at http://www.surgeongeneral.gov/tobacco.
- University of California's School of Pharmacy offers a comprehensive training program for clinicians who want to better assist patients with quitting, entitled *Rx for Change: Clinician-Assisted Tobacco Cessation*, at http://rxforchange.ucsf.edu.
- University of Wisconsin's Center for Tobacco Research and Intervention offers training manuals (including *Treating Tobacco Use and Dependence: Practical Strategies to Help Your Patient Quit*), presentations, an online continuing medical education activity, and other training resources at http://www.ctri.wisc.edu/HC.Providers/healthcare_education.htm.

- Use the "academic detailing" model, if possible, to enhance tobacco-use treatment delivered by clinicians—a method that has been demonstrated to be effective for disseminating tobacco-use treatment interventions among community-based healthcare practices (Goldstein et al., 2003). Academic detailing is a form of educational outreach that features face-to-face educational visits and provision of related technical assistance to the entire staff in the clinicians' own practice settings. This approach to education provides an opportunity for the trainer to assess the knowledge, attitudes, and skills of the targeted clinicians and subsequently tailor the educational intervention to their particular needs, barriers, and motivational readiness and their specific practice environment. The trainer can also help the clinical and office staff to develop a plan and set up the provider reminder and other support systems for the consistent identification and treatment of tobacco users. Several studies have published information on this approach (e.g., Swartz et al., 2002; Adsit et al., 2005).
- Determine training schedules and plan for and secure meeting space, audiovisual equipment, and other training resources as needed.
- Identify special circumstances (e.g., updates to policies or procedures) that warrant additional healthcare provider education in order to sustain this tobacco-use treatment strategy. Because evidence-based tobacco-use treatment is continually evolving, also determine a regular frequency—such as on an annual basis—for providing continuing education to clinicians.

Significant staff turnover or growth can affect the delivery of effective tobacco-use treatment and the sustainability of established treatment practices. Encourage the internal working group to set up an ongoing training schedule that enables timely education of new clinical and office staff. Building responsibility for tobacco-use treatment components into job descriptions may also help new staff members to recognize their role in providing treatment and to act accordingly.

Action Step 13—Collaborate with the internal working group to review and refine project evaluation activities.

- Complete the development of the evaluation plan that was begun in Action Step 6, even though you may need to continue to refine certain aspects as the project progresses. In addition to your own health objectives, be sure that the evaluation plan also addresses relevant activities of both the internal working group and the healthcare delivery system. As discussed earlier in Action Step 6, review Appendix B: Evaluating Your Activities for the types of questions to ask to guide you in gathering process and outcome data for project evaluation needs. Refer also to "Resources for Developing an Evaluation Plan" in Appendix C: References and Resources. You may need to develop data sources, or you may adapt data sources already in existence. See "Potential Data Sources" in Appendix B for a partial list of data sources to help you get started.
- Discuss how the evaluation plan could benefit from the healthcare delivery system's established evaluation practices, including what tobacco-use treatment data are already collected (e.g., data pertaining to existing *performance standards*, such as *HEDIS* measures—discussed in Action Step 7) and how they are collected. Determine what tracking systems have to be created vs. what systems are already in place to answer the types of evaluation questions discussed in Appendix B. If *referral resources* are used, help the healthcare delivery system devise a way to retrieve data from these resources. Depending on your own resources and your relationship with the internal working group, consider conducting a more extensive evaluation on its behalf if the evaluation plan does not address all the questions you might like it to.

- Use project and evaluation data to inform decisions regarding how often to provide performance feedback (e.g., short time intervals at the start, once every six months after one year) and what feedback will be provided. Relevant feedback should be provided to the healthcare delivery system and to its stakeholders and partners.

Action Step 14—Assist the internal working group with the rollout of the selected policies, processes, and practices for this tobacco-use treatment strategy.

As rollout begins, continue to work with the internal working group in the roles agreed on (refer back to the end of Action Step 7), such as providing technical assistance, training, additional research, or assistance with evaluation, or as otherwise needed.

- Once healthcare provider education has been delivered, plan visits with the internal working group coordinator and the champions of this strategy to discuss continued rollout and implementation of the healthcare delivery system's tobacco-use treatment policies, processes, and practices. Discuss any concerns that were expressed by healthcare delivery system staff during training, and discuss how obstacles and problems that arise during implementation could be handled.
- Work with the healthcare delivery system to institute the provider reminder system (including the medical chart documentation strategies) and to apply the principles of tobacco-use treatment learned in training. Ideally, the clinical staff's trainer(s) and other key individuals will be available initially to help solve problems and offer additional support.
- Once the internal working group has evaluated its tobacco-use treatment policies, processes, and practices, assist with interpreting evaluation results and modifying this strategy's components—healthcare provider reminder systems, provider education, and patient education—as appropriate in order to continually improve the process.

Looking Beyond

You, the internal working group, and the healthcare delivery system's staff have worked hard to begin implementing the tobacco-use treatment strategy. Congratulations! But your work does not end here. As the healthcare delivery system works to train its staff, implement the provider reminder system, and improve the treatment it provides to patients who use tobacco, what steps should you take to help sustain the delivery of evidence-based treatment? Look at key strategies in the action steps below for suggestions.

Action Step 15—Publicize the success of your initiative's outreach campaign and the healthcare delivery system's implementation of this tobacco-use treatment strategy.

- Promote the healthcare delivery system's success in implementing this evidence-based tobacco-use treatment strategy for increasing tobacco-use cessation. Encourage recognition of the activities of the internal working group and the staff of the healthcare delivery system in both of your organizations' newsletters and Web sites; for example, highlight the efforts of clinicians who have effectively integrated tobacco-use treatment strategies into their practices. Also, engage the media—television, newspaper, radio, and Internet sources—to publish human interest stories about patients (with their permission) who were helped by the healthcare delivery system's tobacco-use treatment services. This publicity can help to not only sustain the spotlighted healthcare delivery system's participation but also promote expansion of your initiative to other healthcare delivery systems.

For suggestions on how to generate publicity for your outreach campaign and participating healthcare delivery systems, you can review the *Media Access Guide: A Resource for Community Health Promotion*, published by CDC's Steps Program, at http://www.cdc.gov/steps/resources/pdf/StepsMAG.pdf. Topic sections include instructions, tips, and templates for writing press releases, media advisories, and other media-related materials; methods for monitoring media coverage; and strategies for placing public service announcements (PSAs) and hosting press conferences.

Action Step 16—Continue to promote internal working group activities and build relationships with healthcare delivery administrators and staff as you work on sustainability and expansion of your initiative.

- Keep abreast of the healthcare delivery system's progress and its intended next steps. Continue to support the healthcare delivery system, even if only to keep them updated on the latest tobacco-use treatment research or guidance documents. Follow-up calls, e-mails, and face-to-face visits will be important for continued relationship building.
- Promote ongoing, regular meetings of the internal working group. Although your participation may be appreciated, such meetings are more likely to be sustained if initiated and directed by the healthcare delivery system's quality improvement process; therefore, provide support but promote self-sufficiency. Meeting activities may include troubleshooting problems; reviewing progress reports on successes in reaching targets; brainstorming ways to further improve healthcare delivery system and clinician performance in delivering tobacco-use treatment; and discussing appropriate times to update training, displays, reading materials, and so forth.
- Work with the healthcare delivery system to maintain its focus on instituting systems strategies to improve the delivery of effective tobacco-use treatment. Institutionalizing tobacco-use treatment interventions does not happen quickly. You may find that the healthcare delivery system initially adopts only a few elements of the strategy to improve its delivery of treatment services. Having a long-range plan assists the process of institutionalization.

Action Step 17—Encourage the healthcare delivery system's stakeholders to support other public health and policy interventions that increase tobacco-use cessation.

Public health and policy interventions reduce the personal and societal risks of tobacco use and secondhand smoke exposure. In addition to their critical role in encouraging and assisting individuals in quitting tobacco use, healthcare delivery systems and their clinicians also have a critical role to play in supporting community and policy interventions to reduce tobacco use. Both of these efforts increase the likeliness that individuals will try to quit tobacco use, seek help, and successfully quit.

- Educate the healthcare delivery system's stakeholders on additional evidence-based interventions—refer to tip box that follows—that have been found to be effective in increasing interest in quitting, quit attempts, and success rates. For example, higher tobacco excise taxes encourage tobacco users to make a quit attempt. Smoke-free policies increase the motivation to quit and also increase the tobacco user's chances of being successful. *Quitlines* ensure that clinicians have an easily accessible referral source for the more intensive counseling recommended in USPHS's *Treating Tobacco Use and Dependence—2008 Update: A Clinical Practice Guideline*. Encourage healthcare delivery system administrators and clinicians to support a comprehensive approach

to tobacco-use treatment in order to maximize the impact of their efforts within the *health system*. The interventions presented below complement the tobacco-use treatment that clinicians provide within the healthcare delivery system itself. However, these public health and policy interventions must have sustained support or they will not happen. Clinicians are a credible source of information about the effectiveness of these interventions, and they and healthcare delivery systems can have a significant influence on policy decisions.

In addition to the strategy outlined in this Action Guide, the Task Force on Community Preventive Services recommends—in *The Guide to Community Preventive Services (Community Guide)* at http://www.thecommunityguide.org/library/book—the following interventions for increasing tobacco-use cessation:

- **Reducing patient out-of-pocket costs for effective cessation therapies**—Reducing the financial barriers to using effective therapies—such as medication and individual, group, or telephone counseling—increases the use of these treatments and increases the number of tobacco users who successfully quit.
- **Multicomponent interventions that include telephone support for tobacco users trying to quit**—Telephone support provides counseling or assistance in quitting and in staying tobacco-free. *Quitlines* have been shown to be an effective way of providing the more intensive counseling recommended in the USPHS guideline, particularly *quitlines* that provide multiple counseling sessions. Some *quitlines* also provide free or low-cost nicotine replacement therapy, which has been shown to increase use of the *quitline* and quitting success.
- **Smoke-free policies**—These policies in workplaces and public places increase quit attempts and increase quitting success.
- **Increasing the unit price for tobacco products**—Excise tax increases at the municipal, state, or federal level raise the unit price for tobacco products. Increasing prices is one of the most effective interventions for reducing tobacco use among both adolescents and adults.
- **Mass media education campaigns combined with other interventions**—Sustained mass media campaigns employ brief, recurring messages over time to provide information or motivation to tobacco users with the goal of increasing or improving efforts to quit using tobacco products. The messages, developed through formative research, are disseminated through paid or donated broadcast time and print space. Sustained media campaigns, in conjunction with other interventions such as tax increases or smoke-free policies increase cessation rates. Media campaigns also educate tobacco users about *quitlines* and increase use of this intervention.

Details about these evidence-based systems recommendations can be found in Chapter 1 of the *Community Guide*. Learn more about these interventions from other publications listed in Appendix C: References and Resources under "Evidence-Based Reviews of Interventions to Treat Tobacco Use and Decrease Exposure to Secondhand Smoke."

➤ Encourage the healthcare delivery system's stakeholders to support higher state-level funding for comprehensive tobacco control programs. These programs implement the community and policy interventions for increasing tobacco-use cessation and reducing tobacco-use initiation and exposure to environmental tobacco smoke that are recommended by the Task Force on Community Preventive Services, including those outlined in the preceding tip box. The Institute of Medicine has called for aggressive action to end the tobacco-use epidemic and specifically recommended that state comprehensive tobacco prevention and control programs be funded at CDC-recommended levels and that the U.S. Food and Drug Administration regulate tobacco

products (refer to *Ending the Tobacco Problem: A Blueprint for the Nation* at http://www.nap.edu/catalog.php?record_id=11795). Evidence-based, statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce tobacco use and tobacco-related disease and death. Furthermore, research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in tobacco use—and the longer states invest in such programs, the greater and faster the impact. Healthcare delivery system administrators and clinicians can provide strong and credible support for these programs, and in turn, these programs can support the clinician's tobacco-use treatment with individual tobacco users.

Appendix A
Determining Your Resource Needs

Use the following lists of personnel, material, and financial resource needs to guide your planning activities when working with healthcare delivery systems to implement this tobacco-use treatment strategy. Remember, the resources needed by the group you represent will depend on the scope of project activities and the depth of your group's involvement. The resources the healthcare delivery system needs will depend on its current resources and capacity and the scope of the proposed strategy. Available funding will determine what personnel and material resources you are able to secure to supplement your existing resources.

Personnel Resource Needs

The personnel you will need for working with healthcare delivery systems to implement this tobacco-use treatment strategy may include the following full-time or part-time staff and volunteers:

- Initiative coordinator to lead and direct efforts in working with the healthcare delivery system, and possibly one or more staff members to assist. All individuals would conduct outreach, work closely with champions and the internal working group, and offer support to the healthcare delivery system in putting this strategy into practice. A working knowledge of *health system*s, the culture and practices of healthcare delivery systems, and clinical practice guidelines is helpful, as is management experience.

The healthcare delivery system will need the following personnel when implementing this tobacco-use treatment strategy (these individuals may come from inside or outside the system):

- Champion(s) of this strategy
- Individuals to serve on the internal working group
- Internal working group coordinator
- Trainer(s) for clinical staff education
- Clinical or office staff to ensure the reminder system is used with each patient and also to perform other administrative and technical tasks related to tobacco-use treatment as needed
- Clinicians to deliver tobacco-use treatment to patients
- *Referral resources* (such as *quitlines* and community programs through American Lung Association or American Cancer Society) that can supplement clinicians' tobacco-use treatment services as needed

Refer to Table 9 for a summary of the tasks that various personnel typically perform, and use this list to guide discussions with the internal working group regarding personnel resources. An important function is determining who will be responsible for each activity. Some of these tasks may be interchanged between different people or groups when appropriate.

Table 9: Personnel and Their Typical Responsibilities

Initiative coordinator

- Manages and evaluates initiative's outreach campaign activities and publicizes successes
- Obtains commitment of healthcare delivery system to implement this tobacco-use treatment strategy
- Provides support services to healthcare delivery system (such as assisting with an assessment of current practices that relate to tobacco-use treatment, developing a draft action plan, educating and training clinicians, and conducting evaluations), as agreed on by internal working group
- Maintains communication with the internal working group members

Champion(s)

- Conduct outreach to stakeholders and healthcare delivery system personnel to rally support for this tobacco-use treatment strategy
- Assist the internal working group in developing its plans
- Advocate for sufficient resources to deliver this strategy
- Work closely with the internal working group coordinator to troubleshoot problems and to decide which issues need to be addressed by the internal working group

Internal working group

- Identifies policies, processes, and practices that will improve and maintain the delivery of evidence-based tobacco-use treatment
- Makes key decisions regarding these policies, processes, and practices; updates them as necessary
- Allocates appropriate resources and projects annual financial costs for implementing and maintaining these policies, processes, and practices
- Ensures that these policies, processes, and practices are evaluated, that performance feedback is given, and that feedback influences ongoing efforts

Internal working group coordinator

- Coordinates the activities of the internal working group
- Assesses training and staffing needs on an ongoing basis
- Monitors documentation and quality assurance measures
- Coordinates data collection for healthcare delivery system evaluation
- Sends out reports regularly to the internal working group and senior management on the healthcare delivery system's progress in implementing this strategy
- Keeps list of *referral resources* updated
- Publicizes successes in increasing patient tobacco-use cessation

Trainer(s) for clinical staff education

- Assess existing training curricula and materials and acquire and adapt resources as needed for educating staff on effective tobacco-use treatment
- Identify effective teaching strategies for providing training in the healthcare delivery system
- Plan for and secure training needs such as meeting space and audiovisual equipment
- Provide clinician education and training
- Offer additional support after training

Clinicians with support from office staff

- Identify patients who use tobacco and document tobacco-use status
- Provide tobacco-use treatment to patients who use tobacco and document delivery of treatment
- Provide educational materials to patients who use tobacco
- Follow up with patients on a regular basis to support cessation
- Collect tobacco-use treatment data for evaluation

Appendix A—Determining Your Resource Needs

Material Resource Needs

The material resources you need to work with healthcare delivery systems to implement this tobacco-use treatment strategy will depend on the nature of your outreach and support activities. As you move forward with your activities, keep in mind ways you might help to acquire or develop some of these materials, using existing resources whenever possible. Basic material resource needs are detailed in the following list:

- Office space for staff
- Office equipment for conducting outreach campaign and research (e.g., computers, printers, fax machine, copier, telephones)
- Meeting space, audiovisual equipment, and materials for presentations to healthcare delivery systems and other partners and stakeholders
- Hard-copy promotional materials for outreach campaign to healthcare delivery systems in your community (e.g., letters, informative fact sheets)
- Materials for interviews, surveys, and other modes of evaluation

The healthcare delivery system, too, will need a variety of material resources when implementing this strategy. Basic resources are detailed in the following list:

- Meeting space for internal working group meetings and clinical staff training sessions
- Materials and audiovisual equipment for delivering clinical staff training
- Provider reminder materials
- Charting system for clinicians to document patient tobacco-use status and treatment provided
- Checklists, reference sheets, or counseling handbooks for in-office use by clinicians who provide treatment
- Patient education materials (e.g., fact sheets, tip sheets)
- Other resources to accommodate the tobacco-use treatment activities selected by the internal working group (e.g., dedicated telephone for patient follow-up, office space and audiovisual equipment for more intensive counseling of patients, *referral resources* materials such as *quitline* information)
- Materials for interviews, surveys, and other modes of evaluation

Financial Resource Needs

General, administrative, and personnel costs are the primary expenses for which you will need funds to engage and support healthcare delivery systems in implementing this tobacco-use treatment strategy. Be sure to budget for all components of your activities, such as the following items:

- Personnel salaries and benefits
- Office overhead
- Office and audiovisual equipment and materials
- Development, printing, and distribution of outreach campaign materials
- Project evaluation
- Telephone and Internet access for outreach and research
- Miscellaneous items such as refreshments during meetings

The financial resources the healthcare delivery system may need to implement this tobacco-use treatment strategy include funds for the following:

- Personnel salaries and benefits
- Staff training and training materials and equipment
- Resources necessary to implement provider reminders and document provision of tobacco-use treatment, including systems modifications to existing paper-based medical charts and electronic medical records
- Purchase or printing of tobacco-use treatment materials (i.e., all the materials needed to support the activities selected by the internal working group)
- Project evaluation
- Miscellaneous items such as refreshments at training sessions

Appendix B
Evaluating Your Activities

Evaluation is a key component of your project and should be conducted before, during, and after project implementation. You can use evaluation data to plan community-specific projects, to assess the effectiveness of the implemented project in achieving its objectives, and to modify current activities where necessary for project improvement.

Evaluation data can also be used to keep stakeholders updated on the project's progress; show participants the benefits of their active involvement in implementing this tobacco-use treatment strategy; describe the project when applying for or securing additional support through partner funding, grant opportunities, and other methods; and provide other community groups with information as they consider implementing this strategy in their community.

Although specific guidance on conducting an evaluation is outside the scope of this Action Guide, you will find suggested questions below to guide you in collecting data for process and outcome evaluations; the specific questions you ultimately develop will depend on the objectives you have set and will be unique to your project. Potential sources of data are also listed to help you answer these questions. In addition, refer to "Resources for Developing an Evaluation Plan" in Appendix C: References and Resources.

Questions to Guide Data Collection

As a public health practitioner working with a healthcare delivery system to implement this tobacco-use treatment strategy, your evaluation will not only assess your group's activities to engage the healthcare delivery system through an outreach campaign and to support this strategy's implementation, but will also assess the implementation activities of the healthcare delivery system itself.

Process Evaluation

To assess whether the project was implemented as intended, you will need to collect data on the quality and effectiveness of your activities. Questions helpful in this assessment of the outreach campaign and implementation activities include the following:

Assessing Your Initiative's Activities

- How many healthcare delivery systems were engaged to implement this tobacco-use treatment strategy? What types are they (e.g., private practices, hospitals, managed care organizations, public health clinics)? How does this data compare with the number and variety of healthcare delivery systems originally planned for engagement?
- Through this work, how many healthcare providers were reached?
- Of the support services you offered (e.g., general technical assistance, healthcare provider education, evaluation), which services were used? How often did you provide the services? How does this compare to the goals you had for each service?
- How many and what variety of partners and stakeholders were engaged? In what ways were these groups or organizations involved? What outcomes were achieved through stakeholder and partner involvement? For example, if healthcare insurers and *purchasers* were engaged, what improvements in coverage and reimbursement for tobacco-use treatment have occurred?

Assessing the Healthcare Delivery System's Activities

- Did the healthcare delivery system select evidence-based practices for delivering tobacco-use treatment (e.g., practices based on U.S. Public Health Service and U.S. Preventive Services Task Force guidelines and recommendations)? Were treatments implemented as intended? If not, what else has to happen for this to occur?

- What systems strategies did the targeted healthcare delivery system implement? Do the strategies appear to be institutionalized, and how can you tell?
- Has a documentation system been developed and implemented to track tobacco-use treatment? What proportion of tobacco users are being documented in the system?
- Have specific tasks been delegated to clinical and office staff members? Do all staff members understand their roles?
- What proportion of the healthcare delivery system staff have received training on implementing this tobacco-use treatment strategy?
- Regarding the implementation of the 5A's model as a *standard of practice*: What proportion of patients have been asked about tobacco use? Were clinicians prompted to counsel all of those identified as tobacco users? What proportion of patients who use tobacco were advised by a clinician to quit? To what extent did clinicians assess and document the patient's willingness to quit? Were all of the 5A's delivered to patients willing to quit? Were all of the 5R's delivered to patients unwilling to quit? What proportion of clinicians asked tobacco users to set a quit date? What proportion of patients agreed? Was medication recommended to or prescribed for these patients? What proportion of patients who use tobacco were provided with self-help materials or other patient education? What types of educational materials were used? [Note: The above information is most easily tracked through data fields in an electronic medical record system; for medical charts, information would be tabulated from audits of written documentation on tobacco-use status and treatment provided.]
- Were patients provided with more intensive tobacco-use cessation counseling by the clinician, or were they referred elsewhere for this service?
- Was a baseline assessment of prescription medication utilization (i.e., filled prescriptions) conducted prior to implementation of this tobacco-use treatment strategy? If so, has this increased since implementation?
- If patient referrals are made to a *quitline*, has there been an increase both in referrals by clinicians and in number of patients served by the *quitline* since this strategy was implemented? [Note: Gather data from records of the healthcare delivery system and *quitline*, including fax referral system if in place.]
- How many follow-up calls have been made? Do clinicians also follow up with patients at every return visit?
- Has a mechanism to monitor the delivery of evidence-based tobacco-use treatment been established? Has a mechanism to feed performance data back to administrators and clinical staff been established? If so, what are these mechanisms?

Outcome Evaluation

To assess the project's influence and make recommendations for future project direction and improvement, you will need to collect data on the expected outcomes of using this strategy to increase tobacco-use cessation among patients. Although long-term health outcomes—such as fewer deaths due to tobacco-related disease—are hard to attribute to any one project, asking the following questions may help you determine whether this approach was successful:

- How many and what proportion of patients have quit using tobacco for a designated period of time (ideally 6 months or longer)? [Note: This information is very valuable but may be difficult to obtain without a formal evaluation that surveys patients; consider all available data sources such as *quitline* reports, medical chart audits, and electronic medical record system reports.]

- Has there been progress toward established targets that relate to tobacco-use treatment *performance standards* such as those measured by the National Committee for Quality Assurance (in *HEDIS*) or The Joint Commission?
- Has there been a reduction in the rates of tobacco-related diseases such as cardiovascular disease and bronchitis?

Potential Sources of Data

There are many ways to collect data on process and outcome evaluation indicators. The data you use should address and answer the questions outlined in the evaluation plan that was developed in collaboration with the internal working group. You may need to develop data sources, or you may adapt data sources already in existence. Be sure to comply with patient confidentiality policies when collecting data. Addressing Tobacco in Healthcare Research Network provides access to a variety of survey instruments developed by its grantees at http://www.atmc.wisc.edu/surveyinstruments.html. The following partial list of data sources may help you get started:

- Sign-in sheets at training seminars for clinical staff
- Audits of patient medical charts or electronic medical records
- Follow-up interviews with patients after healthcare provider appointments
- Computerized patient databases such as those often run by managed care organizations
- Sign-up rates for tobacco-use treatment services and call-in rates for *quitlines*
- Third-party payer and *health plan* surveys such as the Agency for Healthcare Research and Quality's Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey at http://www.cahps.ahrq.gov
- Relevant local, state, or national surveys such as *Healthcare Effectiveness Data and Information Set* (*HEDIS*) at http://www.ncqa.org, National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS) at http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm, and Behavioral Risk Factor Surveillance System (BRFSS) at http://www.cdc.gov/brfss

Appendix C
References and Resources

Evidence-Based Reviews of Interventions to Treat Tobacco Use and Decrease Exposure to Secondhand Smoke

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Appendix D
Glossary of Selected Terms

This glossary defines several key terms and concepts used within the guide. Throughout the text, words that are listed in this appendix have been *italicized* whenever they are used to alert you that a definition is provided.

Health plan—A private or public insurer or managed care organization that pays for covered health services and may also manage the accessibility and quality of patient care.

Health plan contract—A legal agreement between a healthcare provider and *health plan* that prescribes both the services, procedures, and treatments for which the provider will be reimbursed and the rate of reimbursement. Health plan contracts are also entered into by individual consumers or employer groups to secure and define coverage for healthcare services, procedures, and treatments.

Health system—The network of services and resources offered by clinicians, healthcare delivery systems, healthcare-related organizations, insurers, *purchasers*, and others within a community to ensure the health of the population.

Healthcare Effectiveness Data and Information Set (HEDIS)—A set of standardized performance measures (*performance standards*) developed by the National Committee for Quality Assurance that is designed to ensure that *purchasers* and consumers have the information they need to reliably compare the performance of *health plans*. Currently, HEDIS—which is used by more than 90% of *health plan*s in the United States—consists of 71 measures across 8 domains of care. Measures pertaining to tobacco-use treatment are called "Medical Assistance with Smoking Cessation" and are made up of three rates that quantify how many current adult smokers, seen by a managed-care organization, 1) received advice to quit smoking, 2) had smoking cessation medications recommended or discussed, and 3) had smoking cessation methods or strategies recommended or discussed.

Performance standard—A benchmark established by an accrediting body to define and drive the delivery of safe, high quality healthcare. The Joint Commission and the National Committee for Quality Assurance are two leading U.S. healthcare accrediting bodies.

Purchasers—Companies, government agencies, or other consortia that purchase healthcare benefits for a group of individuals such as employees.

Quitline—An information and counseling service that offers telephone support for people who want to quit using tobacco. Some quitlines offer additional services such as nicotine replacement therapy, online cessation information and programs, and referral to tobacco-use treatment programs in the community. Quitlines that have proactive services provide clients with multiple scheduled follow-up sessions with quitline counselors during the quit process that do not need to be initiated by the client. To learn more, refer to *Quitline Basics: Telephone-Based Cessation Services that Help Tobacco Users Quit* at http://www.naquitline.org/pdfs/FactSheet-QLBasics--FINAL.pdf. The U.S. National Network of Tobacco Cessation Quitlines is a state/federal partnership that provides tobacco users with access to the tools and resources they need to quit. The toll-free number 1-800-QUIT-NOW (1-800-784-8669) serves as a national portal to state-based quitlines—which have been established in every state—on the basis of the area code where the call originated.

Referral resource—A resource to which patients are referred for more intensive interventions that supplement the tobacco-use treatment delivered by a healthcare provider. Patients can be referred to programs or services within the healthcare delivery system itself or in the larger community. *Quitlines*, the American Lung Association, and the American Cancer Society are examples of possible referral resources.

Standard of practice—An appropriate and expected level of performance for the practice of a particular health service; standards of practice are established to promote uniform, high-quality healthcare.

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1. Please rate how much you agree with the following statements:

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d)	I will use this Action Guide to help improve my community's health	❑ Yes	❑ Maybe	❑ No
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Comments (continue on back if necessary):

_____

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2. Is there any other information that you would like to have seen included in this Action Guide to assist with implementation? ❑ Yes (please describe below; continue on back if necessary) ❑ No

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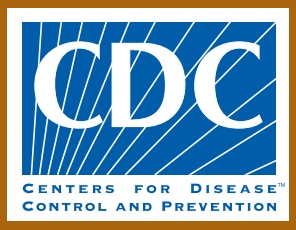
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