

INTRODUCTION

The influence your role as a health care practitioner carries in helping tobacco users quit cannot be overstated. Your actions can mean the difference between success and failure in a quit attempt: according to the U.S. Public Health Service, a clinician's advice to quit improves a patient's chances of successfully quitting. With just a few minutes of counseling, this success rate doubles.

The Clinical Toolkit for Treating Tobacco Dependence is designed to support your clinic's own tobacco intervention efforts. From "Quick Guides" and information on reimbursements to patient brochures for tobacco users in every stage of quitting, this toolkit is your road map to healthier patients free of tobacco's grip.

"What an unfortunate paradox, that virtually every insurance plan in America pays for the devastating and expensive health outcomes related to tobacco use such as heart attack, stroke and cancer, but fewer than half of these plans pay the \$200 to \$400 that it costs to prevent those outcomes by helping their enrollees to quit."

-Michael C. Fiore, M.D., panel chair of Treating Tobacco Use and Dependence Clinical Practice Guideline

Common Patient Concerns

I've tried to quit many times—and failed. Why should it be different now?

I know I'll gain weight and I don't want those extra pounds.

Isn't it bad to put nicotine-replacement drugs in my body?

Sample Responses

Most people who have quit for good have tried many times before—just like you. They learn from their experiences and apply this to their new attempts. My staff and I will support you in your new quit attempt.

People differ widely when it comes to gaining weight after they stop smoking. If you use food, especially food high in calories, as your primary way to cope with smoking urges, then your chances of gaining weight are much higher. Try using the non-food coping techniques offered by the American Cancer Society and increasing your daily exercise. Keep in mind, too, that the benefits of quitting far outweigh the pounds you might gain.

It's not the nicotine that is so bad for you; it's all the other chemicals you inhale when you smoke. Nicotine replacement therapy delivers just enough nicotine to ease your withdrawal symptoms, so you can focus on quitting for good. In fact, let's make sure you're using enough (gum, spray, etc.).



A CLINICAL TOOLKIT FOR TREATING TOBACCO DEPENDENCE

For teens, pregnant women and adult populations

Information Guide

"As clinicians, you are in a frontline position to help your patients by asking two key questions: 'Do you smoke?' and 'Do you want to quit?'"

—David Satcher, M.D.
Ph.D., former U.S. Surgeon General



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KIT TOOLS

Treating Tobacco Use and Dependence:

Quick Reference Guide for Clinicians

This guideline produced by the U.S. Public Health Service in October 2000 provides all clinicians with the tools necessary to effectively identify and assess tobacco use, treat tobacco users *willing* to quit, treat tobacco users who are *unwilling* to quit and assist former tobacco users. It summarizes the science-based methodology, research and clinical judgment used in developing these recommendations.

The full text of the guideline is available for online retrieval by visiting the Surgeon General's Web site at: www.surgeongeneral.gov/tobacco/default.htm

Fax Referral Form

This form is a convenient tool for ensuring that patients who are ready to quit smoking get the help they need. Use this fax referral form to recommend patients for free counseling services from the American Cancer Society's toll-free Quitline.

5 A's and 5 R's Quick Guide

Designed as a handy reference for you to assist patients willing to quit (5 A's) and patients unwilling to quit (5 R's), this laminated card summarizes the brief clinical interventions prescribed by the evidence-based work of the U.S. Public Health Service. The card's strategies underscore a central theme: it is essential to provide at least a brief intervention to all tobacco users at each clinical visit.

Pharmacotherapy Quick Guide

This laminated card is a handy reference for you to review clinical guidelines for prescribing medications for smoking cessation (side 1) as well as options and dosages (side 2). This quick guide supports the U.S. Public Health Service's assertion that, in addition to counseling, *all* smokers making a quit attempt should receive pharmacotherapy, except in the presence of special circumstances.

American Cancer Society's 1-877-YES-QUIT Cards

Doctors, nurses, medical assistants, receptionists or others in your office are encouraged to hand these cards to patients ready to quit smoking or thinking about quitting. The enclosed stand also makes the cards freely available to patients in your office's waiting and exam rooms. Convenient, tailored to each caller, and confidential, the Quitline provides critical support to those who need it. The back of this introductory guide summarizes the telephone counseling protocol.

Note Pad

This note pad offers a space to conveniently write a quick tip or important message.

Tobacco User Identification Stickers For Patient Folders

These stickers can be placed on the patient's chart so that the tobacco user can be easily identified.

"Yes You Can!" Quit Smoking Displays

- For Brochures
- For Quit Cards
- Visual Aid
- Resources and Further Readings Card for Patients

HOW TO OBTAIN REIMBURSEMENT

Numerous sources exist to provide health care practitioners and their administrative staff with information on how to code for reimbursement. Here are two:

- PACT (Professional Assisted Cessation Therapy) produces a guide that contains advice for practitioners who wish to maximize benefits for smoking cessation, navigate around coverage deficiencies and advocate effectively for adequate coverage. Its *Reimbursement for Smoking Cessation Therapy: A Healthcare Practitioner's Guide* can be viewed and retrieved, with its regular updates, on the PACT Web site for smoking cessation professionals, www.endsmoking.org.
- The U.S. Public Health Service's Clinical Practice Guideline also contains in its Appendix B coding information regarding the diagnosis of and billing for tobacco dependence treatment. The full text is available online at www.surgeongeneral.gov/tobacco/default.htm.

STAGED PATIENT BROCHURES

The following three patient take-home brochures address three distinct stages in the quitting process, allowing you to deliver appropriate materials for your patients' smoking status.

Yes! I'm Ready to Quit.

This brochure contains, among other relevant suggestions and techniques, a personalized quit plan sheet that acts as a "contract" for your patient to set a quit date and write a quit plan.

Maybe. I'm Thinking About Quitting.

This brochure acknowledges the difficulties in quitting an addiction and presents the many benefits and rewards of not smoking. A short worksheet helps your patients identify their personal reasons for quitting.

No, I'm Not Ready to Quit.

This brochure acknowledges how a smoker feels and lists reasons why some people smoke. Risks and rewards are listed, including a "Healing Time Line" that charts the body's healing from 20 minutes after the last cigarette to 10 years of smoke-free life.

BROCHURES FOR SPECIAL PATIENT AUDIENCES

Smoking and My Baby

Quitting at any point in pregnancy can yield benefits. This brochure outlines the numerous risks to both the woman and the fetus, and builds on the increased motivation to quit during pregnancy.

You're Never Too Young to Get Addicted

This brochure finds ways to appeal to the fastest growing population of new smokers: teens. Every day, more than 3,000 young people under the age of 18 try their first cigarette. Designed to appeal to the special concerns and interests of teens, this brochure provides background information, tips for quitting and referral to the American Cancer Society's Quitline at 1-877-YES-QUIT.

Resources and Further Reading for Healthcare Providers

This list includes resources specifically for healthcare practitioners in Texas, plus Continuing Medical Education (CME) programs that provide training in the treatment of tobacco dependence.