



# **Brief Tobacco Intervention: Ask, Advise, Refer**



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# Learning Objectives

*Participants will be able to:*

- Identify the healthcare professional's role in tobacco cessation
- Discuss tobacco cessation intervention using the AAR model (Ask, Advise, Refer)
- Explain services of Quitline Iowa to your patients
- Identify evidence-based strategies to perform brief tobacco cessation interventions

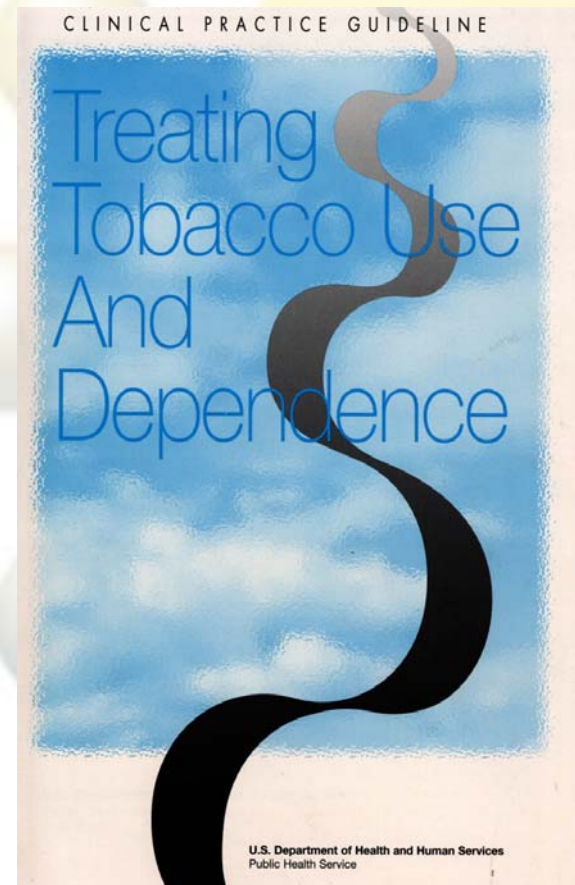
# 2008 USPHS Guidelines

Available Online

<http://www.surgeongeneral.gov/tobacco>

Individual copies available

- AHRQ 1-800-358-9295
- CDC 1-800-CDC-1311
- NCI 1-800-4-CANCER



# USPHS Clinical Practice Guidelines

## Major Conclusions/Recommendations

- Tobacco dependence is a chronic condition
- A tobacco-user identification system should be implemented in every clinic
- Cessation counseling delivered by health care providers is effective
- Treatments are cost-effective
- Pharmacotherapy is effective, and all patients should be encouraged to use except in special circumstances

# Perceived Barriers to Treating Tobacco Dependence

“Not enough time.”

“Patients don’t want to hear about it.”

“I can’t help patients stop.”





# “Not enough time”

Contact Time	Abstinence Rate (95% CI)
No minutes	11.0%
1-3 minutes	14.4% (11.3-17.5%)
4-30 minutes	18.8% (15.6-22.0%)
31-90 minutes	26.5% (21.5-31.4%)
91-300 minutes	28.4% (21.3-35.5%)
>300 minutes	25.5% (19.2-31.7%)

Figure 1. MC, Bailey WC, Cohen SJ. (US Department of Health and Human Services. Public Health Service). Smoking Tobacco Use and Dependence. 2000 June.



## “Patients don’t want to hear about it”

“Smoking cessation interventions during physician visits were associated with increased patient satisfaction with their care among those who smoke.”

- 1,898 patients in a study who reported that they had been asked about tobacco use or advised to quit during the latest visit had 10% greater satisfaction rating and 5% less dissatisfaction than those not reporting such discussions

*Mayo Clin Proc. 2001;76:138-143.*

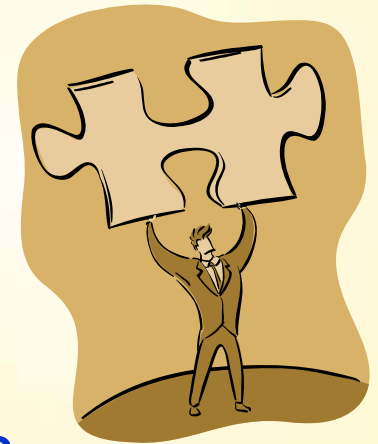
# Tobacco Intervention

- 75% of health providers **THINK** it is a good idea
- 10% routinely do it
  - not confident about subject
  - questionable goals
  - afraid of negative reaction from patient
  - feel patient might be offended
  - not enough reimbursement
  - not enough time

# “I can’t help patients stop”

Effective clinical interventions exist

- **ASK** about tobacco use
- **ADVISE** to quit
- **REFER** patient to cessation resources



# Step 1: Ask <1 min

- Systemically ask every patient about tobacco use at every visit.
- Determine if patient/client is current, former, or never tobacco user.
  - Document number of cigarettes smokes per day.
  - Document number of years smoked.
  - Document number of previous quit attempts



# Vital Signs Stamp

***“EVERY PATIENT, EVERY VISIT”***

## VITAL SIGNS

Blood Pressure: \_\_\_\_\_

Pulse: \_\_\_\_\_ Weight: \_\_\_\_\_

Temperature: \_\_\_\_\_

Respiratory Rate: \_\_\_\_\_

Tobacco Use: Current          Former          Never  
*(circle one)*

## Step 2: Advise - 1 minute

- In a clear, strong, and personalized manner, urge every tobacco user to quit.
- Employ the teachable moment: link visit findings with advice.

***“As your clinician, I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future.”***



# Step 3: Refer 1 min

- Assess willingness to quit
  - If willing to quit:
    - Develop Personalized Quit Plan
    - Refer to Quitline Iowa
  - If unwilling to quit:
    - Provide a motivational intervention
- Arrange follow-up

# For those ready to quit...START

Set a quit date

Tell family and friends

Anticipate challenges

Remove all  
reminders/temptations

Talk to your doctor about  
getting help

# The “5 R’s” to Enhance Motivation for Patients Unwilling To Quit

- **RELEVANCE:** Tailor advice and discussion to each patient
- **RISKS:** Discuss risks of continued smoking
- **REWARDS:** Discuss benefits of quitting
- **ROADBLOCKS:** Identify barriers to quitting
- **REPETITION:** Reinforce the motivational message at every visit



# Referral options for providers



QUITLINE IOWA

1 800 QUIT NOW | 1 800 784 8669





QUITLINE IOWA  
1 800 QUIT NOW | 1 800 784 8669

# What is Quitline Iowa?

- **Toll-free tobacco cessation helpline: 1-800-QUIT NOW**
  - **Effective, research-based cessation resource**
  - **Offers follow-up counseling calls tailored to clients' needs**
  - **Available free of charge to all Iowans**
  - **Hours of service:**
    - **Monday – Thursday: 7:00 a.m. – 12:00 a.m.**
    - **Friday: 7:00 a.m. – 9:00 p.m.**
    - **Saturday – Sunday: 8:00 a.m. – 7:00 p.m.**
  - **Services in English & Spanish; interpreter service available for most other languages**
- TDD line: 1-888-229-2182**



QUITLINE IOWA  
1 800 QUIT NOW | 1 800 784 8669

# What is Quitline Iowa?

- NEW Nicotine Replacement Therapy (NRT)
- Callers receive 2 week benefit of patches or gum
- No Charge
- Not required to enroll in counseling
- The “Strings”
  - Must be screened
    - Those with contraindications must be referred by fax
  - Must agree to follow-up survey



QUITLINE IOWA

1 800 QUIT NOW | 1 800 784 8669

# Fax Referral Program

- Efficient method for referring patients who smoke to effective cessation services
- Alleviates some of the problems posed by limited time and resources
- Takes the burden of initiating services off of the patient
- Gives feedback to providers
- **New fax number: 800-261-6259**

# Quitline Fax Referral Form



QUITLINE IOWA

1 800 QUIT NOW | 1 800 764 6669

Quitline Iowa Fax Form

Fax to: 800-261-6259

Date \_\_\_\_\_

PATIENT INFORMATION (PRINT CLEARLY)	
Patient name (Last) _____ (First) _____	Date of birth _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F
<p><i>Initial</i> I am ready to quit tobacco and request that Quitline Iowa contact me to help with my quit plans. I understand that the Quitline Iowa will inform my provider about my participation and quitting results.</p> <p>Patient signature _____ Date _____</p> <p><i>This release shall be valid for one year after the above date.</i></p>	
Address _____ city _____ IA Zip code _____	
Phone #1 (____) _____ - _____ #2 (____) _____ - _____ E-mail _____	
Best times to call <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> weekend <input type="checkbox"/> evening May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No Language <input type="checkbox"/> English <input type="checkbox"/> Spanish; Other _____ Are you hearing impaired and need assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROVIDER INFORMATION (PRINT CLEARLY)	
Provider name _____	Contact name _____
Clinic/Hosp/Dept _____	E-mail _____
Address _____	Phone (____) _____ - _____
City/State/Zip _____	Fax (____) _____ - _____
Provider consent is required to provide nicotine replacement therapy (NRT) to individuals who have certain medical conditions or are pregnant. Please sign here if patient may use NRT. _____ <i>Provider signature</i>	
Comments _____	

PLEASE COMPLETE FORM AND FAX OR MAIL TO

FAX 1-800-261-6259

Quitline Iowa  
National Jewish Medical and Research Center  
1400 Jackson St., M305  
Denver, CO 80206

Funding provided by the Iowa Department of Public Health, Division of Tobacco Use Prevention and Control.

Confidentiality Notice: This facsimile contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute.



# Medicaid Program for Smoking Cessation

- Initial prescription:
  - 14 nicotine patches **AND/OR**
  - 110 pieces of nicotine gum
- Subsequent prescriptions:
  - Four-week supply of nicotine patches (at one unit/day) **AND/OR**
  - 330 pieces of nicotine gum
- Maximum allowed duration of therapy – 12 weeks within a 12 month period
- Chantix™
  - Has three 30-day prescriptions



# Medicaid – Conditions of coverage

- Diagnosis of nicotine dependence from a health care provider
- Referral to Quitline Iowa for counseling
  - PA forms can be downloaded at <http://www.iowamedicaidpdl.com>
- Confirmation of enrollment in a Quitline Iowa program
  - If the client declines counseling, the benefit ends
- Must be 18 years of age or older to receive benefit

Iowa Department of Public Health/Quitline Iowa  
**REQUEST FOR PRIOR AUTHORIZATION**  
Nicotine Replacement Therapy  
(PLEASE PRINT - ACCURACY IS IMPORTANT)

# Medicaid Prior Authorization Form

IA Medicaid Member ID #: _____ Patient Name: _____ DOB: _____
Patient Address: _____
Provider ID/NPI: _____ Prescriber Name: _____ Phone: _____
Prescriber Address: _____ Fax: _____
Pharmacy Name: _____ Address: _____ Phone: _____
<b>Prescriber must fill all information above. It must be legible, correct and complete or form will be returned.</b>
Pharmacy NABP or NPI: _____ Pharmacy Fax: _____ NDC: _____

Prior Authorization is required for over-the-counter nicotine replacement patches and nicotine gum. Requests for authorization must include: 1) Diagnosis of nicotine dependence and referral to the Quitline Iowa program for counseling. 2) Confirmation of enrollment in the Quitline Iowa counseling program is required for approval. 3) Approvals will only be granted for patients eighteen years of age and older. 4) The maximum allowed duration of therapy is twelve weeks within a twelve-month period. 5) A maximum quantity of 14 nicotine replacement patches and/or 110 pieces of nicotine gum may be dispensed with the initial prescription. Subsequent prescription refills will be allowed to be dispensed as a 4 week supply at one unit per day of nicotine replacement patches and /or 330 pieces of nicotine gum. Following the first 28 days of therapy, continuation is available only with documentation of ongoing participation in the Quitline Iowa program.

**Preferred**

Nicotine Patches; 14 Count Box Strength:  21mg/24 Hour Patch  14mg/24 Hour Patch  7mg/24 Hour Patch

Quantity: \_\_\_\_\_

Nicotine Gum; 110 Count Box Strength:  2mg  4mg Quantity: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date Referred To Quitline Iowa: \_\_\_\_\_

The member has agreed to the following:

- 1) Volunteered to participate with Quitline Iowa
- 2) Quitline Iowa may contact the member about quitting smoking, local programs, and/or counseling
- 3) Quitline Iowa may discuss the member's use of the Quitline with the member's health care provider and/or Iowa Medicaid
- 4) All the member's information will be kept private

Member's Signature _____	Member's Phone Number _____	Preferred Language _____	Hearing Impaired/Need TDD _____
Best times and days for Quitline to call:			
<input type="checkbox"/> 8:00 a.m. to noon	<input type="checkbox"/> 8:00 p.m. midnight	<input type="checkbox"/> Best days to call: _____	
<input type="checkbox"/> Noon to 4:00 p.m.	<input type="checkbox"/> Call at exact time: _____	<input type="checkbox"/> The counselor may leave a message saying they are from Quitline Iowa	
<input type="checkbox"/> 4:00 p.m. to 8:00 p.m.			

Prescriber Signature: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

**\*MUST MATCH PRESCRIBER LISTED ABOVE**

Prescriber: Please fax completed portion above to Quitline Iowa: 1-800-261-6259.  
Only one PA Request Required for 12 week treatment.

**Outcome (to be completed by Quitline Iowa and faxed to the Iowa Medicaid PA Department at 1-800-574-2515):**

- Member enrolled in Quitline Iowa Counseling Program  Counselors unable to make contact  
Date enrolled: \_\_\_\_\_  Other: \_\_\_\_\_

**IMPORTANT NOTE:** In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.

# Resources for Clinicians

[www.smokefree.gov](http://www.smokefree.gov)

[www.talktoyourpatients.org](http://www.talktoyourpatients.org)

[www.askadviserefer.org](http://www.askadviserefer.org)

[www.quitlineiowa.org](http://www.quitlineiowa.org)



# Thank You!!

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