WOMEN'S WELLNESS CONNECTION:

Tobacco Use Assessment and Referral to Colorado QuitLine

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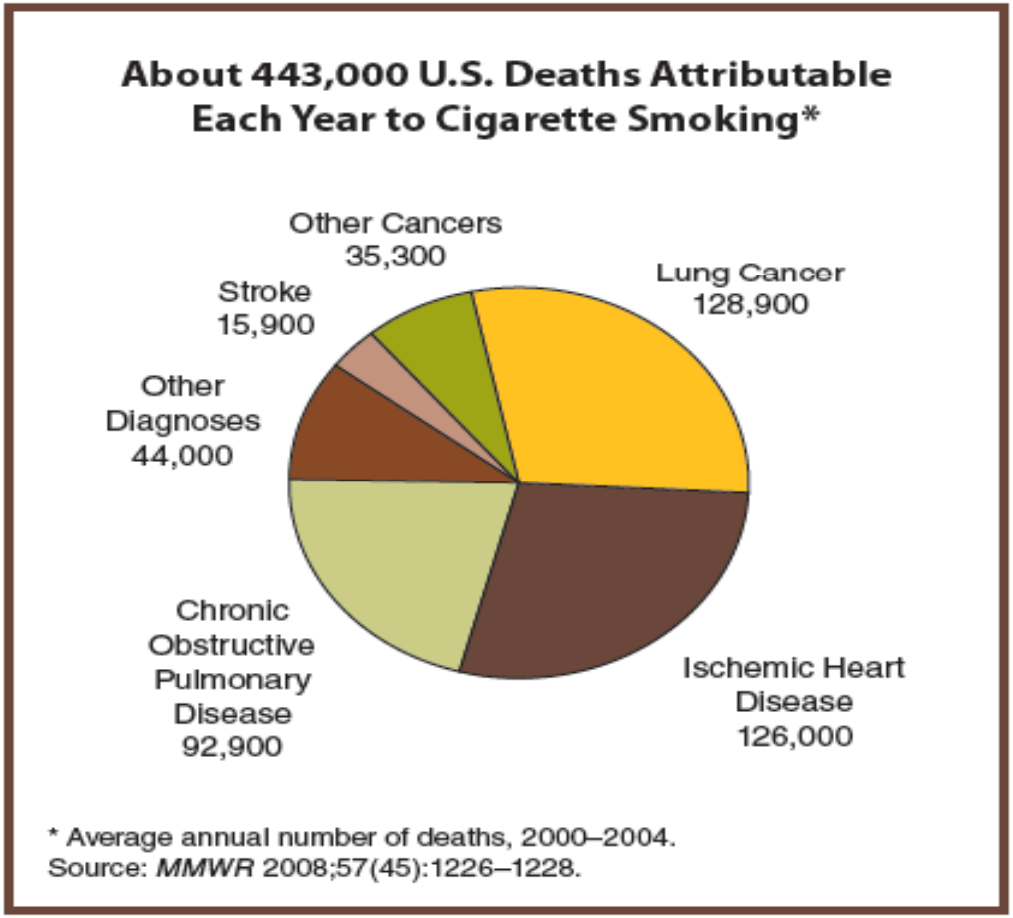
April 18, 2013

State Tobacco Education & Prevention Partnership

Learning Objectives

- Upon completion of this activity, participants will be able to:
  - Explain the health and economic burden of tobacco use and the benefits of quitting
  - Explain why tobacco dependence is a chronic disease
  - Describe the roles of health care providers and health systems in treating tobacco dependence
  - Describe evidence-based methods for brief interventions for treating tobacco use and dependence
  - Identify evidence-based tobacco treatment programs & resources

Tobacco is still the leading cause of preventable death in the US and in Colorado



- In Colorado, nearly 4,390 deaths each year due to tobacco use.*
- Smoking causes more deaths than HIV, illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders **COMBINED.**†

* MMWR (2009), 58 (02); 29-33.

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† MMWR (2008), 57 (45): 1226 – 1228; CDC (2009), Health, United States, 2008; Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual Causes of Death in the United States. JAMA: Journal of the American Medical Association 2004;291(10):1238–1245 .

Secondhand Smoke

Secondhand smoke exposure causes

~46,000 heart disease deaths

~3,400 lung cancer deaths

every year among US adult nonsmokers.

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Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses—United States, 2000–2004. Morbidity and Mortality Weekly Report 2008;57(45):1226–8

Tobacco use is costly for everyone

Cost to United States economy each year in healthcare costs and lost productivity:	**$193 billion**
Cost to **Colorado** each year in healthcare costs and lost productivity:	**$2.4 billion***
Annual U.S. Medicaid costs due to smoking:	**$30.9 billion**
Annual **Colorado** Medicaid costs due to smoking:	**$319 million**

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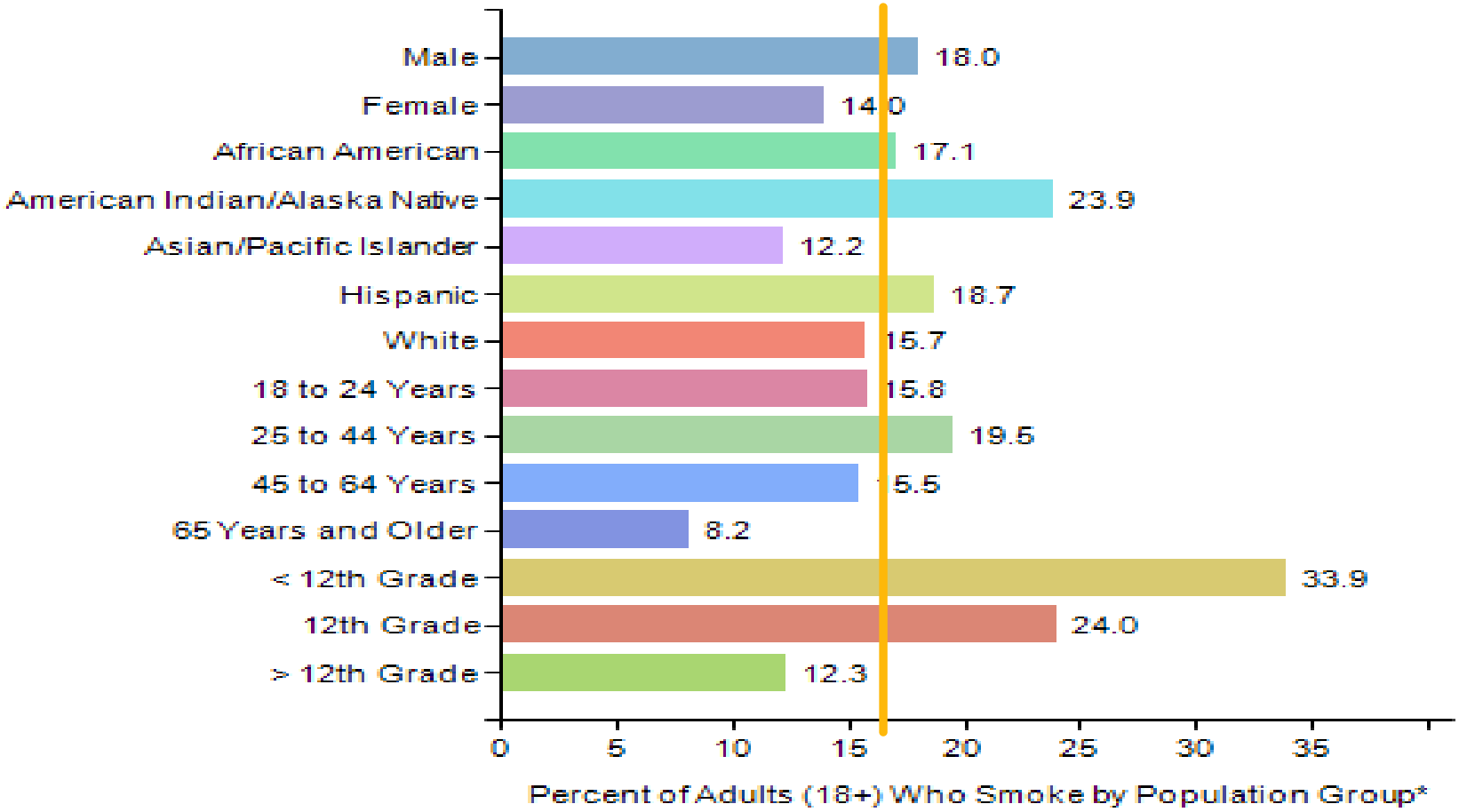
Sources: US cost: MMWR (2008) 57(45);1226-1228., CO cost: CDC (2007) Best Practices, Medicare and Medicaid fed stat: Campaign for Tobacco Free Kids, State Medicaid (2007) CDC Best Practices

CO Adult current smoking by demographic group



Note: * Estimates for education are based on adults aged 20 years and older. Estimates for racial/ethnic groups are based on combined 2009 and 2010 data. Source: CDC Behavioral Risk Factor Surveillance System

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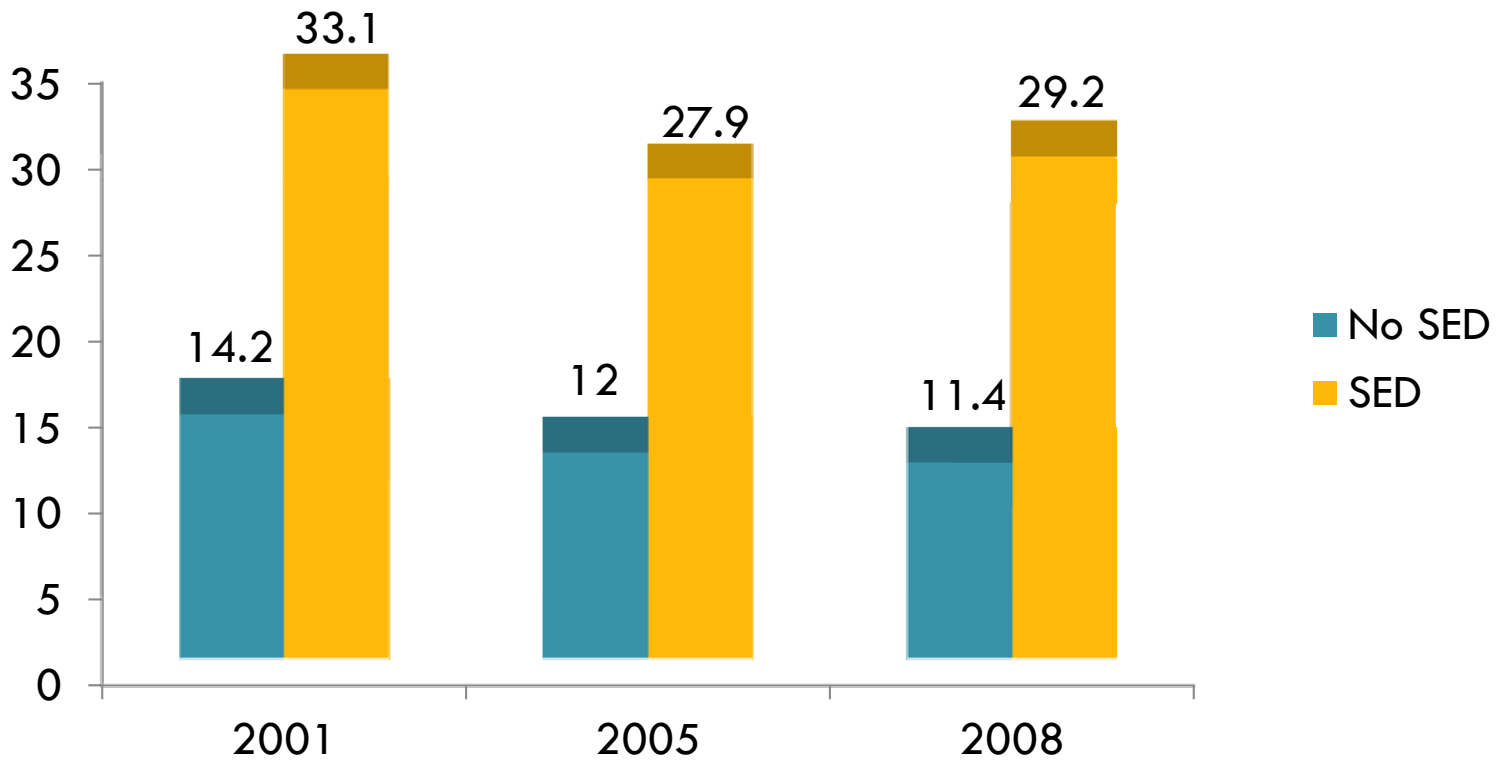
Smoking Among People with Socioeconomic Disadvantage



TABS 2008

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How Tobacco Causes Disease

- Cigarettes are designed for addiction, with 7,000 chemicals streaming into a smoker's lungs and through the bloodstream to all parts of the body.
- These poisons:
  - damage DNA, which can lead to cancer
  - damage blood vessels and cause clotting, which can cause heart attacks and strokes
  - damage the lungs, which can cause asthma attacks, emphysema and chronic bronchitis.
- The longer a person smokes, the more damage is caused.

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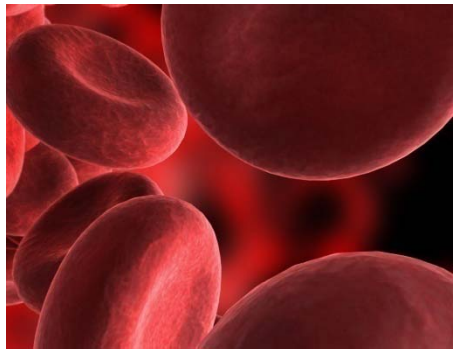
Source: U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General 2010.

Impact of Tobacco Use

- Other conditions associated with tobacco use:
  - Oral/Laryngeal/Esophageal diseases
  - Dermatologic conditions
  - Insulin resistance → diabetes



- Tobacco use has been linked to
  - Cataracts
  - Macular degeneration
  - Gum disease
  - Osteoporosis
  - Impaired wound healing

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Source: U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General 2010.

Tobacco Smoke Contains Chemicals That Cause Cancer

- Many of the chemicals in cigarette smoke can cause cancer, individually and in combination with each other. These chemicals:
  - damage cells,
  - enable damaged cells to grow and develop, and
  - discourage the body's normal reactions that fight the growth and reproduction of abnormal cells.
- Tobacco can cause cancer in the lungs; mouth, nose, and throat; larynx; trachea; esophagus; stomach; pancreas; kidneys and ureters; bladder; cervix; and bone marrow and blood.

Source: U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General 2010.

Smoking and Cervical Cancer

Smoking increases the risk of cervical cancer!

- Current smokers at significantly increased risk of developing cervical cancer when compared to never smokers.
- Risk increases with number of cigarettes smoked per day.
- Risk is highest in women who started smoking when they were young.
- Risk increases with age at diagnosis of the cancer.
- Past smokers have a lower risk for cervical cancer than current smokers.
- Smoking poorly impacts survival in women with cervical cancer.

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Source: U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General 2010; http://www.foundationforwomenscancer.org/wp-content/uploads/Foundation_Cervical_Smoking_012612-1.pdf

Smoking and HPV

There is also evidence of direct links between smoking and HPV.

- Smoking increases risk of being infected with a high-risk HPV infection.
- For a woman with a high-risk HPV infection, smoking increases the risk of developing a cervical precancerous lesion.
- Smokers keep HPV cervical infections longer and are less likely to clear them, when compared to women who have never smoked.

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Source: U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General 2010; http://www.foundationforwomenscancer.org/wp-content/uploads/Foundation_Cervical_Smoking_012612-1.pdf

Smoking and Breast Cancer

- Long-term heavy smoking is linked with increased risk for breast cancer.
- Risk is highest in women who started smoking when they were young.
- 2013 study (American Cancer Society) found increased breast cancer risk among women who smoke, especially those who start smoking before they have their first child.
- In 2009, the International Agency for Research on Cancer concluded that there is limited evidence that tobacco smoking *causes* breast cancer.

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Source: http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-risk-factors; http://www.cancer.org/cancer/news/news/study-links-smoking-to-breast-cancer-risk

Smoking and Cancer Treatment

- Smoking also can increase complications from breast cancer treatment, including:
  - Damage to the lungs from radiation therapy
  - Difficulty healing after surgery and breast reconstruction – impaired wound healing
  - Higher risk of blood clots when taking hormonal therapy medicines
  - Increased risk of osteoporosis
  - Smokers report more severe pain during chemotherapy than those who quit, regardless of cancer type (Ditre et al., 2011)

Source: U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General 2010.

The Good News is…

- Those who quit smoking for good will see their health improve immediately and for years to come.
  - Within 20 minutes after quitting, a smoker's heart rate and blood pressure have dropped.
  - Within 12 hours, the carbon monoxide levels in the blood have decreased.
  - As soon as two weeks, circulation and lung functions have improved.
  - Long-term health benefits of quitting include decreasing the risk of cancer, heart disease and stroke and increasing the life-span.

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Source: U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General 2010.

Quitting Can Cut Cancer Risks and Improve Treatment Outcomes

- Quitting smoking is associated with a decrease in lesion size of CIN
- Cessation, even at diagnosis, reduces the risk of secondary primary tumors
- Due to mounting evidence of smoking impacting surgery, many physicians insist patients quit 2 weeks to 2 months prior to surgery (complications in pulmonary function, wound healing, immune function, and radiation therapy)
- Quitting smoking (among people who already have cancer) reduces risk of developing a second cancer

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Source: U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General 2010; http://www.foundationforwomenscancer.org/wp-content/uploads/Foundation_Cervical_Smoking_012612-1.pdf

So what's the problem?

- We still have approx. 630,000 current tobacco users in Colorado
- Quit rate disparities exist across populations
  - Low-SES
  - STW young adults
  - Behavioral health
  - Medicaid
- It takes the average person 7 – 9 quit attempts before staying quit for good

Colorado Quit Attempts

- 85% of CO smokers are considering quitting
- 53% have tried to quit at least once
- 3% report successful quit attempts
- Cessation success gap in Low-SES population

★ Tobacco dependence is a chronic disease that requires <u>multiple interventions</u> and attempts to overcome.

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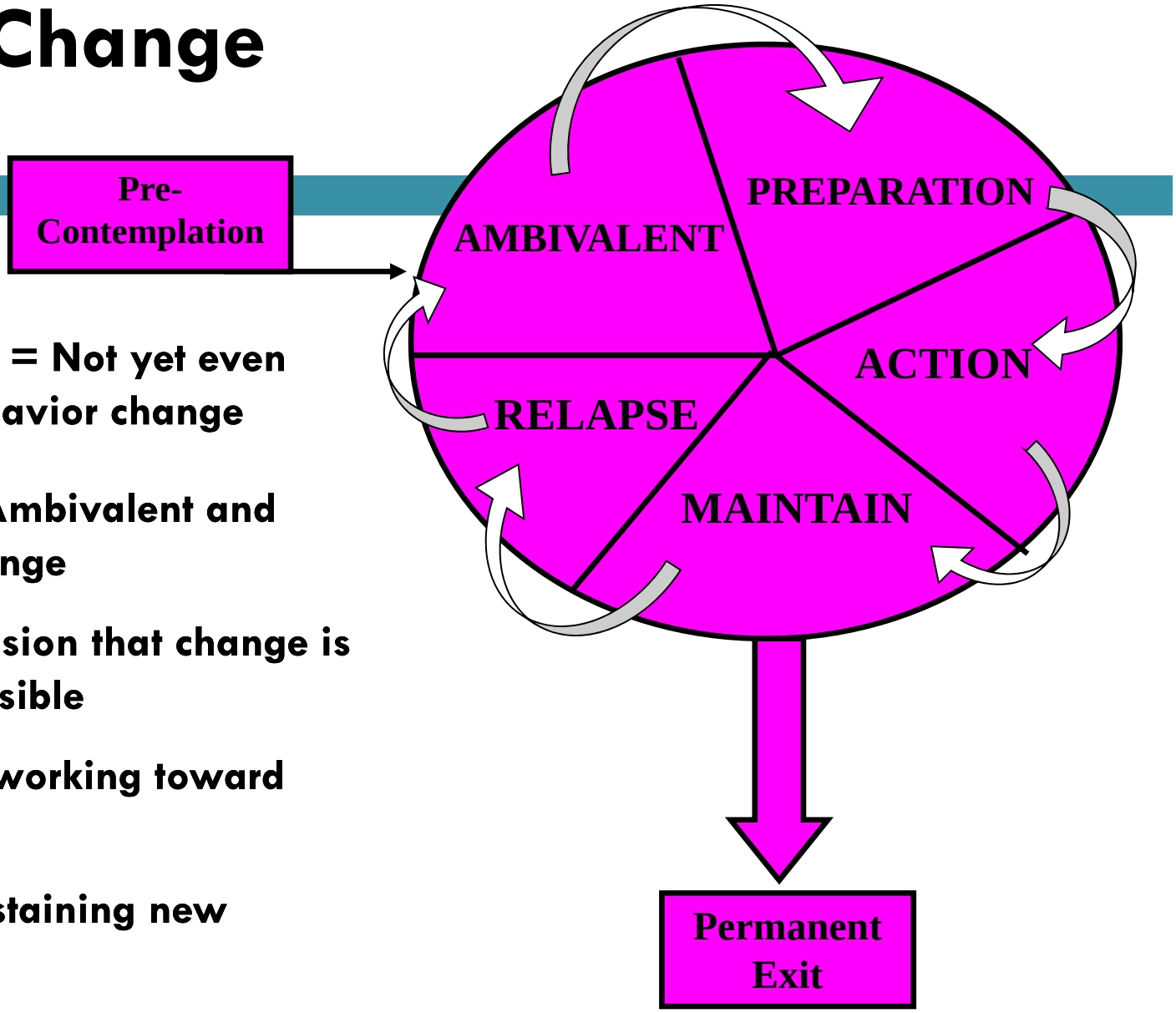
Source: Colorado Tobacco Attitudes and Behavior Survey (TABS) 2008

Tobacco is designed for addiction

- Cigarettes and other forms of tobacco are designed for addiction, with 7,000 chemicals streaming into a smoker's lungs and through the bloodstream to all parts of the body.
- Nicotine is the drug in tobacco that causes addiction.
- The pharmacologic and behavioral processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin or cocaine.

Source: The Health Consequences of Smoking: Nicotine Addiction: A Report of the Surgeon General (U.S. Department of Health and Human Services [USDHHS] 1988, p. 9)

Stages of Change



<u>Pre-Contemplation</u> = Not yet even thinking about behavior change

<u>Contemplation</u> = Ambivalent and thinking about change

<u>Preparation</u> = Decision that change is necessary and possible

<u>Action</u> = Actively working toward behavior change

<u>Maintenance</u> = Sustaining new behavior

<u>Relapse</u> = PART of change cycle and often several before maintenance

Prochaska-DiClemente
Transtheoretical Stage Model

Cycles Through the Stages

- Prochaska and DiClemente found people cycle through stages of change 3-7 times before maintaining new coping skills.
- Slips or Relapse considered *part* of treatment rather than failure.
- "Each slip brings a patient closer to recovery."
- Evaluating triggers and heightening awareness after each slip or relapse can bring the patient through the stages of change (rather than just giving up).

Motivational Interviewing (MI)

- Recent approaches view motivation not as a trait, or something you have.
- Motivation is now seen as a *dynamic state* that can be influenced.
- Many clinical trials have found MI to be effective with a variety of disorders: high-risk and addictive behaviors such as alcohol disorders, smoking, poly-substance abuse, HIV risk behaviors, bulimia, diet/weight and health issues (Burke et al., 2003).

Tobacco use must be treated as a chronic disease

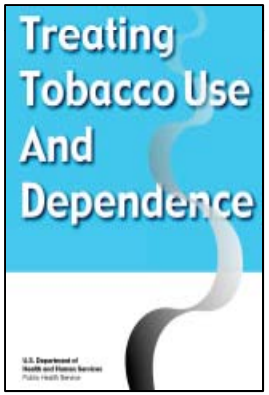
Through this lens tobacco use is:

- Seen as an addiction
- Recognized as a disease so that treatment modalities are thought about in different light
- Treated as a chronic disease by clinicians, insurance companies and health care systems
- Treated within chronic disease self management models
- Coverage of counseling and pharmacotherapy benefits provided by health plans & employers

Evidence-base for Cessation

Public Health Service (PHS) Clinical Guideline: Treating Tobacco Use and Dependence - 2008 Update

- Contains strategies and recommendations to assist Clinicians, Tobacco dependence treatment specialists, Health care administrators, Insurers, & Purchasers in delivering and supporting effective treatments for tobacco use and dependence.
- http://www.ahrq.gov/path/tobacco.htm



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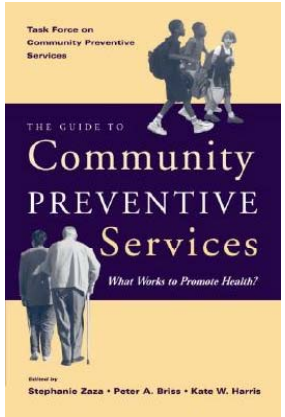
Guide to Community Preventive Services - What works to promote health

- Contains strategies for reducing exposure to environmental tobacco smoke, increasing tobacco-use cessation, and reducing initiation in communities and health care systems.
- http://www.thecommunityguide.org/tobacco/cessation/index.html



Public Health Service Clinical Guideline
Treating Tobacco Use and Dependence: 2008 Update

Key Recommendations

1) **Tobacco dependence is a chronic disease** that requires repeated intervention and multiple quit attempts.

2) Health care systems and clinicians should **consistently identify and document tobacco use status and treat every tobacco user** in a health care setting.

Public Health Service Clinical Guideline
Treating Tobacco Use and Dependence: 2008 Update

Key Recommendations – cont.

3) Tobacco dependence treatments are effective across a **broad range of populations.** Clinicians should encourage every patient willing to quit to use counseling treatments and medications recommended in the guideline.

4) **Brief tobacco treatment is effective.** Clinicians should offer every tobacco user a brief treatment.

5) Individual, group, and telephone **counseling** are effective, and their effectiveness increase with treatment intensity. Effective components:
   - Practical counseling (problem solving/skills training)
   - Social support delivered as part of treatment

Public Health Service Clinical Guideline
Treating Tobacco Use and Dependence: 2008 Update

Key Recommendations – cont.

6) Effective medications are available for tobacco dependence
   - Nicotine Replacement Therapy (NRT) **- patch, gum,** inhaler, lozenge, nasal spray,
   - Medications - Bupropion SR (Zyban)and Varenicline (Chantix)
   - Special considerations – pregnant women, smokeless tobacco, light smokers and adolescents

7) Though counseling and medications when used independently are effective, **combination of counseling and medication are more effective than either alone**.

Quit Rates

- **Quit attempt without support – 3%**
- **Physician advice "need to quit" – 10%**
- **In Person Counseling (provider or group) – 28%**
- **Colorado Quitline (Coaching) – 28%**
- **Colorado Quitline (Coaching and 4 wk patch) – 32%**
- **Colorado Quitline (Coaching and 8 wk patch) – 38%**

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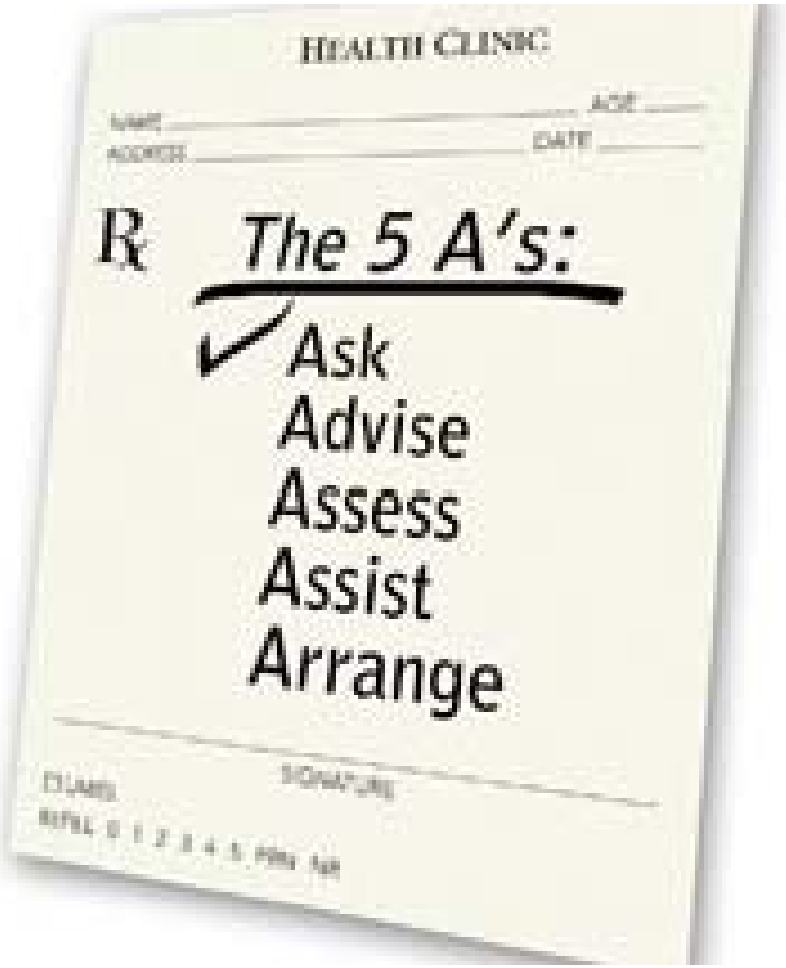
Sources: *Health Care Providers' Advice to Quit Smoking*, CDC, 2012;**Colorado QuitLine Report December 2002-June 2008 (Prepared by APEG May 2008 Updated June 2009)**

What Works: Provider Brief Intervention

- Designed to take 5-15 minutes and should be implemented with EVERY patient who is smoking or who has recently quit.
- Also, remember to provide information about the dangers of secondhand smoke to anyone who is being exposed.



What Works: 5 A's Intervention

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COLORADO CLINICAL GUIDELINES COLLABORATIVE
www.coloradoguidelines.org

STEPP
STATE TOBACCO EDUCATION & PREVENTION PARTNERSHIP

Guideline for Tobacco Cessation and Secondhand Smoke Exposure

- Integrate interventions for tobacco cessation and secondhand smoke exposure into every interaction with the patient by using the 5As approach.
- Utilize a combination of behavioral change coaching (including the Colorado QuitLine) and pharmacotherapy treatments for the highest rates of abstinence success.
- Exposure to secondhand smoke is a significant health risk to the general public, especially children, and the establishment of smoke-free environments should be encoura
- Evidence shows patients are more likely to quit when their clinician tells them to – even a two to three minute clinician intervention has been shown to be effective.

Tobacco dependence and use (current or former) is a chronic relapsing condition that requires repeated interventions and a systematic approach.

If you have limited time:

ASK → ADVISE → REFER

COLORADO QuitLine
Be tobacco free
1-800-QUIT-NOW
1-800-784-8669

ASK

- Ask every patient at every encounter if they currently smoke or have ever used any form of tobacc
- Ask patient or parent of patient if smoking occurs in the home or car (secondhand smoke exposu
- If patient recently quit using tobacco, reassess abstinence status, address possible relapse, and congratulate on success.

ADVISE

- Urge every tobacco user to quit smoking with clear strong personalized health messages about the benefits of quitting.
- Discuss the health risks of secondhand smoke exposure on household members, especially children, and advise them to smoke outside.

ASSESS

- Determine the willingness to make a quit attempt within the next 30 days.
- AGREEMENT: collaboratively set specific quit goals and address barriers (e.g.: weight gain, fear of failure).
- If not ready to quit, use motivational interventions of encouragement, information and support, recommend to smoke outside, and offer futher help as they consider a quit attempt.

ASSIST

- REFER to the Colorado QuitLine at 1.800.QUIT.NOW (1.800.784.8669) and/or
- Provide positive practical behavioral coaching as part of a quit plan.
- Recommend tailored pharmacotherapy treatments (see reverse side).
- Discuss cessation tips: set a quit date, create smoke-free environments, avoid high risk situation identify triggers, and suggest social supports.
- Provide self-help materials for cessation and reducing secondhand smoke exposure.

ARRANGE

- Schedule a follow-up contact within the first week after the quit date and a second follow-up contact within the first month.
- Monitor for relapse; if relapse occurs, identify causes and plan next quit attempt.
- Continue to support smoke-free home and car environments.
- Congratulate successes!

Additional Resources:

- FOR COMPREHENSIVE TOBACCO GUIDELINE and COLORADO QUITLINE FAX REFERRAL FORM: www.coloradoguidelines.org/tobacco
- To order free office toolkits and materials: www.STEPPitems.com
- Colorado QuitLine: 1.800.QUIT.NOW (1.800.784.8669)
- Provider Website: www.COhealthproviders.com

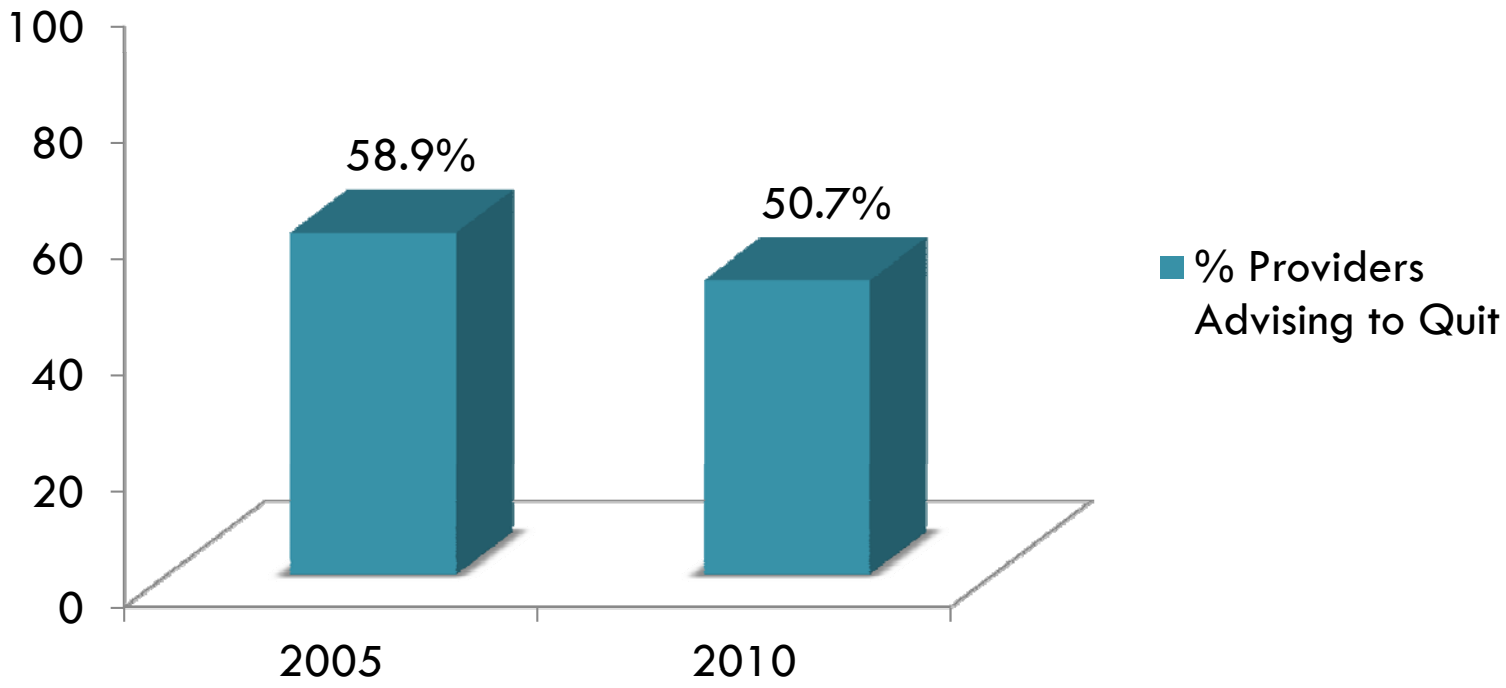
References:

- American Family Physician Vol 74, No 2 July 2006
- Treating Tobacco Use and Dependence; US Department of Health and Human Services Public Healt Service, June 2000
- The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General, June 2006

This guideline is designed to assist clinicians in the management of patients with tobacco use and/or secondhand smoke exposure.

Health Care Providers' Advice to Quit

Only 50.7% of smokers report being advised to quit by their health care providers.



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Source: *Health Care Providers' Advice to Quit Smoking*, CDC, 2012.

Limits for Providers

- Time constraints
- Competing obstacles, goals, and demands
- High volume, difficult to develop long-term relationships
- Lack of reminder systems

What Works: Ask, Advise, Refer

- **Ask** at each visit ask about tobacco use status
- **Advise** all patients to quit tobacco
  - For pregnant women explain the special QuitLine pregnancy program
  - For Medicaid patients explain tobacco cessation medication benefit
- **Refer** to the Colorado QuitLine by completing Fax Referral Form with patient
- **Follow through** with written prescriptions & Medicaid prior authorization form, if prescribing tobacco cessation medications

WOMEN'S WELLNESS CONNECTION
Tobacco Use Assessment Policy

Policy

All clients receiving CCCP services should be evaluated for tobacco use. For clients who express interest in quitting, a referral to the Colorado QuitLine should be made.

All clients who screen positive for tobacco use should be provided with QuitLine materials, regardless of their interest in quitting.

The CCCP program suggests using the ASK, ADVISE, and REFER method for agencies that do not already assess clients for tobacco use and promote quitting:

1. ASK every patient at each encounter about tobacco use and document status.
2. ADVISE every tobacco user to quit with a clear, strong personalized health message about the benefits of quitting.
3. REFER patients who are ready to quit tobacco within the next 30 days to the Colorado QuitLine directly at 1-800-QUIT-NOW (1-800-784-8669) or use the Fax-To-Quit form.

How do I ASK?

- **"How much do you smoke?"**

  -brief, open, direct question
  - This is better than "Do you smoke?"
  - "Do you smoke?" makes it easy for the embarrassed patient to simply say "no"

- *Simply asking* about tobacco use has been shown to increase the frequency of quit attempts by 30%.

- Every visit to a medical or dental office involves questions about medical/personal history, lifestyle behaviors, etc. Tobacco use behaviors change over time so it is important to ask *each time*.

Ask, Advise, Refer: The ASK

- Electronic medical records are helping practices document the ASK and identify tobacco users.
- Consider tracking percent of patients asked/documented and checking periodically to identify improvement needs.
- Second-hand smoke should also be routinely addressed.

How do I ADVISE?

- ADVISE patients to quit

  Be gentle and non-judgmental. Use questions rather than lecture:
  - *"What do you know about tobacco use and your health?"*
  - *"Would you like to know more?"*
  - *"Tobacco can lead to problems with your health. Many people know it can lead to heart disease, lung diseases and many types of cancer. But did you also know tobacco use can increase your risk for developing diabetes, cataracts, osteoporosis and impaired wound healing?"*
- Also, discuss the health risks of secondhand smoke exposure on household members, especially children, and
- ADVISE them to always smoke outside and to create smoke-free home and car environments.

Ask, Advise, Refer: The ADVISE

- Clinics should be advising patients to quit at most visits with a message about the health risks of tobacco.
- Barriers to routinely carrying out the ADVISE step (the conversation about tobacco use to encourage quitting and offer help) include:
  - staff time,
  - training the right staff to have skills to tailor the conversation to the individual patient, and
  - not always remembering to address tobacco use as a chronic relapsing condition that requires ongoing discussion.

Ask, Advise, Refer: The ADVISE

- Even when time is very short – ask patients to consider why they use tobacco – what role does it play in their life.
- Acknowledge that quitting tobacco can be very difficult.
- Inform patients that it usually takes multiple tries to quit- reframe past attempts not as failure, but rather as moving towards success!
- Reinforce that most people benefit from using more than one method to quit (coaching, NRT, medication).
- Help a patient explore what happened to make past attempts unsuccessful.

How do I REFER?

- REFER patient to:

1. Talk with her medical provider about cessation medications
2. Call the Colorado QuitLine: 1-800-QUIT-NOW
   - Fax-to-Quit Program
     - Provider submits Fax Referral Form to QuitLine and staff contact patient directly to initiate coaching sessions
   - Share QuitLine brochures, display posters in clinic, give patient magnet, quit kit, etc.
   - www.COQuitLine.org

What Works: Quitlines

- Telephonic counseling services that provide high quality and effective treatment for tobacco users who want to quit.
- Quitlines:
  - Free
  - Confidential
  - Tailored to help meet individual callers needs
  - Provide medications as well as counseling
  - Staffed by highly trained, health care professionals
  - Can dramatically improve chances of successfully quitting

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QuitLine

Be tobacco free

1.800.QUIT.NOW

(1-800-784-8669) / www.coquitline.org

www.Facebook.com/QuitLineCO

www.Twitter.com/QuitLineCO

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COLORADO QuitLine *Be tobacco free*

1.800.QUIT.NOW

(1-800-784-8669) / www.coquitline.org

- A seven day per week bilingual Intake Call Center
- A comprehensive smoking history completed with a tobacco cessation coach
- Up to 5 proactive, motivational interviewing sessions including information on and distribution of pharmacotherapy
- Up to 8 weeks free Nicotine Replacement Therapy (patches or gum) for medically eligible callers
- Relapse prevention strategies
- Pregnancy and spit tobacco protocol
- Referrals to local cessation programs and www.coquitline.org

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Colorado QuitLine Features

- Features of the QuitLine service and website such as:
  - Pregnancy and Postpartum Program,
  - Online cost-calculator,
  - Sections that address specific patient concerns and questions (i.e. chronic disease, weight gain),
  - Patient education and referral resources (order from cohealthresources.org)
  - Medicaid pharmacotherapy benefit,
  - Text-to-quit service that may especially appeal to youth

Fax-to-Quit Referral Process

FAX-TO-QUIT REFERRAL FORM

COLORADO QuitLine™ *Be tobacco free*

Use this form to refer patients who are ready to quit tobacco in the next 30 days to the Colorado QuitLine.

PROVIDER(S): Complete this section

PATIENT: Complete this section

PLEASE FAX THIS PATIENT FAX REFERRAL FORM TO: 1-800-291-8269

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Fax Referral Process

- Sent from providers or other referrers
  - Called within 3 attempts to reach
  - Tracked by Referrer
  - Confirmations sent
    - When fax received
    - When QL cannot reach after 3 attempts
    - When patient enrolls
    - When patient orders NRT
    - When patient completes the program

Measuring Impact

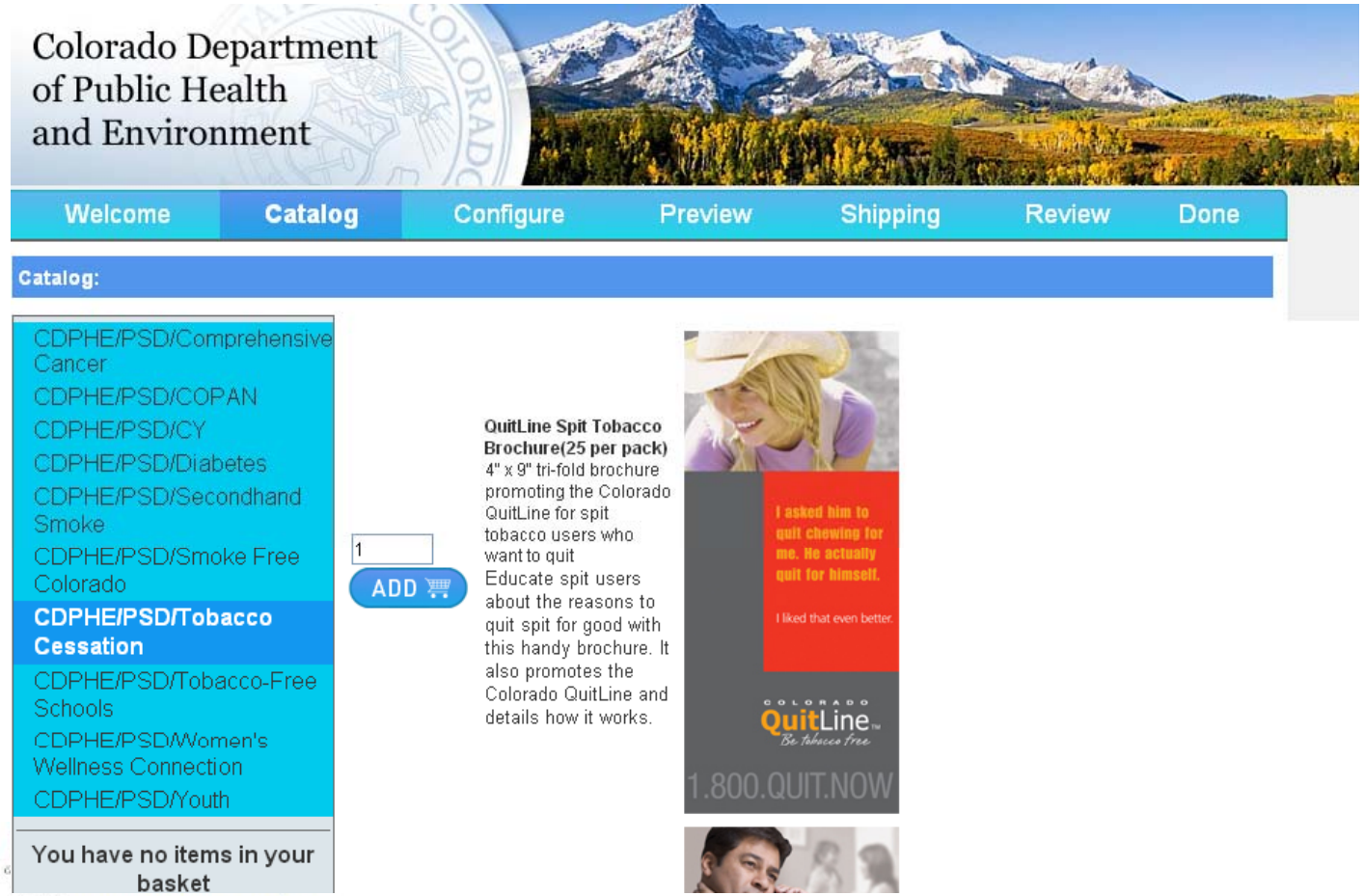
- **Statewide**
- Calls to the Quitline (QL)
- QL cessation rates
- # Fax Referrals
- Prevalence rates

- **County Level posted on CoPrevent.org**
- Monthly QL utilization
- http://www.coprevent.org/p/a35.html (click on Colorado QuitLine Reports – Statewide Reports Folder – Referral by Clinic Summary)

- **Providers (patient records)**
- Tobacco use status
- QL referrals & feedback
- Patient follow-up

Order Free Materials
Brochures, Posters, Fax Referral Forms

Go to : www.cohealthresources.org



Where to find the Fax Referral Form

www.coquitline.org

To find form:

- Click on the "Provider Referrals" link at top
- Scroll down to the bottom of the page
- Click on the "Fax to Quit Form" link

What Works: Systems Perspective

Demonstrate your commitment to health by systematically addressing tobacco-use with every patient at every opportunity.

1. Build a multi-disciplinary team with strong champions.
2. Establish systems for identifying, treating and referring patients to help.
3. Train clinicians in how to treat patients who use tobacco.
4. Evaluate your tobacco-treatment process and its impact, adjusting your program to optimize effectiveness.

Role of the Provider/Clinic

- Identify champion(s)
- Order materials for your clinic
- Place posters and table tents strategically in your clinic to encourage conversation
- Use brochures to support your message during a brief cessation intervention
- Put protocols in place to ensure successful referrals to the QuitLine via the Fax-to-Quit program
- Follow-up
- DO IT EVERY TIME!

More Resources

For additional information about implementing 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.
- 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.
- 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.

Questions?

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