
Office Visit Protocol for Tobacco Cessation Counseling

Resources for helping your adult patients

This site provides you, the physician, with useful information on how to help your patients quit their use of tobacco.

This document contains:

- Importance of Tobacco Cessation and the Role of Physicians (pp. 2-3)
- Office Visit Protocol and Resources for Cessation Counseling (pp. 4-6)
- Sheet 1: Advise Patient To Quit (p. 7)
- Sheet 2: Assess Willingness and Readiness to Quit (p. 8)
- Sheet 3: 5 “R’s” for the Patient Not Ready to Quit (p. 9)
- Sheet 4: Actions Around Quit Date (pp. 10-12)
- Sheet 5: Pharmacotherapies for Adults (p. 13)
- Sheet 6: NYS Smokers’ Quit Line (p. 14)
- Sheet 7: Actions After Quit Date (p. 15-16)
- Sheet 8: More Help for You and Your Staff: CME Credits/Coding & Billing/Office Transformation, and More (pp. 17-18)

Importance Of Tobacco Cessation And The Role Of Physicians

2.1 Million Adult Tobacco Users; \$10.4 Billion Annually in Costs

About 2.1 million adults smoke and over 74,000 high school students smoke regularly in New York State. (2014)

Tobacco use and dependence is the leading preventable cause of morbidity and mortality in New York State and in the U.S. Smoking causes or exacerbates illnesses and diseases such as cancer, heart disease, stroke, diabetes, asthma, macular degeneration, and osteoporosis, among others.

- Annual deaths in NYS caused by smoking: 28,000 (2014)
- 570,000 New Yorkers are afflicted with a disease related to their smoking (2014)
- Annual costs incurred in NYS from smoking: \$10.4 billion (2014)
- Lost productivity associated with smoking: \$6 billion (2014)

Nicotine dependence is the most common form of chemical dependence in the United States. Nicotine is as addictive as heroin, cocaine, or alcohol.

Quitting smoking has immediate as well as long term affects. Although benefits are greater for people who stop at earlier ages, smoking cessation is beneficial at any age.

The Role of Physicians.....Here's Where You Can Have an Impact

Evidence shows conclusively that physicians and their clinical staff have an effective impact on tobacco cessation attempts ("Treating Tobacco Use and Dependence," US Public Health Service, 2008; "The Health Consequences of Smoking, 50 Years of Progress," US Surgeon General, 2014; and the United States Preventive Services Task Force, an independent panel of experts in prevention and evidence-based medicine. In fact, the Task Force rates tobacco cessation counseling as an "A," its highest rating for proven effectiveness.) . Several professional medical societies advocate tobacco use screening and counseling, including the American Academy of Family Physicians, The American College of Physicians, the American College of Preventive Medicine, and the American College of Obstetricians and Gynecologists.

Research shows that if clinicians spend just a few minutes assisting patients to quit smoking, twice as many would quit. You are uniquely positioned to identify and help smokers progress towards quitting. Patients respect your advice and appreciate your encouragement and guidance.

Individual, group, and telephone counseling are effective, and their effectiveness increases with treatment intensity. Numerous effective medications are available for tobacco dependence, and clinicians should encourage their use by patients attempting to quit smoking. In fact, counseling combined with the use of medication has shown to be more effective than pursuing just one of these strategies in isolation.

Tobacco dependence is a chronic condition that often requires repeated interventions before your patients permanently quit. Patients will have periods of relapse and remission. But, take heart, your perseverance, combined with your patients' resolve, often will result in permanent cessation.

You Have A Willing Patient – About 1.5 Million....

Based on national data, we project that about 70% of smokers in New York State *want* to quit. That's about 1.5 million people!

....and About 1 Million Who Try to Quit....

About 50% of all smokers report that they tried to quit in the past year (national data). Projecting that figure to New York means that about 1 million smokers attempt to quit each year.

....But Many of Them Try Without *Your* Help....

Unfortunately, most smokers try to quit without effective treatment and, as a result, the majority go back to smoking. Your intervention will increase the possibility for success. Since most people see their doctor at least once a year, you have a great opportunity to help your patients quit smoking.

Progress Has Been Sighted

As we said, about 2.1 million adults smoke and over 74,000 high school students smoke.

Great progress is being made in reducing smoking rates. For adults, the rate has declined from about 40% in 1965 to 25% in 2001 to 14% in 2014. For high school students, the smoking rate has declined from about 13% in 2000 to 7% in 2014 (defined as students who smoked at least 20 of the past 30 days and smoked more than 100 cigarettes in their lifetime).

Let's Make it 100%.....

- 90% of people seeing a doctor within the past 12 months were asked if they smoke (2014)
- 70% were advised to quit
- 50% were given brief counseling or referred for tobacco dependence treatment (2014).

As Family Physicians on the front line of prevention and health promotion, let's reach 100% for all 3 measures above.

Office Visit Protocol And Resources For Cessation Counseling

The patient protocol below is based on the evidence-based guidelines contained in the May 2008 publication of the US Public Health Service, entitled, “Clinical Practice Guidelines Treating Tobacco Use and Dependence, 2008 Update.” The Guidelines were created by a multidisciplinary panel comprised of 24 experts in the field of tobacco treatment. The recommendations and strategies contained in the Guidelines are based upon a review of more than 8,700 articles and more than 50 meta-analyses. The utility of the Guidelines has been re-affirmed by in the Surgeon General’s Report, “The Health Consequences of Smoking, 50 Years of Progress,” and by the United States Preventive Services Task Force, 2015 Report.

The Protocol is based on the “5 A’s”:

- **Ask** every patient at every Office Visit if they smoke;
- **Advise** every smoker to quit;
- **Assess** every tobacco user’s willingness to make a quit attempt at the OV;
- **Assist** the patient in developing a quit plan; and,
- **Arrange** for follow-up contacts.

Guidelines Not Mandates

This protocol is intended as a suggested structure and timeframe for office visits and phone calls to the patient. It is meant to serve only as a guide. As the practitioner, you need to use it as you see fit. Some practitioners will want to conduct several office visits and phone calls while others will want to combine them. Similarly, some practitioners will want to provide individual visits whereas others will prefer group visits. You may also wish to add actions or steps to the protocol to enrich its impact.

The Physician Does Not have to Deliver All the Services

Generally, different members of the office team – physician, nurse practitioner, physician assistant, nurse – can deliver different parts of the counseling regimen. The physician personally does not have to deliver all elements. You may wish to check with your payers to ensure you are compliant.

Documentation

This protocol should be more than sufficient to meet the documentation requirements of all plans and payers. However, please check with them to ensure you meet their requirements.

Coverage for Tobacco Cessation

Under the Affordable Care Act, tobacco cessation counseling must be provided at no charge with no co-pay and no deductible. But, there is no single definition of coverage so it varies somewhat. Medicare reimburses 4 visits twice a year for a total of 8 per year. The Federal Government recommends that private insurance cover the same number of visits. Medicaid reimburses 6 sessions during any 12 continuous months. Although most payers cover most FDA-approved cessation medications, please check with the different insurers.



Tobacco Cessation Patient Schedule For Office Visits And Telephone Calls

Patient _____ Age _____ Doctor _____

ENCOUNTER #	DATE	REQUIRED TASKS	NOTES
<p style="text-align: center;">OV 1</p> <p>Ask, Advise, Assess Different members of the office team can deliver different parts of the counseling regimen. The physician personally does not have to deliver all elements.</p> <p style="text-align: center;">(intensive; 10-20 min)</p>		<input type="checkbox"/> Ask patient about tobacco use [ask at every visit & document status] <input type="checkbox"/> Advise patient to quit. Cite benefits –refer to Sheet #1 <input type="checkbox"/> Assess Pt’s tobacco use & readiness to quit. Consider: <input type="checkbox"/> Use Sheet 2 to help assess Pt readiness to quit. <input type="checkbox"/> Years of use _____ <input type="checkbox"/> Number prior quit tries _____. Review reasons for relapse. <input type="checkbox"/> Rate Patient Readiness: Scale 1-10____ with 10 being most ready. If Pt is not ready to set a quit date (eg, score is only 1-5), then use Sheet 3: “5 Rs” to help identify Pt barriers to cessation & re-consider at a future office visit. <input type="checkbox"/> If ready to set Quit Date, then ask Pt to begin thinking about a date.	
<p>OV 2 (1-3 wks later)</p> <p style="text-align: center;">Assist with Counseling & Pharmacotherapy</p> <p style="text-align: center;">(intensive; 10-20 min)</p>		<input type="checkbox"/> CHOOSE A QUIT DATE _____ <input type="checkbox"/> Develop coping strategies - Sheet 4, “Actions Around Quit Date” <input type="checkbox"/> Discuss Medications – Sheet 5 (medications and counseling combined are highly recommended) <input type="checkbox"/> Promote use of NYS Quitline [Sheet 6]. It provides multiple free services such as telephone counseling, access to free NRT patches and other discounted medications, list of local cessation resources, cessation materials, text & email reminders, etc. Patients can enroll by calling a number (1-866-697-8487), enrolling on-line, or your office can use the Fax-to-Quit form accessible on the QuitLine web site. Encourage Pt to join local cessation classes. See Sheet 6, last sub-heading “Listing of Local Cessation Groups” <input type="checkbox"/> Encourage Pt to join local cessation classes. See Sheet 6, last sub-heading “Listing of Local Support Programs”	
		ARRANGE FOR FOLLOW-UP SERVICES	
<p>Phone Call On Quit Date</p>		<input type="checkbox"/> Reassure, encourage	

ENCOUNTER #	DATE	REQUIRED TASKS	NOTES
Phone call 5-7 days after Quit date		<input type="checkbox"/> Did Pt quit on date? ___YES: then reassure, encourage, review progress. Review Sheet 4 “Actions Around Quit Date,” & encourage use of NYS Quitline and/or local groups ___NO: discuss reasons and new strategies, pick new quit date via phone or new OV; then repeat phone call on quit date and 5-7 days after quit date	
OV 3 (3-4 wks after Quit Date)		<input type="checkbox"/> Review Sheet 7, “Actions After the Quit Date”	
Phone call 6 wks after quit date		<input type="checkbox"/> If abstinent, then reassure, encourage, review progress, revise “Actions After the Quit Date” (Sheet 7) if indicated –or- <input type="checkbox"/> If relapse, then does Pt want to set new Quit Date: ___YES. New Quit date _____. Then, repeat phone call on quit date and 5-7 days after, conduct OV’s. ___NO: discuss reasons & new strategies, encourage Pt to set Quit Date	
OV 4 (10-12 wks after quit date)		<input type="checkbox"/> Reinforce: see Sheet 7, “Actions After Quite Date”–or- <input type="checkbox"/> If relapse, then does Pt want to set new Quit Date: ___YES. New Quit date _____. Then, repeat phone call on quit date and 5-7 days after, conduct OV’s. ___NO: discuss reasons & new strategies, encourage Pt to set Quit Date	
OV 5 (15-18 wks after quit date)		<input type="checkbox"/> Reinforce: see Sheet 7, “Actions After Quite Date”–or- <input type="checkbox"/> If relapse, then does Pt want to set new Quit Date: ___YES. New Quit date _____. Then, repeat phone call on quit date and 5-7 days after, conduct OV’s. ___NO: discuss reasons & new strategies, encourage Pt to set Quit Date	
OV 6 (22-26 wks after quit date)		<input type="checkbox"/> Reinforce: see Sheet 7, “Actions After Quite Date”–or- <input type="checkbox"/> If relapse, then does Pt want to set new Quit Date: ___Yes. New Quit date _____. Then, repeat phone call on quit date and 5-7 days after, conduct OV’s. ___No discuss reasons, encourage Pt to set Quit Date	

Sheet #1: Advise Patient To Quit

Make, clear, non-judgmental suggestions for quitting.

“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. We can help you.”

Personalize: tie the patient’s tobacco use to his/her current symptoms and health concerns, which is a “Teachable Moment.”

You may wish to review general health consequences – Chronic Lung Disease (COPD), Coronary Artery Disease, premature aging, cancers, especially lung cancer, ENT, Thromboembolic disease, stroke, pregnancy complications, poor skin coloring, stench, wrinkling

“Cutting down is not enough” or “Cutting down while you are ill is not enough.”

Review the relatively quick realization of health benefits once a person quits smoking:

Within 3 days:

- blood pressure drops to normal,
- pulse rate returns to normal,
- oxygen level in blood increases to normal,
- the chance of a heart attack decreases,
- lung capacity increases.

Within 2-12 weeks: circulation improves; lung function increases up to 30%.

Within 1 year, heart attack risk drops by one-half.

Within about 10 years, the risk of lung cancer will decrease by one-half and it continues to decline with additional smoke-free years.

Remind Patient about economic costs.

Remind about the impact of parental tobacco use on children.

“I think it’s important for you to quit smoking and I can help you.”

Note that a large number of smokers have quit. The percentage of adult smokers in NYS is one-third the percentage it was 50 years ago.

Sheet #2: Assess Willingness & Readiness To Quit

Review benefits

For the patient: health improves; lowers risk for many illnesses; food tastes better; better sense of smell; saves money; have whiter teeth and fresher breath; feel better about yourself; clothes, home and car smell better; sets good example for kids; reduces wrinkling of skin; have more energy; cough less and breathe better; no longer exposes family members to second-hand smoke; don't have to worry when in a smoke-free place.

Ask patient to identify which benefits above are most appealing; or, add his/her own.

Review fears

- **I'll gain too much weight.**

Your Response: Many people do gain weight when they quit, but the average weight gain is only about 5-7 pounds. A little extra weight is better than smoking and you can lose that weight over time.

- **I've already cut down so I don't need to quit.**

Your Response: Good. You've gotten started. Now, finish the job by quitting.

- **My spouse smokes. It would be too hard to quit with him/her smoking around me.**

Your Response: Tell your spouse that quitting smoking is very important to you. Ask your spouse not to smoke around you and not to offer you cigarettes.

- **I'm too busy.**

Your Response: We're all busy. There's no perfect time to quit but the best time is now! Plus, quitting will give you time....you won't need to take smoke breaks.

- **I wouldn't know what to do without a cigarette.**

Your Response: If you like the feel of a cigarette and feel like you would be lost without one, then see Coping Tips below on Sheet 4.

- **I don't have the willpower to quit.**

Your Response: Yes you do! Millions of people have quit. There are more ex-smokers than smokers in the US today.

- **I'm concerned about withdrawal symptoms**

Your Response: Effective tobacco cessation medications are now available.

- **I'm afraid that I will fail.**

Your Response: Most people make repeated attempts before they are successful. If you do fail, you are no worse off than you are right now, and you can learn from that failure.

You, the physician, can add, "I've helped a lot of people to successfully quit."

For patients ready to select a Quit Date, tell them that choosing a date is important because it gives them time to prepare. Proper preparation will improve chances of permanent cessation.

Sheet #3: The “5 R’s”

For the Patient Who is Not Ready to Set a Quit Date Relevance – Risks – Rewards – Roadblocks – Repetition

Relevance

Encourage patient to share why quitting is personally relevant, eg, family concerns, children in the home, health concerns, age, etc.

Risks

Ask the patient to identify potential negative consequences of tobacco use. Consider....

- *acute risks* such as shortness of breath, increased risk of respiratory problems, harm to pregnancy, exacerbation of asthma;
- long-term risks, eg, heart attacks and strokes, cancers, chronic bronchitis and emphysema, long-term disability, etc;
- *environmental risks*, eg, increased risk of lung cancer or heart disease in spouse or others in the home, increased risk for low-birth-weight baby, increased risk of illnesses among children in the home, increased risk of a home fire.

The Patient views these risks as most relevant: _____

Rewards

Ask the patient to identify potential benefits of stopping tobacco use.

The Patient views these benefits as most relevant: _____

Roadblocks

Ask the patient to identify barriers to quitting (withdrawal symptoms, fear of failure, weight gain, depression, etc.)

The Patient identified these barriers: _____

The clinician should remind the patient that many supports and aids are available such as counseling, medications, the Quit Line, support groups, etc.

Repetition

The above 4 “Rs” should be repeated every time the unmotivated patient visits the office.

They should be told that most people make repeated quit attempts before they are successful.

Sheet #4: Actions Around Your Quit Date

**Give a copy (pp 10-11) to the patient who has chosen a Quit date.
Review and discuss each of these strategies with the patient.**

Preparing for Your Quit Date

- 1)** Remove tobacco products from your home, including cupboards and pockets. Toss the ashtrays, lighters, and matches. Do the same thing at work.
- 2)** Ask other smokers in the house to quit or to not smoke around you.
- 3)** Tell your spouse, friends, and coworkers about your Quit Date and ask for their support once you do quit. Tell them to expect some temporary mood changes, including being grumpy or anxious. They will understand.
- 4)** Review your past attempts to quit and identify what went wrong and what helped you.
- 5)** List your reasons for quitting. List your triggers. List how you will manage your triggers (see below for ideas: “How to Mangle Those Triggers and Cravings” and “Overcoming Those 3 Most Important Cigarettes”). List how you will reward yourself. Keep your lists on your smartphone, laptop, 3x5 card, or whichever place makes it easy for you to access.
- 6)** Schedule to have your teeth cleaned.
- 7)** Clean your drapes and carpets

On Your Quit Date

On your QUIT DAY: Be good to yourself. Eat food you like. Go to a movie. Play your favorite sport or game. Take a long bath. Go to a ball game. Buy yourself something. You get the idea.

Withdrawal

Expect withdrawal signs (bad mood, urge to smoke, difficulty in concentrating), which typically peak within 1-3 weeks after quitting. So, prepare yourself. In some cases, the symptoms could last a few months.

Avoid Even One Cigarette

- 1)** You may fool yourself into thinking that you are doing really well so you can handle just one cigarette. It won't hurt, you say. But, it will! One cigarette can lead to another. Don't undo all your progress.
- 2)** You make think you cannot deal with never being able to have another cigarette for the rest of your life, but think only about not smoking today. Quitting happens one day at a time and sometimes one hour at a time! About 40 million Americans have quit and so can you.

How to Manage Those Triggers and Cravings

- 1)** Expect triggers, particularly during the first few weeks. Triggers could include being around other smokers, being under time pressure, alcohol, playing cards, finishing a meal, etc. Think about how you will overcome these triggers. Read on.
- 2)** Stay away from activities that you connect with smoking such as watching your favorite TV show, sitting in your favorite chair, having a drink before dinner, talking on the phone, playing cards, taking a work break, drinking coffee, seeing someone else smoke, cooling off after an argument, having sex. After a meal, leave the table and go brush your teeth or go for a walk. Change your patterns.
- 3)** When you feel the urge to smoke, talk with someone, go for a walk, drink water, start a task or a home project, work on your hobby, exercise, take a hot bath, read a book, go to a movie, do a puzzle. Keep busy. Hit a pillow, squeeze a ball, weed your garden, even yell and scream a bit, do some deep breathing.
- 4)** If you miss holding something in your hand, then hold a pencil a paper clip, a marble, or a water bottle.
- 5)** If you miss holding something in your mouth, try toothpicks, cinnamon sticks, lollipops, hard candy, sugar free gum, carrot sticks, apples, cherries, sunflower seeds, celery, raisins.
- 6)** Light incense or a candle instead of a cigarette.
- 7)** Call the NYS Quitline number at 1-866-697-8487.
- 8)** Attend a local cessation group. Go to the NYS DoH Quitline home page at nysmokefree.com and click “Resources” and then click “Local Support Programs.”
- 9)** Put money in a jar every time you have a craving that you can later spend on yourself.

Remember: cravings become weaker and less frequent every day that you don't smoke. Even the strongest cravings usually last less than 3 minutes.

Overcoming Those 3 Most Important Cigarettes

What are the 3 most important cigarettes in your day:

- 1) _____
- 2) _____
- 3) _____

Now, write down things you will do instead of smoking those cigarettes (see above actions):

- 1) _____
- 2) _____
- 3) _____

Other Tips

- 1)** Change your routine if you can. Eat breakfast in a different place, take a different route to work. Take the train or bus if you can.
- 2)** Avoid alcohol.
- 3)** Avoid even a single puff.
- 4)** Find a “Quit Buddy.”
- 5)** Use medications as directed by your physician.
- 6)** If you smoke while driving, try listening to a new radio station or your favorite music. Bring along some carrot or celery sticks to munch on.

Rewards

- 1)** Although you deserve a reward after a long day, there are far better rewards than a cigarette. Consider the possibilities.
- 2)** Reward yourself – stay in bed late, buy yourself something, take yourself out to dinner, go to a movie or a sporting event, etc.

If You Slip....

If you slip and smoke a cigarette or two, it does not mean you have failed. Give yourself a break and forgive yourself. Many people who have quit smoking slip and smoke. And many of them still end up quitting for good. If you do slip, STOP SMOKING IMMEDIATELY! GET RID OF ALL CIGARETTES. Then, look back and determine how you slipped. What were you doing? Who were you with? Now, decide how you will handle the situation the next time it happens.

Sheet #5: Pharmacotherapies for Adults

Numerous effective medications are available for tobacco dependence, and clinicians should encourage their use by all patients attempting to quit smoking except when medically contraindicated. In terms of pregnant women, the United State Preventive Services Task Force concludes that “the current evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant women (Sept 2015).”

Overall, the USPSTF found the evidence on the use of Electronic Nicotine Delivery Systems or ENDS as a smoking cessation tool in adults, pregnant women, and adolescents to be insufficient. It stated that further research is needed on the safety, benefits, and harms of ENDS. (September 2015)

Prescription Medication
Bupropion SR (Zyban)
Varenicline (Chantix)
Nicotine Gum
Nicotine Inhaler
Nicotine Nasal Spray
Nicotine Patch
Nicotine Lozenge

Sheet #6: The New York State Smokers' Quitline

What is the Quitline?

The New York State Smokers' Quitline is a free and confidential service that provides effective tobacco cessation services to New Yorkers who want to stop smoking.

Benefits Offered to Your Patients

- Confidential telephone counseling with a trained professional. Sessions provided in English and Spanish and translations are available for other languages.
- Free nicotine patches based on an interview (live or electronic) of patient.
- General information on quitting
- Tips on quitting and general messages about quitting
- A listing of local stop-smoking groups and programs

3 Ways to Connect Your Patients to the Quitline

- **Your Patients Call.** You simply give the Quitline phone number to your patients and instruct them to call. That number is **1-866-NY-QUITS (1-866-697-8487)**. A counselor will counsel your patients and send them the appropriate materials.
- **Your patients complete an on-line form** at: <https://www.nysmokefree.com/register>
- **Your Office Uses the Fax-to-Quit Form.** You and your patient complete a form and you fax it to the Quitline at **1-866-784-8329**. A counselor will call your patient at the phone number they provide, and fax or email you progress reports if you request that on the form. You can download the fax form at: [nysmokefree.com/Fax/Refer-to-QuitReferralForm2-11.pdf](https://www.nysmokefree.com/Fax/Refer-to-QuitReferralForm2-11.pdf)

Use the Quitline as Often as Needed

- Patients can be *referred* to the New York State Smokers' Quitline as often as needed.
- Patients can *call* the New York State Smokers' Quitline as often as needed.
- There is no limit to the number of patients a health care provider may refer.

Listing of Materials for Health Care Providers

Go to the Quitline home page at www.nysmokefree.com and click "Resources" and then click "Guides and Materials."

Listing of Local Cessation Groups

Go to the Quitline home page at www.nysmokefree.com and click "Resources" and then click "Local Support Programs."

NYS Academy of Family Physicians

Sheet #7: Actions After Quit Date

Discuss Items on these 2 pages with patients after their Quit Date, either at an office visit or over the phone.

Since most relapse occurs within 3 months of quitting, intervention is very important during this period.

- 1)** Get patients to discuss the many different benefits of quitting and particularly the benefits they have experienced so far.
- 2)** Discuss problems encountered or anticipated threats to maintaining abstinence (e.g., depression, weight gain, alcohol, etc.).
- 3)** If patient is taking medications, ask about effectiveness and any side-effects.
- 4)** If the patient has a significant negative mood or depression, then prescribe counseling, prescribe medications or refer patient to a specialist.
- 5)** If the patient reports prolonged cravings or other withdrawal symptoms, consider extending the use of an approved medication or adding/combining medications to reduce strong withdrawal symptoms.
- 6)** Tell the patient that occasionally s/he will want to smoke, but their urges will decrease. But, they must always be vigilant. Even one cigarette is too many.
- 7)** Reassure the patient that some weight gain after quitting is common and appears to be self-limiting. Recommend physical activity.
- 8)** Emphasize the importance of a healthy diet.
- 9)** Consider maintaining the patient on medication known to delay weight gain such as bupropion SR, 4 mg nicotine gum, and lozenges.
- 10)** Triggers. Remind the patient to stay away from triggers such as watching your favorite TV show, sitting in your favorite chair, having a drink before dinner, talking on the phone, playing cards, taking a work break, drinking coffee, seeing someone else smoke, cooling off after an argument, having sex. After a meal, leave the table and go brush your teeth or go for a walk.
- 11)** When the Patient feels the urge to smoke, talk with someone, go for a walk, drink water, start a task or home project, work on a hobby, exercise, take a hot bath, read a book, go to a movie, do a puzzle, etc. Keep busy. Hit a pillow, squeeze a ball, weed your garden, even yell and scream a bit. Do some deep breathing. Replace a cigarette with a pencil, paper clip, a toothpick, cinnamon sticks, lollipops, hard candy, sugar free gum, carrot sticks, apples, cherries, sunflower seeds, celery, raisins.

12) Suggest longer-term strategies to the patient:

- Spend time in places where smoking is not allowed.
- Start or increase physical activity; discourage strict dieting.
- Drink large quantities of water and fruit juice, but not sodas that contain caffeine.
- Avoid coffee and other beverages that people associate with tobacco use.
- Fill a jar with the money s/he would have spent on tobacco and buy something at the end of the month or go to dinner or a movie or a sporting event.

13) If your patient has relapsed, reassure that quitting may take multiple attempts, then help him/her to pick a new quit date and review the conditions that facilitated the relapse.

14) Suggest that the patient contact the NYS Quitline or attend a local cessation group. Go to the Quitline home page at www.nysmokefree.com and click “Resources” and then click “Local Support Programs.”

Sheet #8: More Help For You And Your Staff

The State Health Department offers:

- **CME Credits**
- **Practice Transformation**
- **Insurance Coding & Billing Information**
- **Building Office Systems**
- **Guidelines for Medicaid and Medicare**

Go to nysmokefree.com

Click “Healthcare Providers and Partners” and then click
“Provider & Partner Resources”

- **Continuing Medical Education (CME)**

To help health care providers maintain, develop, increase knowledge, and provide services to smokers, New York State Smokers’ Quitline offers some Continuing Medical Education (CME) activities. These online modules are provided at no cost and eligible participants can earn AMA PRA Category 1 Credit™ by successfully completing the course.

- **Outline for Practice Transformation**

Tools to assist clinicians in organizing effective delivery of smoking cessation services in the office setting. Outline for Practice Transformation summarizes the essential details of patient flow, documentation, and coding for reimbursement.

- **Insurance Reimbursement**

Coding & Billing

Details of billing and coding requirements are provided in the **Outline: Practice Transformation for Smoking Cessation Counseling V3 and International Classification of Diseases (ICD)-10 Codes Tobacco/Nicotine Dependence, and Secondhand Smoke Exposure** (University of Wisconsin, Center for Tobacco Research & Intervention, October 2015).

Commercial

Many health plans cover smoking cessation counseling by clinicians. The service should be provided to all patients and all health plans billed. In the event of a claim rejection, an appeal letter template is included in the **Outline: Practice Transformation for Smoking Cessation Counseling V3.**

- **Guide to Building a Better Office System**

This guide, produced by the American Academy of Family Physicians, addresses the U.S. Public Health Service's (USPHS) Clinical Practice Guideline; **Treating Tobacco Use and Dependence** 2008 Update, recommendation for clinicians to change the clinical culture and practice patterns in their offices to ensure that every patient who uses tobacco is identified, advised to quit, and offered evidence-based treatments.

- **Related Content: Provider Guidelines: Medicaid and Medicare**