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

Click here
- Importance of Tobacco Cessation and the Role of Physicians
- Medicare & Medicaid Reimbursement for Tobacco Cessation Counseling
- Coverage for Medications
- Office Visit Protocol and Resources for Cessation Counseling
- More Help for You and Your Staff:
  - CME Credits/Coding & Billing Help/EHR Consultation/And More
Importance Of Tobacco Cessation
And The Role Of Physicians

2.8 Million Tobacco Users; $8 Billion Annually in Costs

About 2.7 million adults smoke and over 100,000 high school students smoke regularly in New York State. 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: 25,400
- 570,000 New Yorkers are afflicted with a disease related to their smoking
- Annual costs incurred in NYS from smoking: $8 billion (2009)
- Lost productivity associated with smoking: $6 billion (2009)

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 United States Preventive Services Task Force, an independent panel of experts in prevention and evidence-based medicine, rates tobacco cessation counseling as an “A,” which is its highest rating for proven effectiveness.

Research shows that if clinicians spend just a few minutes assisting patient 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 all patients attempting to quit smoking except when medically contraindicated. 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 2 Million….

Based on national data, we project that about 70% of smokers in New York State want to quit. That’s about 2 million people!

….and About 1.6 Million Who Try to Quit….

About 60% of all smokers report that they tried to quit (national data, 2010). Projecting that figure to New York means that about 1.6 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 2.7 million adults smoke and over 100,000 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 18% in 2011. For high school students, the smoking rate has declined from about 13% in 2000 to 10% (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 (2009)
- 80% were advised to quit
- 50% were prescribed or referred for tobacco dependence treatment or given brief counseling.

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

Let’s Do More for Our Medicaid Enrollees

Medicaid enrollees have the highest smoking levels, 27%, although it has declined significantly since 2003 when it was nearly 39%. An estimated 750,00 – 900,000 Medicaid enrollees use tobacco.

Medicaid Managed Care Plans

Only about 18% of Medicaid smokers in Medicaid Managed Care plans are receiving tobacco cessation services, which is slightly over 100,000 enrollees of nearly 600,000.

Furthermore, of that 18%, only about one-tenth receive both counseling and prescriptions while the others receive either only counseling or medications but not both (2011 NYSDOH report). Again, as Family Physicians, let’s raise this percentage.

Click here to see the number of Medicaid recipients enrolled in each Medicaid Managed Care Plan and the number in each plan who are receiving tobacco cessation services [2011 data]

Let’s Help Achieve the NYS Goal of 500,000 Fewer Smokers by 2017

The State Department of Health has set a goal in its Prevention Agenda to reduce the percentage of adult smokers from its current level of 18% to 15%, or about 500,000 people. Let’s do our part and more.

People with less than high school education and those earning less that $15,000 per year have the highest smoking rates.

- Smoking rates based on payer source:
  - Private insurance: 12%
  - Medicare: 12.6% (has least decline in smoking rates)
  - No insurance: 22%
  - Medicaid: 27%
Medicare & Medicaid Reimbursement For Tobacco Cessation Counseling

Medicare and Medicaid cover about 40% of all New Yorkers, and they both provide coverage for tobacco cessation. Below is a table explaining Medicare and Medicaid reimbursement and related issues for this service.

<table>
<thead>
<tr>
<th>Amounts Paid to Office-Based Practitioners for Patients Enrolled in Fee-for-Service</th>
<th>TASKS</th>
<th>MEDICARE</th>
</tr>
</thead>
</table>
| CPT Code 99406: 3-10 minutes  
- $10 per visit  
CPT Code 99407: more than 10 minutes  
- $19 per visit  
- $8.50 per patient for group sessions up to 8 patients per group | If symptomatic:  
a) CPT Code 99406: 3-10 minutes  
- Downstate rate: about $15 but varies slightly depending on region  
- Upstate rate: $13.47  
b) CPT Code 99407: More than 10 minutes  
- Downstate rate: about $28.50 but varies slightly depending on region  
- Upstate rate: $25.89 |
| Although the exact number of Medicaid Fee-for-Service tobacco users is unknown, we estimate that the number may range from 150,000 – 300,000 |

<table>
<thead>
<tr>
<th>Amounts Paid to Hospital Outpatient Departments (OPD) and Diagnostic &amp; Treatment Centers (D&amp;TC) for Patients Enrolled in Fee-for-Service</th>
<th>TASKS</th>
<th>MEDICARE</th>
</tr>
</thead>
</table>
| CPT Code 99406:  
- OPD: $20  
D&TC: $17 (approximate Statewide averages)  
CPT Code 99407:  
- OPD: $20 for Individual & $10 per patient for Group  
D&TC: $17 for Individual & $8.50 per patient for Group (Statewide averages) | If symptomatic:  
a) CPT Code 99406: 3-10 minutes  
- Downstate facility rate is about $13 but varies depending on region  
- Upstate rate is $11.55  
b) CPT Code 99407: More than 10 minutes  
- Downstate facility rate is about $27 but varies depending on region  
- Upstate rate is $23.97 |
| Although the exact number of Medicaid Fee-for-Service tobacco users is unknown, we estimate that the number may range from 150,000 – 300,000 |

About 67% of Medicare recipients are enrolled in Fee-for Service or about 2 million of 3 million people
<table>
<thead>
<tr>
<th><strong>MEDICAID</strong></th>
<th><strong>MEDICARE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amounts Paid by Managed Care Plans</strong></td>
<td>Reimbursement amounts are negotiated between plans and providers. About 75% of Medicaid recipients are in Managed Care or an estimated 590,000 tobacco users</td>
</tr>
<tr>
<td></td>
<td>About 33% of Medicare recipients are enrolled in a Medicare managed care plan (Medicare Advantage) or about 1 million of 3 million people</td>
</tr>
<tr>
<td><strong>Sessions per Year</strong></td>
<td>6 sessions during any 12 continuous months</td>
</tr>
<tr>
<td></td>
<td>• 4 sessions per episode</td>
</tr>
<tr>
<td></td>
<td>• 2 episodes per year for total of 8 sessions in a 12-month period</td>
</tr>
<tr>
<td><strong>Coding</strong></td>
<td>Use ICD-9, ie, 305.1 (Tobacco Use Disorder)</td>
</tr>
<tr>
<td></td>
<td>Must use HQ Modifier for Group Counseling</td>
</tr>
<tr>
<td></td>
<td>Billing for other services on same visit. A practitioner can bill for another medically necessary service on the same date as tobacco counseling is provided as long as it is clinically appropriate.</td>
</tr>
<tr>
<td></td>
<td>Symptomatic Patients: Use ICD code 305.1 (Tobacco Use Disorder)</td>
</tr>
<tr>
<td></td>
<td>Asymptomatic Patients: Use code 305.1 (Tobacco Use Disorder) or ICD code V15.82 (History of Tobacco Use)</td>
</tr>
<tr>
<td></td>
<td>Billing for other services on same visit. A practitioner can bill for another medically necessary service on the same date as tobacco counseling is provided as long as it is clinically appropriate. Use the “-25” Modifier with the E&amp;M codes. The counseling codes can also be billed as “incident to” by ancillary staff in the office, providing the appropriate “incident to” rules are followed.</td>
</tr>
<tr>
<td><strong>Provider Type</strong></td>
<td>To be reimbursed, counseling must be provided by either a physician, nurse practitioner, or licensed midwife. A registered PA may provide counseling, but the doctor or clinic must bill</td>
</tr>
<tr>
<td></td>
<td>To be reimbursed, counseling must be provided “by either a physician or other Medicare-recognized practitioner.”</td>
</tr>
</tbody>
</table>
Advocating that ALL Insurers Provide Coverage for Tobacco Cessation Counseling

In addition to Medicare and Medicaid coverage for tobacco cessation counseling, some large group and self-insured plans provide coverage although the State does not know the exact level given the many different insurers and employer plans. Rates may be negotiated while others are fixed. Once the Health Exchange becomes operational in January 2014, another 1 million-plus people will have coverage for tobacco cessation.

The Academy is working to require that all health insurers provide coverage for tobacco cessation counseling given its proven effectiveness, the high cost of tobacco-related illnesses, and the human suffering tobacco use causes.
# Coverage For Medications

## Prescription Medications Covered

<table>
<thead>
<tr>
<th>MEDICAID</th>
<th>MEDICARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal sprays</td>
<td>Prescription drug plans typically cover nasal sprays, inhalers, Zyban (bupropion), and Chantix (Varenicline), but some plans may have variations in coverage.</td>
</tr>
<tr>
<td>Inhalers</td>
<td></td>
</tr>
<tr>
<td>Zyban (bupropion)</td>
<td></td>
</tr>
<tr>
<td>Chantix (Varenicline)</td>
<td></td>
</tr>
</tbody>
</table>

Two courses of smoking cessation therapy per enrollee per year are allowed. A course of therapy is defined as no more than a 90-day supply (an original order and two refills, even if less than a 30-day supply is dispensed in any fill).

## OTC Medications

<table>
<thead>
<tr>
<th>MEDICAID</th>
<th>MEDICARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine patches</td>
<td>No OTC covered.</td>
</tr>
<tr>
<td>Nicotine gum</td>
<td></td>
</tr>
</tbody>
</table>

OTC Medications
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 the 8,700 articles and more than 50 meta-analyses. They are considered the most current and effective guidelines available.

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 or substitute phone calls for office visits. 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.

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.
## Tobacco Cessation Patient Schedule For Office Visits And Telephone Calls

**Patient ____________________________  Age ______ Sex ____ M ____ F  Doctor ____________________________**

<table>
<thead>
<tr>
<th>ENCOUNTER #</th>
<th>DATE</th>
<th>REQUIRED TASKS</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>OV 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask, Advise, Assess</td>
<td></td>
<td>- Ask patient about tobacco use [ask at every visit &amp; document status]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Advise patient to quit. Cite benefits –refer to Sheet #1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Assess Pt’s tobacco use &amp; readiness to quit. Consider:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Use Sheet 2 to help assess Pt readiness to quit.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Years of use _____</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Number prior quit tries ____. Review reasons for relapse.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Rate Patient Readiness: Scale 1-10_____ with 10 being most ready. If reluctant (eg, score is only 1-5), then help Pt ID barriers to cessation &amp; re-consider at a future office visit. Use Sheet 3: “5 Rs” for Pt who is Not Ready to Set a Quit Date</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If ready, ask Pt to begin thinking about a Quit Date</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If symptomatic, use CPT Code 99406 if session 3-10 minutes; use 99407 if session 10 minutes or more. Use ICD code 305.1 (Tobacco Use Disorder) or</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If asymptomatic, use GO436 or GO437. Use ICD code 305.1 (Tobacco Use Disorder) or V15.82 (History of Tobacco Use)</td>
<td></td>
</tr>
</tbody>
</table>

| OV 2 (1-3 wks later) Assist with Counseling & Pharmacotherapy | | | |
| Intensive; 10-20 min | | | |
| CHOOSE A QUIT DATE_______ | | | |
| - Develop coping strategies - Sheet 4, “Actions Around Quit Date” | | | |
| - Discuss Medications – Sheet 5 (medications and counseling combined are highly recommended) | | | |
| - Promote use of NYS Quitline [telephone counseling is proven to be effective]. See Sheet 6: Patients can call a number, enroll on-line, or your office can use the Fax-to-Quit form. | | | |
| - Encourage Pt to join local cessation classes. See Sheet 6, last sub-heading “Listing of Local Cessation Groups” | | | |
| - Reimbursement: see above on OV 1 | | | |

**ARRANGE FOR FOLLOW-UP SERVICES**

<p>| Phone Call On Quit Date | | | |
| - Reassure, encourage | | | |</p>
<table>
<thead>
<tr>
<th>ENCOUNTER #</th>
<th>DATE</th>
<th>REQUIRED TASKS</th>
<th>NOTES</th>
</tr>
</thead>
</table>
| **Phone call 5-7 days after Quit date** | | □ 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: 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)** | | □ Review Sheet 7, “Actions After the Quit Date”  
   □ Reimbursement: see above on OV 1 | |
| **Phone call 6 wks after quit date** | | □ If abstinent, then reassure, encourage, review progress, revise “Actions After the Quit Date” if indicated –or-  
   □ 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 in future  
   Reimbursement: see above on OV 1 | |
| **OV 4 (10-12 wks after quit date)** | | □ Reinforce: see Sheet 7, “Actions After Quite Date”–or-  
   □ 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 in future  
   Reimbursement: see above on OV 1 | Medicare reimburses 4 visits twice a year. |
| **OV 5 (15-18 wks after quit date)** | | □ Reinforce: see Sheet 7, “Actions After Quite Date”–or-  
   □ 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 in future  
   Reimbursement: see above on OV 1 | |
| **OV 6 (22-26 wks after quit date)** | | □ Reinforce: see Sheet 7, “Actions After Quite Date”–or-  
   □ 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 in future  
   Reimbursement: see above on OV 1 | Medicaid reimburses 6 sessions during any 12 continuous months |
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.”

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

Personalize: tie the patient’s tobacco use to his/her current symptoms and health concerns

“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

Note that one-half of all people who have ever smoked have now quit.
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!

- **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.

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.

* NYS Academy of Family Physicians*
**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.

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.

NYS Academy of Family Physicians
Sheet #4: Actions Around Your Quit Date

Give a copy to the patient who has chosen a Quit date. Review and discuss each of these strategies with the patient.

**Quit Date**

1) On your QUIT DAY: Remove tobacco products from your home, including cupboards and pockets. Toss the ashtrays, lighters, and matches. Do the same thing at work. Then, 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.

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.

**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 may 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.

3) When you feel the urge to smoke, talk with someone, go for a walk, drink water, start a task, 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.

NYS Academy of Family Physicians
4) If you miss holding something in our 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) Remember: cravings become weaker and less frequent every day that you don’t smoke. Even the strongest cravings usually last less then 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.

**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.
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 or with specific populations for when there is insufficient evidence of effectiveness (ie, pregnant women, smokeless tobacco users, light smokers, and adolescents).

Listed below are 7 medications. The use of all 7 is rated by the United States Preventive Services Task Force as either an “A” or “B.” An “A” rating means there is high certainty that the net benefit is substantial, and clinicians should offer this service.

The “B” rating means there is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. Clinicians should provide this service.

<table>
<thead>
<tr>
<th>Prescription Medication</th>
<th>USPSTF Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bupropion SR (Zyban, Wellbutrin SR)</td>
<td>A</td>
</tr>
<tr>
<td>Nicotine Gum</td>
<td>A</td>
</tr>
<tr>
<td>Nicotine Inhaler</td>
<td>A</td>
</tr>
<tr>
<td>Nicotine Nasal Spray</td>
<td>A</td>
</tr>
<tr>
<td>Nicotine Patch</td>
<td>A</td>
</tr>
<tr>
<td>Varenicline (Chantix)</td>
<td>A</td>
</tr>
<tr>
<td>Nicotine Lozenge</td>
<td>B</td>
</tr>
</tbody>
</table>

[4 mg rather than 2 is a “B” rating]
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. Over 160,000 different people used the Quitline in 2011.

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 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: [http://www.nysmokefree.com/fax/refer-to-quitreferralform2-11.pdf](http://www.nysmokefree.com/fax/refer-to-quitreferralform2-11.pdf)

- **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. Patient Progress forms are not available if patients call the Quitline number.

- **Your patients complete an on-line form** at: [https://www.nysmokefree.com/register](https://www.nysmokefree.com/register)
  Patient Progress forms are not available if patients register on-line.

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 Local Cessation Groups, Posters and Materials for Health Care Providers

Go to the Quitline home page at [https://www.nysmokefree.com](https://www.nysmokefree.com) and click “Resources” and then click “Local Support Programs.”

NYS Academy of Family Physicians
Discuss Items on this sheet 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 a favorite TV show, sitting in a 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, finishing a meal.

11) When the Patient feels the urge to smoke, talk with someone, go for a walk, drink water, start a task, 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. 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. After a meal, brush your teeth or go for a walk.
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 https://www.nysmokefree.com and click “Resources” and then click “Local Support Programs.”
The State Health Department funds 19 tobacco cessation centers throughout New York State. The Centers offer training and resources to healthcare professionals to help them assist their patients with tobacco cessation. The Center staff will go onsite to provide the training. Different Centers offer different services and programs to healthcare providers.

Depending on the Center, examples of what is offered include: CME Credits, coding and billing information, help in meet Meaningful Use and Medical Home status, EHR system consultation to ensure clinicians are effectively prompted to assist patients to quit, and education on cessation medications.

**Tobacco Cessation Centers** Contact the one closest to you

**Albert Einstein College of Medicine of Yeshiva University**
1300 Morris Park Avenue
Bronx, NY 10461
Telephone: 718-430-2601
Fax: 718-515-5416
E-mail: barbara.hart@einstein.yu.edu
County/Counties Served: Bronx/Westchester

**American Lung Association of New York, Inc for POW’R Cessation Center/POW’R To Be Tobacco Free**
3 West Main Street, Suite 208
Elmsford, NY 10523
Telephone: 914-347-2094 x44
Fax: 914-347-2189
E-mail: draxworthy@alany.org
County/Counties Served: Orange/Putnam/Rockland/Westchester

**Arnot Ogden Medical Center**
600 Roe Avenue
Elmira, NY 14905
Telephone: 607-737-4515
Fax: 607-737-4530
E-mail: mtuite@aomc.org
County/Counties Served: Chemung/Schuyler/Steuben/Yates

**Glens Falls Hospital**
100 Park Street
Glens Falls, NY 12801
Telephone: 518-926-5905
Fax: 518-926-5412
E-mail: jwright@glensfallshosp.org
County/Counties Served: Fulton/Montgomery/Saratoga/Warren/Washington
**North Country Healthy Heart Network, Inc./North Country Tobacco Cessation Center**
126 Kiwassa Road
Saranac Lake, NY 12983
*Telephone:* 518-891-5855
*Fax:* 518-891-6159
*E-mail:* nnyheart@northnet.org
*County/Counties Served:* Clinton/Essex/Franklin/Hamilton

**North Shore University Hospital/Center For Tobacco Control**
225 Community Drive, South Entrance
Great Neck, NY 10021
*Telephone:* 516-466-1980
*E-mail:* djacobse@nshs.edu
*County/Counties Served:* Nassau/Suffolk

**Queens Hospital Center/Queens Quits**
82-68 164th Street
Jamaica, NY 11432
*Telephone:* 718-883-3778
*Fax:* 718-883-6323
*E-mail:* Marinil@nychhc.org
*County/Counties Served:* Queens

**Roswell Park Cancer Institute Division**
Elm & Carlton Streets
Buffalo, NY 14263
*Telephone:* 716-845-8255
*Fax:* 716-845-7783
*E-mail:* Kimberly.bank@roswellpark.org
*County/Counties Served:* Erie/Genesee/Niagara/Orleans

**Seton Health System, Inc.**
24 Aviation Road
Albany, NY 12550
*Telephone:* 518-459-2550
*E-mail:* pkeigley@setonhealth.org
*County/Counties Served:* Albany/Columbia/Delaware/Green/Otsego/Rensselaer/Schenectady/Schoharie

**Southern Tier Health Care System, Inc.**
One Blue Bird Square
Olean, NY 14760
*Telephone:* 716-372-0614
*Fax:* 716-372-5217
*E-mail:* dkahm@sthtcs.org
*County/Counties Served:* Allegany/Cattaraugus/Chautauqua/Wyoming
St. Joseph’s Hospital Health Center/Cessation Center
7246 Janus Park Drive
Liverpool, NY 13088
Telephone: 518-458-3600 X375
Fax: 315-458-2760
E-mail: leslie.holmberg@sjhsyr.org
County/Counties Served: Cayuga/Oswego/Onondaga

The Kingston Hospital for Tri-County Cessation Center
741 Grant Avenue
Lake Katrine, NY 12449
Telephone: 845-334-2700 x5543
Fax: 845-943-6080
E-mail: tamiller@kingstonhospital.org
County/Counties Served: Dutchess/Sullivan/Ulster

Tri-County Tobacco Cessation Center
Faxton St. Luke’s Health Regional Cancer Center
1676 Sunset Ave
Utica, NY 13502
Telephone: 315-624-5458
E-mail: acady1@mvnhealth.com
County/Counties Served: Madison/Oneida/Herkimer

Tobacco Cessation Center of Northern New York
Carthage Area Hospital
1001 West Street
Carthage, NY 13619
Telephone: (315) 519-1528
E-mail: Jc1heart@carthageareahospital.com
County/Counties Served: Jefferson, Lewis, St. Lawrence

United Health Services Hospitals
33-57 Harrison Street
Johnson City, NY 13790
Telephone: 607-763-6722
Fax: 607-763-5067
E-mail: Sara_Delafield@uhs.org
County/Counties Served: Broome/Chenango/Cortland/Tioga/Tompkins

University of Rochester/Greater Rochester Area Tobacco Cessation Center
Department of Community & Preventive Medicine
265 Crittenden Blvd., CU 420644
Rochester, New York 14642-0644
Telephone: 585-275-0511
Fax: 585-424-1469
E-mail: Scott_McIntosh @URMC.rochester.edu
County/Counties Served: Livingston/Monroe/Ontario/Seneca/Wayne
Contact the NYSDOH if you want to access information pertaining to fact sheets, brochures, reports, current State laws and policies regarding tobacco, and more.

Go to www.health.ny.gov/prevention/tobacco_control/
Then click “Tobacco Use Prevention - New York State Department of Health.”
Use the upper left-hand menu to navigate the site.