Implementing
Tobacco Cessation into
Electronic Health Records
to **Improve Patient
Outcomes** and **Maximize
Reimbursement**

IPRO
QIN-QIO

- Healthcentric Advisors
- Qlarant

QIN–QIO
**Quality Innovation Network -
Quality Improvement Organizations**
*CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP*

The purpose of this tool

- Developed as a resource for providers, in response to low rates of tobacco use screening and referrals among Medicare Fee for Service Beneficiaries. These interactions may not be fully captured, which can impact both reimbursement opportunities and patient outcomes. The following best practices should be applied across recommended patient groups.

- Serves as a resource for practices to leverage EHRs and interdisciplinary teams in tobacco use screening, counseling, prescribing, referrals, and managing/ tracking patients. Includes:

    » EHR capabilities that may be available,

    » Key registry activities,

    » A workflow example promoting the use of the EHR across patient encounters where interdisciplinary team members can support the tobacco cessation process flow,

    » A selection of helpful resources and reference materials.

While the information in the tool is based on guidelines and best practice, each system will have its own features and team members to consider when designing workflows and delegating tasks and functions.

Did you know?

7 out of **10** smokers want to quit.

50% receive advice to quit from a health professional and make a quit attempt annually.

Less than 1/3 who attempt to quit use cessation treatments.

Medicare fee-for-service data indicates that:

- Tobacco use screening and utilization of tobacco cessation counseling and medications is low.
- Providers may not be capturing their tobacco cessation interactions in a way that reflects the quality of care provided or maximizes potential reimbursement.

Best practices you can follow:

- ☑ Screen patients for tobacco at every visit.
- ☑ Counsel patients who use tobacco to quit at every visit.
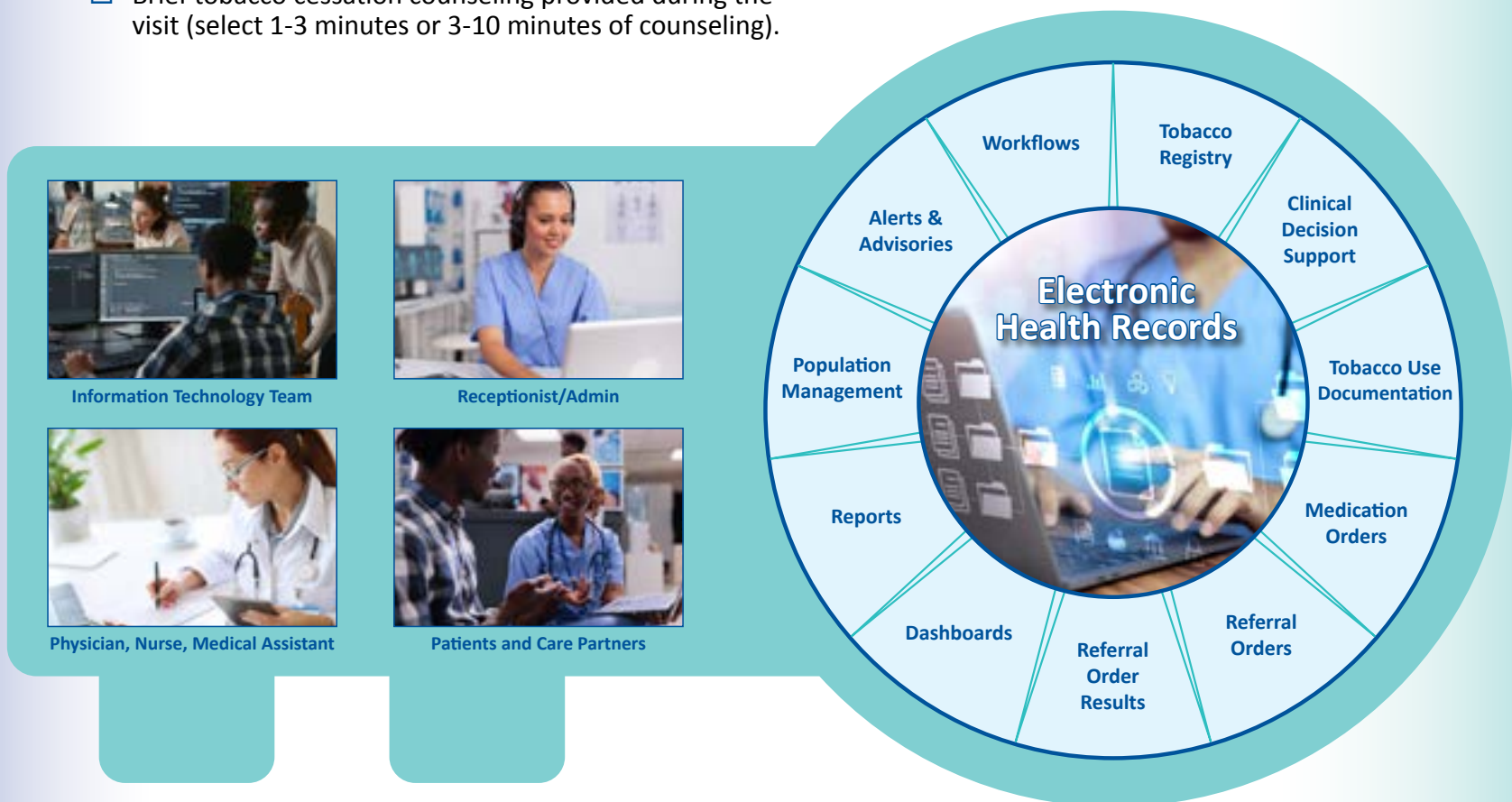- ☑ Establish a standardized process for tobacco use screening and cessation.

Studies indicate that EHR modifications to support smoking cessation have led to improvements in the documentation of smoking status in EHRs, increased referrals of patients to cessation counseling, and led to better payment incentives.

Implementation Strategies and Key Components
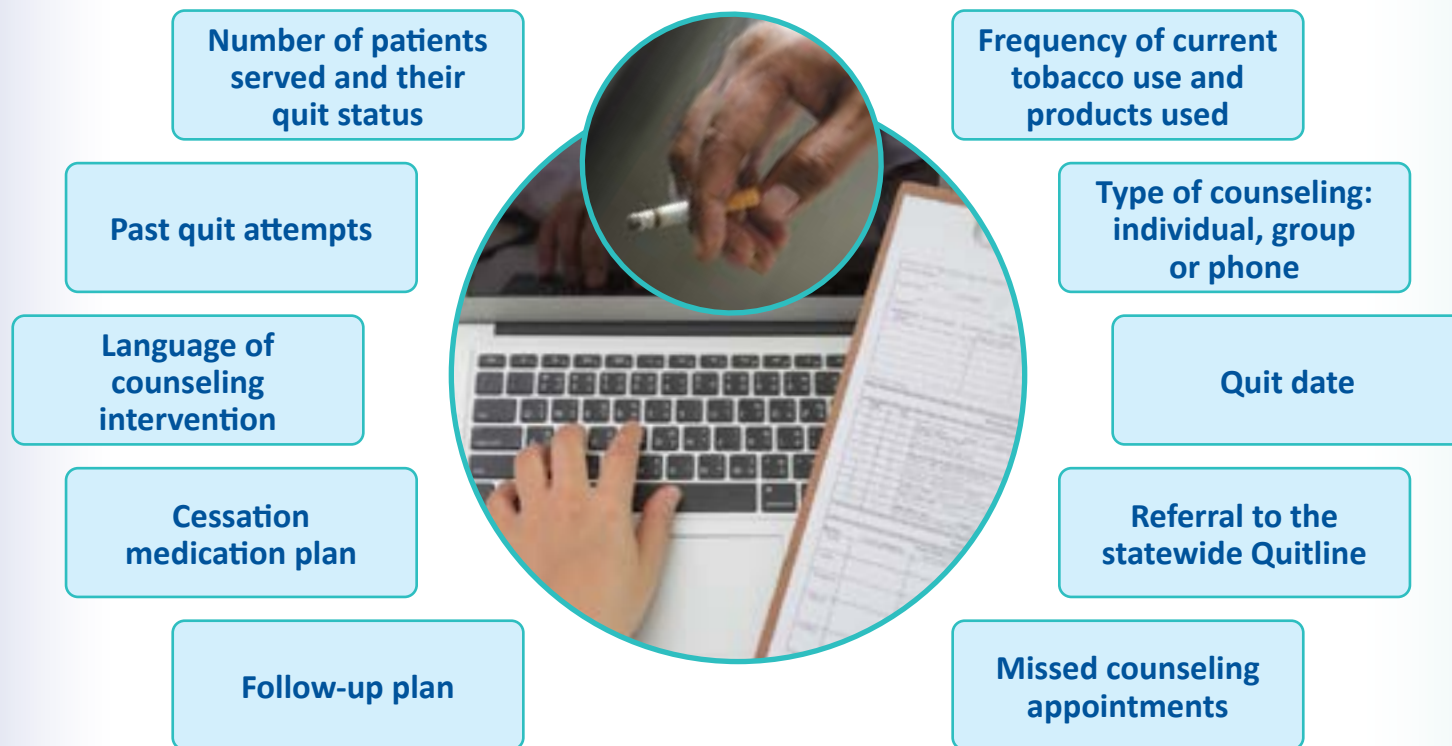## Steps to Involve Your Interdisciplinary Team

1. **Ensure that your tobacco cessation protocol can be queried and extracted.**

2. **Use programmed decision support text, pop-ups, check boxes, and pick lists to minimize data entry for the following activities:**

   ☑ Automating tobacco use identification and intervention coding and documentation.

   ☑ Automating the diagnostic code when a patient is identified and documented as a current tobacco user.

   ☑ Brief tobacco cessation counseling provided during the visit (select 1-3 minutes or 3-10 minutes of counseling).

☑ Triggering appropriate billing and reimbursement documentation.

☑ Providing the appropriate coding when placing, documenting, routing, and billing a submitted medication order.

☑ Automatically populate the after-visit summary with educational content and resources tailored to each patient's needs (handouts, Quitline information, referral to tobacco cessation specialists, and follow-up appointment details).

Information Technology Team

Receptionist/Admin

Physician, Nurse, Medical Assistant

Patients and Care Partners

Electronic Health Records

- Workflows
- Tobacco Registry
- Alerts & Advisories
- Clinical Decision Support
- Population Management
- Tobacco Use Documentation
- Reports
- Medication Orders
- Dashboards
- Referral Orders
- Referral Order Results

Build a Registry of Tobacco Users from Your Electronic Health Record (EHR)

A registry can enhance your smoking cessation activities, provide critical follow-up cessation support to patients who screen positive for tobacco use, and help document key patient interactions. A registry also facilitates continued patient engagement and outreach such as follow-up phone counseling, invitations to events and support groups, and tobacco program mailings.

A registry can be as simple as a spreadsheet that tracks these key activities:

- Number of patients served and their quit status
- Past quit attempts
- Language of counseling intervention
- Cessation medication plan
- Follow-up plan
- Frequency of current tobacco use and products used
- Type of counseling: individual, group or phone
- Quit date
- Referral to the statewide Quitline
- Missed counseling appointments

Implement Mandatory Screening Interventions that Connect Cessation Services Using Closed-Loop Electronic Referrals
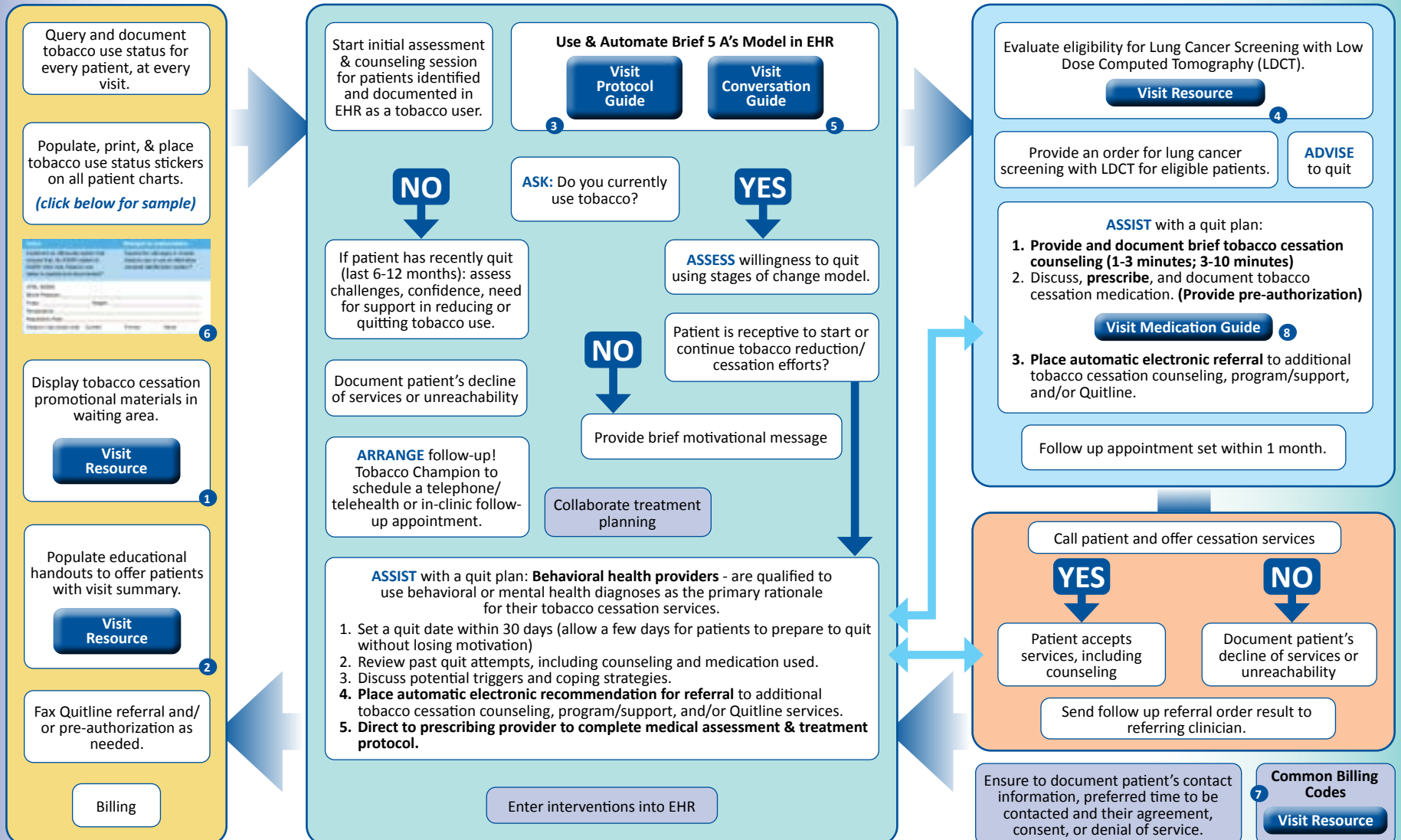
A closed loop system ensures that patient engagement with services and referral outcomes are populated and tracked. Identify a Tobacco Champion at the practice to help to guide and support the workflow. It is also important to be familiar with tobacco cessation services and resources local to your patients and practice.

Legend

- **Administrative & Assistive Staff (Include interns & students)**
- **Medical & Mental Health Professionals (Clinical, counseling, social work, medical assistants & nursing)**
- **Prescribing Medical & Mental Health Providers (MD, DO, NP, PA, APRN)**
- **Tobacco Cessation, Behavioral Health Specialists, Quitline & Community Services**

Administrative & Assistive Staff

- Query and document tobacco use status for every patient, at every visit.
- Populate, print, & place tobacco use status stickers on all patient charts. *(click below for sample)* **6**
- Display tobacco cessation promotional materials in waiting area. **Visit Resource** **1**
- Populate educational handouts to offer patients with visit summary. **Visit Resource** **2**
- Fax Quitline referral and/or pre-authorization as needed.
- Billing

Medical & Mental Health Professionals

- Start initial assessment & counseling session for patients identified and documented in EHR as a tobacco user.

Use & Automate Brief 5 A's Model in EHR
- **Visit Protocol Guide** **3**
- **Visit Conversation Guide** **5**

ASK: Do you currently use tobacco?

NO → If patient has recently quit (last 6-12 months): assess challenges, confidence, need for support in reducing or quitting tobacco use.
- Document patient's decline of services or unreachability
- **ARRANGE** follow-up! Tobacco Champion to schedule a telephone/telehealth or in-clinic follow-up appointment.

YES → **ASSESS** willingness to quit using stages of change model.
- Patient is receptive to start or continue tobacco reduction/cessation efforts?
- **NO** → Provide brief motivational message
- Collaborate treatment planning

ASSIST with a quit plan: **Behavioral health providers** - are qualified to use behavioral or mental health diagnoses as the primary rationale for their tobacco cessation services.
1. Set a quit date within 30 days (allow a few days for patients to prepare to quit without losing motivation)
2. Review past quit attempts, including counseling and medication used.
3. Discuss potential triggers and coping strategies.
4. **Place automatic electronic recommendation for referral** to additional tobacco cessation counseling, program/support, and/or Quitline services.
5. **Direct to prescribing provider to complete medical assessment & treatment protocol.**

Enter interventions into EHR

Prescribing Medical & Mental Health Providers

- Evaluate eligibility for Lung Cancer Screening with Low Dose Computed Tomography (LDCT). **Visit Resource** **4**
- Provide an order for lung cancer screening with LDCT for eligible patients. | **ADVISE** to quit

ASSIST with a quit plan:
1. **Provide and document brief tobacco cessation counseling (1-3 minutes; 3-10 minutes)**
2. Discuss, **prescribe**, and document tobacco cessation medication. **(Provide pre-authorization)** **Visit Medication Guide** **8**
3. **Place automatic electronic referral** to additional tobacco cessation counseling, program/support, and/or Quitline.

Follow up appointment set within 1 month.

Tobacco Cessation, Behavioral Health Specialists, Quitline & Community Services

- Call patient and offer cessation services

YES → Patient accepts services, including counseling

NO → Document patient's decline of services or unreachability

- Send follow up referral order result to referring clinician.

- Ensure to document patient's contact information, preferred time to be contacted and their agreement, consent, or denial of service. **7**

Common Billing Codes
Visit Resource

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Flowchart Resources and References

1. **IPRO QIN/QIO Ask About Quitting Materials**
   https://qi.ipro.org/home/askaboutquitting-a-campaign-for-providers-and-community-health-professionals/

2. **IPRO LINKS Portfolio: Tobacco Cessation**
   https://qi-library.ipro.org/?_sf_s=tobacco

3. **Million Hearts® Protocol for Identifying and Treating Patients Who Use Tobacco**
   https://millionhearts.hhs.gov/files/Tobacco-Cessation-Protocol.pdf

4. **Lung Cancer Screening with Low Dose Computed Tomography (LDCT)**
   https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=364

5. **CDC's A Practical Guide to Help Your Patients Quit Using Tobacco**
   https://www.cdc.gov/tobacco/patient-care/pdfs/hcp-conversation-guide.pdf

6. **HHS' Treating Tobacco Use and Dependance: A Quick Reference Guide (sticker, p12)**
   https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommen-dations/tobacco/clinicians/references/quickref/tobaqrg.pdf

7. **Smoking Cessation: Resources to Increase Services and Reimbursement**
   https://qi-library.ipro.org/2023/01/31/smoking-cessation-resources-to-increase-services-and-reimburse-ment/

8. **Pharmacologic Product Guide: FDA-Approved Medications for Smoking Cessation**
   https://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/Documents/FactSheets/376701_CABHWI_pharma-PRINT_2022.pdf

Additional Resources and References

- **5As, 2As & R Models**
  https://www.cdc.gov/tobacco/campaign/tips/partners/health/materials/twyd-5a-2a-tobacco-intervention-pocket-card.pdf

- **Opt-Out Process | American Lung Association - Integrating Tobacco Cessation into Electronic Health Records: Promising Practices and Lessons Learned**
  https://www.lung.org/getmedia/0810d8f2-02b4-422e-8477-9e08d4024c2f/integrating-tobacco-cessation.pdf.pdf?uh=3047b29b0d859f9d558a1c8a27f9022a4f335d0b5f15c07936ebcabb5d9c1481

- **RX for Change: Drug Interactions With Tobacco Smoke**
  https://smokingcessationleadership.ucsf.edu/sites/smokingcessationleadership.ucsf.edu/files/A4%20DI%20TABLE.pdf

- **American Lung Association - Tobacco Cessation and Quality Measures: An Overview**
  https://www.lung.org/getmedia/1058c8f1-ad2b-4f72-b7fd-1bd498680572/tobacco-cessation-and-quality.pdf.pdf

- **Cerner Corporation – Millennium®/Power Chart® Utilizing the Patient Centered Model and Care Coordination Tools for Million Hearts®**
  https://www.healthit.gov/sites/default/files/cerner_ehr_guide.pdf

- **The Sea Mar Community Health Centers Cessation Registry**
  https://resources.chronicdisease.org/dir/wp-content/uploads/2020/04/TCCP_tools_implementation_guide_chc.pdf#page=29

- **Using the Electronic Health Record (EHR) to Support the Delivery of Tobacco Dependence Treatment Services in Health Care Settings**
  https://resources.chronicdisease.org/dir/wp-content/uploads/2020/04/TCCP_tools_ehr_tob_delivery.pdf#page=14

- Babb S, Malarcher A, Schauer G, Asman K, Jamal A. **Quitting Smoking Adults** – United States, 2000-2015. MMWR Morb Mortal Wkly Rep 2017;65:1457-1464. DOI: http://dx.doi.org/10.15585/mmwr.mm6552a1

- Hood-Medland EA, Stewart SL, Nguyen H, Avdalovic M, MacDonald S, Zhu SH, Mayoral A, Tong EK. Health System **Implementation of a Tobacco Quitline eReferral.** Appl Clin Inform. 2019 Aug; 10(4):735-742. PMID: 3157804