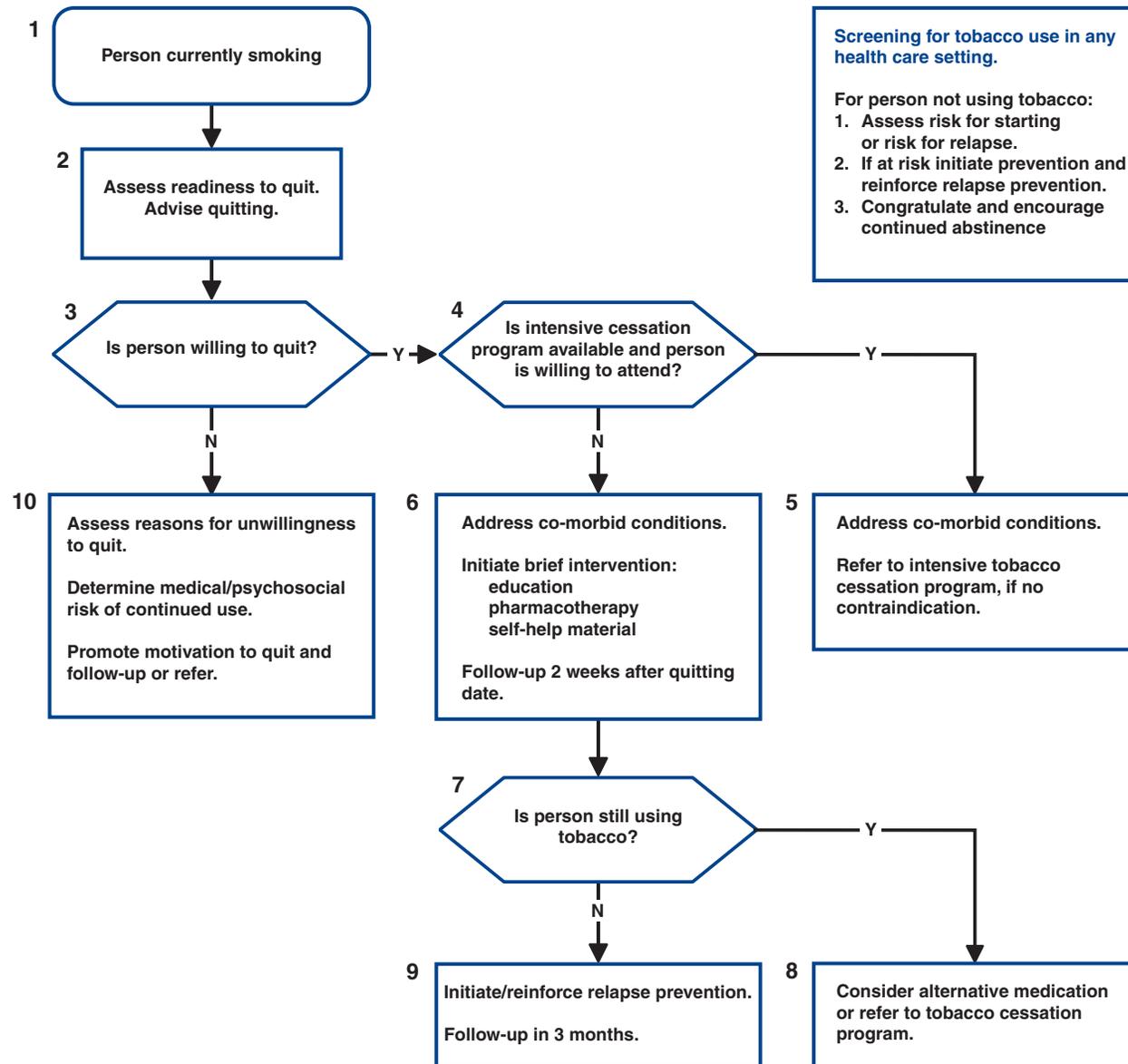


+

Algorithm A1: Promotion of Tobacco Use Cessation in the Primary Care Setting



+

PROVIDER REFERENCE CARD

Promotion of Tobacco Use Cessation in the Primary Care Setting

Suggestions for the Clinical Use of Pharmacotherapies for Tobacco Use Cessation

Nicotine replacement products

Check formulary for availability

Drug	Dosage	Contraindications	Adverse Reactions	Drug Interactions
Transdermal Nicotine	<p>Heavy dependence > 24 cigarettes/day—high dose (21 mg) for 6 weeks, then intermediate dose (14 mg) for 2 weeks, then low dose (7 mg) for 2 weeks</p> <p>Mild dependence ≤ 24 cigarettes/day—intermediate dose (14 mg) for 6 weeks, then low dose (7 mg) for 2 weeks, then taper over 2 weeks</p>	Allergy, pregnancy (Risk Category D*)	Sleep disturbances, skin irritations	No direct interactions; smoking cessation may alter the pharmacokinetics of some drugs
Polacrilex Nicotine	<p>> 25 cigarettes/day; 4 mg strength ≤ 25 cigarettes/day; 2 mg strength One piece of gum q 1 to 2 hr for 6 weeks Taper over 6 weeks</p>	Allergy, pregnancy (Risk Category C)	Nausea, dyspepsia, jaw fatigue, dependency	No direct interactions; smoking cessation may alter the pharmacokinetics of some drugs
Nasal Spray Nicotine	<p>8 to 40 mg/day (average 15 mg) for 8 weeks Taper over 6 weeks</p>	Allergy, pregnancy (Risk Category D)	Nasal and/or throat irritation, dependency	No direct interactions; smoking cessation may alter the pharmacokinetics of some drugs
Oral Vapor Nicotine-inhaler	<p>6 to 16 cartridge/day for 12 weeks (each cartridge is 4 mg) Taper over 6 to 12 weeks</p>	Allergy, pregnancy (Pregnancy Category D)	Mouth and throat irritation, dependency	No direct interactions; smoking cessation may alter the pharmacokinetics of some drugs

Non-nicotine tobacco cessation products

Check formulary for availability

Drug	Dosage	Contraindications	Adverse Reactions	Drug Interactions
Bupropion SR	<p>150 mg qd for 3 days, then 150 mg bid for 7 to 12 weeks</p>	Seizure disorders, predisposition to seizures, MAOIs, allergy (Pregnancy Category B)	Sleep disturbances, dry mouth	Selected antidepressants (MAOIs, norepinephrine re-uptake inhibitors), drugs metabolized by CYP2B6 and CYP2D6

*USFDA Pregnancy Classifications

Classification	Definition
A	No risk demonstrated to the fetus in any trimester.
B	No adverse effects in animals, no human studies available.
C	Only given after risks to the fetus are considered; animal studies have shown adverse reactions; no human studies available.
D	Definite fetal risks; may be given in spite of risks if needed in life-threatening situations.
X	Absolute fetal abnormalities; not to be used at any time during pregnancy.

+

PROVIDER REFERENCE CARD

Promotion of Tobacco Use Cessation in the Primary Care Setting

Tips for Brief Clinical Interventions

The 4 R's

Relevance

Provide motivational information relevant to patients:

- ▶ Age, gender
- ▶ Health concerns
- ▶ Disease risk or status
- ▶ Family or social situation
- ▶ Personal barriers to quitting, i.e., weight gain

Risks

Discuss negative impact of tobacco use:

Acute: SOB, exacerbation of asthma, harm to pregnancy, impotence, infertility, increased carbon monoxide

Long term: Cancers, long-term disabilities, pulmonary and cardiovascular diseases

Environmental: Increased risk of pulmonary and cardiovascular diseases to spouse and children

On children: Increased risk of LBW, SIDS, asthma, middle ear and respiratory diseases in children, and increased risk of tobacco use by children

ASK

Review tobacco use at every healthcare encounter

ADVISE

Strongly urge all tobacco users to quit

ASSESS

Determine willingness to make quit attempt

ASSIST

Help patient quit

ARRANGE

Schedule follow-up

Rewards

Identify potential benefits of quitting:

- ▶ Save money
- ▶ Improve health
- ▶ Reduce wrinkling/aging
- ▶ Set good example for children
- ▶ Improve sense of smell and taste
- ▶ Perform better in physical activities
- ▶ Have healthier babies and children
- ▶ Improve smell of home, car, clothing and breath

Repetition

Repeat R's each time user visits health care setting: Inform relapsed users that most people make repeated attempts to quit before becoming successful



PROVIDER REFERENCE CARD
Promotion of Tobacco Use Cessation in the Primary Care Setting
Tips for Brief Clinical Interventions

Develop patient's intention to change.

- ▶ Give basic advice: "As your _____, I need to stress the importance of stopping."
- ▶ Provide information on benefits of quitting at any age.
- ▶ Ask "Have you ever tried to quit?"
- ▶ Discuss availability of effective cessation treatment. Provide self-help materials on risks and benefits.
- ▶ Ask patient: "What benefits do you see in quitting?" "What concerns do you have about quitting?" "How do you feel about quitting?"
- ▶ Help them understand the importance of *skillpower*– that is what they do– not *willpower*: "What would you say if I ask you whether you have the willpower to drive? You would say that it is a silly question. It is also the wrong question with stopping tobacco use. It is not the willpower that is important; it is what you do– skillpower!"
- ▶ About half of all people who ever smoked have now quit.

Suggest actions to help patient quit.

- ▶ Develop a plan for quitting.
- ▶ Set a quit date– ideally within 2 weeks.
- ▶ Tell family, friends, and coworkers about quitting and request support and understanding.
- ▶ Remove tobacco products from your environment. Before quitting, avoid smoking in places where you spend a lot of time (e.g., car, home, and work).

- ▶ Abstain from use of all tobacco products. Example: "Not even a single puff after the quit date."
- ▶ Consider limiting/abstaining from alcohol while quitting. Alcohol can cause relapse.
- ▶ Encourage others in household either to quit with them or not to smoke in their presence.
- ▶ Obtain additional social support.
- ▶ Consider hormonal or other triggers; e.g., women should not set quit date within 7 days of onset of menses.
- ▶ Anticipate challenges, especially during the first few weeks. Include nicotine withdrawal symptoms: anger, anxiety, insomnia, impatience, frustration, irritability, restlessness, depressed mood, difficulty concentrating, decreased heart rate, weight gain or increased appetite.
- ▶ Review past quit attempts by identifying both the positive and negative influences.
- ▶ Offer pharmacotherapy.

Follow-up with patient attempting to quit.

- ▶ Mail follow-up card with an encouraging statement, perhaps offering additional resources. (e.g., telephone numbers of local support groups).
- ▶ Arrange phone call from health care team members who can offer support and referral to additional resources.

+

PROVIDER REFERENCE CARD
Promotion of Tobacco Use Cessation in the Primary Care Setting
Key Elements

Ask patients about their use of tobacco.

Assess patients for their stage of “readiness to quit”.

Assess for medical and psychiatric contraindications to smoking cessation.

Refer patients who are ready to quit to a tobacco cessation program.

Provide appropriate education and counseling to advance the patient to the next behavioral stage of readiness if currently not ready to quit.

Provide an office-based intervention of education, self-help materials and/or pharmacotherapy to patients who are ready to quit but who are unable to attend a tobacco cessation program.

Every person should be offered pharmacotherapy except when medically contraindicated.

Assess the risk of relapse and provide relapse prevention counseling. This is important in reinforcing abstinence and preventing future relapses, especially during the first three months after cessation.

Proposed Tobacco Use Cessation Metrics

Provider Level Metrics (Medical and Dental)

Percentage of patients screened at least annually for tobacco use

Percentage of tobacco users counseled to stop at least three times in the past 12 months

System Level Metric

Percentage of patients who currently do not use tobacco



PROVIDER REFERENCE CARD
Promotion of Tobacco Use Cessation in the Primary Care Setting
Coding for the Treatment of Tobacco Use

Medical

Tobacco Specific ICD - 9 - CM Codes	
Tobacco Use Disorder	305.1*
Accretions on teeth, including tobacco	523.6
Toxic Effect of Tobacco	989.84
Accidental Poisoning by 2nd Hand Smoke	E869.4
History of Tobacco Use	V15.82
Tobacco Cessation Counseling	V65.49 4 (DoD unique extender)*
Non-specific ICD - 9 - CM Codes That Can Relate to Tobacco Use	
Drug Withdrawal Syndrome	292.0
Complications of Pregnancy due to Drug Dependence	648.3

* Recommend these two codes for a distinct visit targeted solely at addressing tobacco use cessation.

Evaluation and Management (E&M) Codes		
Description	Time Allotted	Code
Privileged Providers		
Preventive medicine counseling and/or intervention to treat the risk factor of tobacco use provided to an individual.	15 min	99401
	30 min	99402
	45 min	99403
Non-privileged Providers		
Counseling done by a non-privileged provider (e.g., RN, LPN, 91B, 91W) to treat the risk factor of tobacco use.	15–30 min	99211

Dental

Tobacco Specific American Dental Association (ADA) Code	
Tobacco Cessation Counseling	01320
Non-specific ADA Codes That Can Relate to Tobacco Use	
Dental Examination	00140
Oral Hygiene Instruction	01330

VHA/DoD Websites for Clinical Practice Guidelines–
<http://www.cs.amedd.army.mil/qmo>
<http://www.oqp.med.va.gov/cpg/cpg.asp>