



# Tobacco Cessation

## Making Health System-Wide and Practice-Wide Changes that Succeed

Quitting tobacco is more than quitting smoking. Tobacco use comes in multiple forms, from traditional cigarettes, cigars and pipes to vaping, e-cigarettes, water pipe (hookah) smoking, chewing tobacco, snuff (dry powder), snus (moist powder) and more. Tobacco smoke contains more than 7,000 chemical compounds, many of which can interfere with the immune system, and contribute to disease. No form of tobacco has been shown to be safe for human consumption.

### Use the 5 Major Steps to establishing an Intervention, the 5A's. Every Patient, Every Encounter

1. **Ask** - Identify and document tobacco use status for every patient
2. **Advise** - Urge every tobacco user to quit in a clear, strong and personalized manner
3. **Assess** - Is the tobacco user willing to make a quit attempt now?
4. **Assist** - For the patient who is willing to try to quit, set up counseling and pharmacotherapy
5. **Arrange** - Schedule follow-up contact, in person, by phone, email or text, preferable within 7 days of the quit date

1

**Gather Information and actively screen for tobacco use and exposure in any form. Determine the percentage of patients entering the system, institution or practice who have used tobacco or have been exposed to tobacco use within the past year or other appropriate timeframe**

- Admission sheets
- Face-to-face contacts over a 2 - 4 week period
- Mine computerized admission and intake forms
- Incorporate tobacco use and exposure into all medical, nursing and other histories
- Integrate tobacco use and exposure into standing admission and screening orders and protocols

2

**Expect all healthcare professionals, nurses, pharmacists, therapists, students, interns, residents, hospitalists, specialists, and others, to intervene regardless of their practice. Treat tobacco use as a vital sign.**

- Ask about tobacco use and exposure appropriately
- Incorporate motivational interviewing and the 5Rs tool with all tobacco users
- Determine the need and appropriateness for pharmacologic therapy, refer as needed
- Document, document, document (tracking form, progress notes)

3

**Train all physicians and other providers to respond**

- Ask about tobacco use appropriately
- Offer strong, credible and consistent messages about quitting tobacco
- Determine the need for pharmacotherapy and prescribe as appropriate
- Document, document, document (tracking form, progress notes)

4

**Institute a system to offer self-help materials and behavioral counseling**

- Standardize all patient education materials
- Utilize the existing IT infrastructure for tobacco messaging and video education
- Determine who can be trained to evaluate the need for behavioral counseling, i.e. volunteers, medical students, chaplains, nurses, psychologists, pharmacists
- Determine who can be trained to provide behavioral counseling

5

**Create a mechanism for follow-up**

- Use tobacco interventionists for patient follow-up
- Use electronic contact by health care professionals already contacting patients
- Integrate contacts within the local public health system
- Use a centralized contact system for all tobacco users within the community
- Document, document, document