Tobacco Cessation within American Indian and Alaska Native Communities

A Toolkit Designed for Providers, Clinic Teams and Public Health Professionals
AUTHORS
Kristine Rhodes, MPH, Principal Investigator
Fond du Lac and Bad River Bands of Lake Superior Chippewa
American Indian Cancer Foundation

Delilah Robb, BS, Research Coordinator
Turtle Mountain Chippewa
American Indian Cancer Foundation

Meggan McCann, MPH, Program Manager
American Indian Cancer Foundation

Kendra Roland, MPH, Research Manager
Mandan, Hidatsa, and Arikara Nation
American Indian Cancer Foundation

Melissa Buffalo, MS, Research Coordinator
Meskwaki
American Indian Cancer Foundation

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Jean Forster, PhD
Co-investigator
University of Minnesota

Anne Joseph, MD, MPH
Co-investigator
University of Minnesota

Erin O’Gara, PhD
Associate Director of Research
Clearway Minnesota

Megan Whittet, MPH
Associate Director of Health Systems Change Programs
Clearway Minnesota

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Toolkit Design by Jessica Rosemary Harjo, Otoe-Missouria, Osage, Pawnee, Weomepe Designs.
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INTRODUCTION

The American Indian Cancer Foundation (AICAF) is a national nonprofit organization that was established to address the tremendous cancer inequities faced by American Indian and Alaska Native (AI/AN) communities. AICAF’s mission is to eliminate the cancer burdens on AI/AN families through education, prevention, early detection, treatment and survivor support. It is with hard work, policy change, authentic community partnership and the wisdom of our ancestors that we hope to eliminate inequities and improve health outcomes.

Harmful tobacco use is the leading cause of preventable death in the United States, even though smoking rates among the general population are below 20%. Native people have the highest smoking rates nationally, with some regions reporting rates as high as 60%. The need for culturally-specific smoking prevention programs is evident from this disparity. AICAF has created the iQuit! Toolkit to assist AI/AN health care systems and health and human service departments in developing and implementing system changes to address commercial tobacco addiction in their communities.

The iQuit! Toolkit was driven by a research project focused on increasing the use of the 5A’s and increasing quit attempts, as well as the use of quit aids such as medication, nicotine replacement therapy, and/or referrals to additional services in tribal and urban AI/AN health care systems.
# BACKGROUND

## American Indian and Alaska Native Commercial Tobacco Burden

Commercial tobacco use is the leading preventable cause of disease, disability and death. Smoking prevalence has decreased dramatically in the United States from 43% in 1964 to 16.8% in 2014.\(^1\) American Indian and Alaska Native (AI/AN) people continue to smoke at a higher rate than any other racial or ethnic group in the United States with a 35.6% current cigarette smoking rate estimated among adults in 2014.\(^2\) Some regions see smoking rates as high as 60%.\(^3\) Smoking is associated with a higher prevalence of smoking-related disease and death such as heart disease, cancer, stroke and lung disease.\(^4\) AI/AN people have higher rates of lung cancer incidence and death,\(^5\) as well as higher mortality rates for all the leading causes of smoking-related death compared to the general United States population.\(^6\)

Native people have a unique relationship with tobacco. Many tribes use traditional tobacco for ceremonies and healing; it plays a central role in spirituality. Traditional tobacco is often a mixture of various plants and herbs gathered from the local environment. It is different from the manufactured, commercial tobacco found in cigarettes sold in stores.\(^7\) The relationship between AI/AN people and tobacco has been greatly influenced over the years by federal assimilation policies. These policies have resulted in a loss of culture regarding some traditional ceremonies and practices, contributing to an increased use of commercial tobacco in place of traditional tobacco.\(^8\)

## Treating Tobacco Addiction

Many AI/AN people want to quit smoking. One study found that 62% of AI/AN people reported a desire to quit smoking and 55% have tried quitting in the past year.\(^9\) The study used the 5A's Model as a method to ensure every patient is *asked* about their current tobacco use, *advised* to quit, *assessed* for readiness to quit, *assisted* in their quit attempt and provided *arrangements* for follow-up. The model promotes the use of various tobacco interventions in clinical care settings, including the use of cessation medications, brief counseling by a provider, promoting the use of state or national quit lines, supplying provider trainings and more intensive cessation counseling and support for patients.\(^10\) Health care professionals can have effective interventions in a short amount of time. A minimal contact intervention, some less than 3 minutes, has been shown to increase quit rates by 30%. Low-intensity counseling interventions between 3-10 minutes can increase quit rates by 60% and high-intensity counseling more than 10 minutes has shown to increase quit rates by 130%.\(^11\) A brief counseling visit can lead to referrals to cessation medication, quit aids and longer counseling visits.
ABOUT THE TOOLKIT

Toolkit Goal

This toolkit was designed to provide a framework to motivate patients to quit using commercial tobacco by providing guides, tools and resources to steer the intervention. The toolkit will assist in:

- Advancing knowledge around systems-level approaches to smoking cessation within AI/AN health systems
- Increasing quit attempts, use of cessation assistance and successful smoking abstinence among patients served in a sample of AI/AN health systems
- Implementing the 5A’s model for tobacco dependence treatment in AI/AN health systems
- Increasing documented cessation assistance (the 5A’s) provided in a healthcare setting

Audience

The iQuit! Toolkit target audience is clinical and health and human service employees engaging with patients or community members to encourage them to quit using commercial tobacco. This includes, but is not limited to, nurses, medical providers, dentists, dental assistants and hygienists, mental and behavioral health professionals, public health employees, community health representatives, tobacco prevention staff and health educators.

How to use this Toolkit

The iQuit! Toolkit was developed as an educational resource to be adapted to fit any health care system interested in system level changes to address commercial tobacco addiction. We encourage users to follow the steps outlined in the guidebook and modify any section to fit unique needs, as we understand that no two systems are the same. We suggest this project be implemented over a 12 month period.

The toolkit is broken down by the following focus areas, with each area further divided by corresponding initiatives and strategies:

1. Securing Leadership and Support
   a. Discussions with leadership
   b. Identify a team champion
2. Identifying a Core Clinic Team
   a. Recruit a diverse group of individuals
   b. Schedule meetings
   c. Complete a staff survey
   d. Systems assessment worksheet
   e. Strategies worksheet
3. Tools to Support Intervention Strategies
   a. Education and support
   b. Models of improvement (PDSA Cycle)
   c. Electronic health
ABOUT THE TOOLKIT

Within the focus areas, tools (located throughout the toolkit as well as the appendices) and links to additional resources are listed as potential support mechanisms to advance progress in tobacco cessation throughout the clinic. Due to the length of the toolkit, additional resources will need to be requested. This can be done by emailing research@aicaf.org.

Action Steps

Use the iQuit! Project step worksheet below to track your progress to ensure success. This is a step by step guide on implementing tobacco cessation in your workplace. Detailed information on each step is provided throughout the workbook.

<table>
<thead>
<tr>
<th>Steps</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure leadership support</td>
<td></td>
</tr>
<tr>
<td>Form the iQuit! clinic team using worksheet</td>
<td></td>
</tr>
<tr>
<td>Identify team champion</td>
<td></td>
</tr>
<tr>
<td>Invite additional staff to join iQuit! team</td>
<td></td>
</tr>
<tr>
<td>Schedule kick-off meeting</td>
<td></td>
</tr>
<tr>
<td>Administer staff survey</td>
<td></td>
</tr>
<tr>
<td>Complete system assessment</td>
<td></td>
</tr>
<tr>
<td>Identify systems change opportunities using clinical assessment tool</td>
<td></td>
</tr>
</tbody>
</table>
GETTING STARTED

Step 1. Secure clinic and/or health and human service leadership support.
A. This support will drive program success by making tobacco cessation improvements a priority

Step 2. Identify an iQuit! team champion.
A. This individual should be highly motivated, committed and passionate about tobacco control, a good communicator, well connected and have the influence to move the project along

Step 3. Form your iQuit! team by identifying and inviting members to join. (iQuit! team worksheet Pg. 9)
A. The iQuit! Team brainstorms, plans, and drives the implementation of systems changes. The iQuit! Team collaborates together on the steps outlined in this toolkit. Activities can be completed during iQuit! meetings as a group or done independently by team members
B. The team is made up of a team champion who is the key program driver, and team members across departments that support the program work. The team should include staff from different roles across the health system to provide transparency to all tobacco cessation efforts being done across the system
C. Team members should include representatives from each of the health system departments, including but not limited to, medical personnel, IT, administration/billing, pharmacy, public health/cessation, dental, mental health, and chemical dependence (if applicable)
### GETTING STARTED

D. Team member responsibilities are outlined in graphic below.

<table>
<thead>
<tr>
<th><strong>Team Champion Responsibilities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct iQuit! clinic system assessment as a team during kick-off meeting</td>
</tr>
<tr>
<td>Brainstorm systems changes to support commercial tobacco cessation</td>
</tr>
<tr>
<td>Develop action plans to implement small tests of change</td>
</tr>
<tr>
<td>Use the strategy grid and strategy menu to help facilitate brainstorming</td>
</tr>
<tr>
<td>Review any data collected to assess progress</td>
</tr>
<tr>
<td>Identify new tasks and/or goals as necessary and create or update implementation plan</td>
</tr>
<tr>
<td>Share meeting minutes and implementation plans with team following each monthly meeting</td>
</tr>
<tr>
<td>Work with administrative, IT, or quality improvement clinic staff to collect and report data to track progress using measures captured in the electronic health record</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Team Member Responsibilities</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinate the implementation of the 5A’s in their health system</td>
</tr>
<tr>
<td>Attend monthly iQuit! team meetings and actively participate in goal setting and planning for 5A’s improvement and implementation</td>
</tr>
<tr>
<td>Share program information with their departments, including planned intervention changes</td>
</tr>
<tr>
<td>Document monthly team progress by using meeting tools (described below)</td>
</tr>
<tr>
<td>Assist with distribution of health system and patient education materials to support 5A’s implementation in their department</td>
</tr>
<tr>
<td>Attend staff training sessions and/or help promote staff participation in the training within their department</td>
</tr>
</tbody>
</table>
### GETTING STARTED

#### iQuit! Team Worksheet

Directions: Use this worksheet to guide the formation of your iQuit! team. **Note:** membership will vary depending on capacity and health system size.

<table>
<thead>
<tr>
<th>Team member</th>
<th>Example</th>
<th>Role</th>
<th>Name</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Champion</td>
<td>Tobacco Treatment Specialist&lt;br&gt;Medical Personnel</td>
<td>Lead tobacco team meetings and activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider</td>
<td>Physician&lt;br&gt;Physician Assistant&lt;br&gt;Nurse Practitioner&lt;br&gt;Medical Director</td>
<td>Provide medical expertise for treating commercial tobacco addiction in clinical setting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td>RN&lt;br&gt;LPN&lt;br&gt;MA</td>
<td>Provide nursing expertise when treating commercial tobacco addiction.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>Dentist&lt;br&gt;Dental Assistant&lt;br&gt;Dental Hygienist</td>
<td>Provide dental expertise when treating commercial tobacco addiction.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cessation Counselor</td>
<td>Care coordinator&lt;br&gt;Referral specialist</td>
<td>Provide commercial tobacco treatment expertise.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health</td>
<td>Health Educator&lt;br&gt;CHR&lt;br&gt;Special Interest Programs</td>
<td>Provide public health lens to treat commercial tobacco addiction.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Pharmacist&lt;br&gt;Pharmacy Tech</td>
<td>Provide pharmacological knowledge on nicotine replacement therapy and medication therapy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral/mental health</td>
<td>Counselor&lt;br&gt;Psychologist&lt;br&gt;Therapist&lt;br&gt;Social worker</td>
<td>Provide mental and behavioral health expertise to combat the mental addiction of commercial tobacco addiction.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EHR Data Collector (IT or Quality Improvement specialist)</td>
<td>IT Specialist/HIM&lt;br&gt;Clinical Applications Coordinator (CAC)&lt;br&gt;QAPI&lt;br&gt;GPRA Coordinator</td>
<td>Collect and report data to track progress using measures captured in the electronic health record.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Billing and Admin</td>
<td>Benefits Coordinators&lt;br&gt;Coder&lt;br&gt;Purchased referred care</td>
<td>Assist with coding and billing of cessation services.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GETTING STARTED

Step 4. Schedule a kick-off meeting.
   A. Invite iQuit! team and create kick-off meeting agenda
   B. iQuit! kick-off meeting agenda (Pg. 16)
      The agenda serves as a notice of meeting to be sent out to participants in advance. The agenda is
      a list of topics that can be discussed and allows participants to prepare in advance to make more
      valuable contributions to the meeting
   C. iQuit! meeting agenda template (Pg. 17)

Step 5. Distribute, complete, and collect staff survey. (Pg. 18-20)
   A. This 3-5 minute survey captures current cessation practices by staff with direct patient contact at
      the start and completion of the project. It is recommended that the surveys be given out at an all
      staff meeting or to each team member to distribute to their departments and/or teams.
   B. The survey includes questions about familiarity with the 5A’s model and evidence-based cessation
      practices, current resources available in the clinic, use of each of the 5A’s in practice, and
      documentation of 5A’s implementation

Step 6. Complete the systems assessment worksheet. (Pg. 21-27)
   A. The team champion will guide the iQuit! team through the systems assessment at team meetings
   B. The assessment includes questions about current system policies, processes, trainings and
      resources for tobacco cessation intervention with patients, use of the 5A’s in clinical practice,
      tobacco treatment/interventions used by the health system, department involvement in tobacco
      cessation systems change, and documentation of tobacco use and cessation assistance
   C. The information gained from the assessment can be used by the iQuit! team to identify gaps in the
      current workflow and develop goals to improve their current practices around providing tobacco
      cessation services to patients
## MOVING FORWARD

Step 7. Map out tobacco cessation system policy, practices and process using the strategy grid worksheet and strategy menu.

A. These resources provide examples of evidence-based methods for treating tobacco addiction
   1. Strategies Grid Worksheet (Pg. 28-29)
      The strategy grid allows the iQuit! team to identify which strategies are already being used in the clinic, those not being used, and which strategies the clinic team is interested in implementing
   2. Strategy menu (Pg. 30)
      The strategy menu provides a brief overview of different categories of evidence-based strategies for treating tobacco addiction. This one-page resource can help staff brainstorm ideas to implement in the clinic

Step 8. Engage external staff to complete the following education modules according to the timeline.

A. It is recommended that education modules be completed by all staff, including those outside of the iQuit! team. Modules can be distributed electronically or printed for staff

*Due to the size of education modules, they were not included in this toolkit. To receive access to these modules please reach out to research@aicaf.org.

<table>
<thead>
<tr>
<th>Module</th>
<th>Topic</th>
<th>Timeline</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction and the 5A’s</td>
<td>Quarter 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• iQuit! overview</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Background</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Using the 5A’s in your role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Motivational Interviewing</td>
<td>Quarter 2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Quality Improvement</td>
<td>Quarter 3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>E-Cigarettes: Risks and Benefits (pre-recorded webinar)</td>
<td>Supplementary training recommended for all staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="https://www.youtube.com/watch?v=BlVSJN4igpU">https://www.youtube.com/watch?v=BlVSJN4igpU</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Nicotine Replacement Therapy and Cessation Medication: An update on efficacy and safety (pre-recorded webinar)</td>
<td>Recommended for medical staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="https://www.youtube.com/watch?v=9J9LC5bd2hs">https://www.youtube.com/watch?v=9J9LC5bd2hs</a></td>
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</tr>
</tbody>
</table>
Step 9. Complete the model of improvement.

A. It is recommended to complete *Education Module 3* before continuing on to Step 9.

B. The model of improvement was developed by *Associates in Process Improvement* and is meant to accelerate and support other improvement models in place within the clinic. The model has two parts:

   i. Ask the team 3 fundamental questions
      1. What are we trying to accomplish?
      2. How will we know that a change is an improvement?
      3. What change can we make that will result in improvement?

   ii. The PDSA cycle tests the changes in real work settings. PDSA will help determine if the change is an improvement.
C. How to improve?
   i. Start by following the steps outlined below to move the change forward

   **Set the Aim**
   The aim should be time-specific and measureable; it should also define the specific population of patients or other system that will be affected.

   **Establish Measures**
   Teams use quantitative measures to determine if a specific change actually leads to an improvement.

   **Select Changes**
   Ideas for change may come from those who work in the system or from the experience of others who have successfully improved.

   **Test Changes**
   The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real world setting -- by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method adapted for action-oriented learning.

   **Implement Changes**
   After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team may implement the change on a broader scale – for example, for an entire pilot population or on an entire unit.

   **Spread Changes**
   After successful implementation of a change or package of changes for a pilot population or an entire unit, the team can spread the changes to other parts of the clinic or to other health systems.

   ii. Tips to remember
   - Do not continue PDSA if it is not working
   - PDSAs are a continuous cycle that support learning and improving
   - Testing a change on a small scale actually speeds up the pace and increases the impact of improvement
   - People are less resistant to a test than a large scale implementation
   - Fewer people are involved in a small-scale test
   - Problems can be identified and corrected early on
**Step 10. Collect electronic health record (EHR) data.** This step should be completed by an IT specialist/HIM, clinical applications coordinator (CAC), QAPI, or GPRA coordinator.

A. Looking at outcomes using EHR data will help track a clinic’s progress. Baseline EHR data should be collected prior to the implementation of the iQuit! Toolkit material, this will allow for accurate measures of success and improvement. The EHR worksheets outline measurables that clinics should utilize to measure progress. The suggested time frame for pulling EHR data is once every six months, however, your clinic can determine the timeframe that is most feasible for your clinic. The worksheet tracks 5A’s implementation, use of cessation assistance, and population quit rates

B. EHR Worksheet - Measures (Pg. 31)

C. EHR Worksheet - Data elements (Pg. 32-33)

**Step 11. Document your work.**

A. iQuit! team meeting minutes, clinic system assessment, and strategies grid should be kept by the iQuit! team champion

B. EHR reports should be saved by the project champion according to data security requirements at each clinic

C. Staff survey: hard copies of the staff survey should be collected and stored in a secure location
SUMMARY

The iQuit! Toolkit was created to assist clinics with systems changes for supporting clinical tobacco cessation using the 5A's model to consider quitting. At AICAF, we continue to work with tribal communities by providing the necessary tools, culturally-appropriate resources and support to help create a healthier community that strives to be cancer free.

AICAF has various tools and resources available to clinics, individuals and communities to assist in addressing cancer burdens. Please feel free to contact AICAF any time by emailing research@aicaf.org, or by visiting our website www.aicaf.org.
Kick-off Team Meeting Agenda

[insert date]
[Inset time]

9:30  Introductions
• Name
• Position
• Icebreaker (new question every week)
• How do you work with smoking cessation in your role?

9:40  iQuit! Introduction
• Review iQuit! Toolkit: A systems level approach to tobacco cessation

10:15  Introduce System Assessment tool to iQuit! Team (Pg. 21-27)
• Complete together as a team at next meeting
• May take up to an hour to complete

10:20  Question/Concerns/Comments

10:25  Recap Actions
• System Assessment

10:30  Close
iQuit! Team Meeting

[date]
[time]

9:30  Introductions

9:40  [agenda topic]
      •  [sub-topic]

9:55  [agenda topic]
      •  [sub-topic]

10:05  [agenda topic]
      •  [sub-topic]

10:20  Question/Concerns/Comments

10:25  Recap Actions

10:30  Close
**Summary**

The project seeks to integrate tobacco cessation assistance during every patient interaction in the entire health system (e.g. medical, dental, pharmacy, public health, mental health). The project will engage an interdepartmental team to increase patient outreach and education through the use of clinical systems tools to support the delivery and documentation of cessation assistance.

Your opinions are critical to help develop and improve systems for tobacco addiction treatment for American Indian and Alaska Native peoples.

*Please note that all mentions of “tobacco” mean commercial tobacco, not traditional tobacco.*

1. Your department: _________________________________________________________________

2. Your role: ________________________________________________________________________

3. Have you heard of the 5A’s (Ask, Advise, Assess, Assist, Arrange) of tobacco addiction treatment (from the U.S. Public Health Service’s Clinical Practice Guideline Treating Tobacco Use and Dependence: 2008 Update)?

   □ Yes   □ No

4. How familiar are you with the 5A’s (Ask, Advise, Assess, Assist, Arrange)?

   1. Not Familiar  2. 3. Familiar  4. 5. Very Familiar

5. What are the barriers in your clinic to assessing patient tobacco use, advising tobacco users to quit, and treating tobacco dependence among your American Indian and Alaska Native patients?

   ____________________________________________________________________________________
   ____________________________________________________________________________________

6. What are the opportunities in your clinic to improve the delivery of tobacco addiction treatment to your patients including assessing, advising, and treating tobacco dependence?

   ____________________________________________________________________________________
   ____________________________________________________________________________________

7. What tobacco addiction treatment referral/cessation options are available to you and your patients?

   ____________________________________________________________________________________
   ____________________________________________________________________________________
### Ask & Advise

**IN THE PAST MONTH, HOW OFTEN DID YOU...**

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Not my role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ask patients about current tobacco use?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. Ask patients about secondhand smoke exposure?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. Advise tobacco users about the importance of quitting?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4. Advise patients exposed to secondhand smoke about the importance of avoiding it?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

### Assess & Assist

**IN THE PAST MONTH, HOW OFTEN DID YOU...**

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Not my role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ask patients if they are ready to quit using tobacco?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. Help set a quit date with patients ready to quit tobacco?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. Help make a quit plan with patients ready to quit tobacco?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4. Help patients develop a plan to avoid secondhand smoke (if they are exposed)?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
## Assist & Arrange

**IN THE PAST MONTH, HOW OFTEN DID YOU...**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Not my role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Make referrals to cessation services for patients ready to quit tobacco?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. Give self-help quit materials to tobacco users?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. Tell tobacco users about cessation medications?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4. Prescribe tobacco cessation medication to patients ready to quit?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5. Arrange for follow-up contact with patients during their quit attempt?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

## Documentation

**IN THE PAST MONTH, HOW OFTEN DID YOU...**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Always</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
<th>Not my role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Document patients’ current tobacco use in the Electronic Health Record?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. Document how much tobacco a patient is using in the EHR?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. Document any cessation counseling or advice given during a patient visit in the EHR?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4. Document secondhand smoke exposure in the EHR?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5. Document any counseling or advice to avoid secondhand smoke during a patient visit in the EHR?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6. Use billing codes to obtain reimbursement for tobacco dependence treatment services?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY**
iQuit! Clinic Systems Assessment

Date: 
Facility Name: 
Team members present, titles: 

What type of medical record does your clinic currently use?

☐ 1. Electronic Medical Record
   If yes, what type? __________________________

☐ 2. Combination of paper and EMR
   If yes, what type of EMR? __________________

☐ 3. Paper medical record only

**Department Processes: Tobacco Cessation**

What does each department do now around tobacco during patient visits? For example, asking about it, advising patients to quit, or providing resources, etc. -- really any of the 5A's. (Go around the room and ask team members to talk about their area)

Administrative/Executive Team:

Quality Improvement/Assurance:

Clinical:

Pharmacy:

Public Health:

Dental:

Mental Health:

What ideas do you have about what each department could do to improve practices related to patient tobacco use?

Administrative/Executive Team:

Quality Improvement/Quality Assurance:

Clinical:

Pharmacy:
Public Health:

Dental:

Mental Health:

**Use of the 5A's: Ask, Advise, Assess, Assist, Arrange**

The next questions ask about how the 5A's are addressed during a medical clinic visit.

**What is the process during a medical clinic visit for asking patients about their tobacco use?**

Are patients asked about their tobacco use at every visit?

- ☐ No
- ☑ Yes

If no, when are patients asked about their tobacco use? (e.g. only certain types of visits)

Who is responsible for asking about patient tobacco use? Check all that apply.

- ☐ Provider
- ☐ Nurse
- ☐ Medical Assistant
- ☐ Nurse Practitioner
- ☐ Roomer
- ☐ Other ________________________________

Where is tobacco use documented in the patient medical record? (If EHR, ask for screenshot)

**What is the process for assessing if a patient is ready to quit during the medical visit?**

Are patients who use tobacco asked if they would like to quit smoking or using tobacco at every clinic visit?

- ☐ No
- ☑ Yes
Who is responsible for assessing if a patient is ready to quit? Check all that apply.

❑ Provider
❑ Nurse
❑ Medical Assistant
❑ Nurse Practitioner
❑ Roomer
❑ Other________________________________________

Is this activity documented in your EMR system?

❑ No
❑ Yes
❑ Not sure

If yes, where is this activity tracked?

What is the process during a medical clinic visit for advising patients to quit using tobacco?

Are patients who use tobacco advised to quit at every clinic visit?

❑ No
❑ Yes
❑ Not sure

Who is responsible for advising a patient to quit? Check all that apply.

❑ Provider
❑ Nurse
❑ Medical Assistant
❑ Nurse Practitioner
❑ Roomer
❑ Other________________________________________
SUMMARY

Is this activity tracked in your EMR system?

❑ 0 No
❑ 1 Yes
❑ 2 Not sure

If yes, where is this activity tracked?

How do nurses and doctors communicate about a patient’s tobacco use or interest in quitting?

What is the process for providing patients with quit assistance, like medications or referrals to counseling during a clinic visit?

Are patients who use tobacco provided assistance to quit at every visit?

❑ 0 No
❑ 1 Yes
❑ 2 Not sure

Who is responsible for providing assistance to patients to quit? Check all that apply.

❑ 1 Provider
❑ 1 Nurse
❑ 1 Medical Assistant
❑ 1 Nurse Practitioner
❑ 1 Roomer
❑ 1 Other________________________________________

Is this activity tracked in your EMR system?

❑ 0 No
❑ 1 Yes
❑ 2 Not sure

If yes, where is this activity tracked?
What is the process for following up with patients who make a plan to quit? Are there specific situations where follow-up will always happen? Never happen? (Arrange)

What type of follow up is provided? Check all that apply.

- ☐ Phone call
- ☐ Email
- ☐ Follow-up appointment
- ☐ Other ________________________________

Who provides the follow up? Check all that apply.

- ☐ Administrative
- ☐ Medical Assistants
- ☐ Nursing
- ☐ Clinical/Providers
- ☐ Other ________________________________
- ☐ None

**Tobacco Treatment/Interventions Used**

Which of the following does your practice currently use to help patients quit smoking or using tobacco?

- ☐ Prescriptions for medications for tobacco dependence
- ☐ Brief counseling during visit (5A’s or another method)
- ☐ Referral to clinic cessation program
- ☐ Referral to cessation program outside of clinic (e.g. health education, ACS, ALA)
- ☐ Scheduling follow up visits to check up on quit attempts
- ☐ Telephone counseling (e.g. quitplan)
- ☐ Referral to quitlines (fax to quitline or other method)
- ☐ Other, describe:
**Overall System: Policies, Processes, Training, and Resources**

Does your system have a written policy or goals about treating tobacco dependence?

- 0 No
- 1 Yes (ask for a copy)
- 2 Not sure

How do staff learn about policy/goals related to treating patient tobacco use?

Is current information about tobacco cessation medication readily available to providers and staff?

- 0 No
- 1 Yes
- 2 Not sure

Does the clinic provide any tobacco cessation training for clinic staff?

- 0 No
- 1 Yes
- 2 Not sure

If yes, please provide more information about the training. Is staff attendance required? What is the content of the training (i.e. topics/issues covered)? How often/when do staff attend training?

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SUMMARY

Does the clinic have a process for providing feedback to clinic staff about the services they provide around tobacco cessation/treatment?

❑ 0 No
❑ 1 Yes
❑ 2 Not sure
If yes, please describe:

Aside from iQuit!, do you have any other ongoing quality improvement projects at the clinic?

❑ 0 No
❑ 1 Yes
❑ 2 Not sure

Is tobacco cessation included in any of your current quality improvement efforts at the clinic?

❑ 0 No
❑ 1 Yes
❑ 2 Not sure
If yes, please describe:

What are your current needs for educational resources around patient tobacco use and quitting, either for patients or staff and providers?
## Strategy Grid: Summary of 5A's Clinical Practice

<table>
<thead>
<tr>
<th>Already In Place</th>
<th>Not in place</th>
<th>Brief Strategy Description</th>
<th>Next steps or how sustained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 1. Provider and staff education/training

- **Regular training on tobacco cessation topics** (e.g. 5A's, motivational interviewing, traditional tobacco use teaching, coding and billing, treatment and quit resources)
- **Make evidence based resources available to providers and clinic staff** (e.g. Treating Tobacco Use and Dependence Clinical Practice Guideline 2008 Update)
- **Provide opportunities to connect with other practices and learn about successful cessation assistance strategies**

### 2. Policy and clinic support for change

- **Write a clinic policy for tobacco cessation**
- **Identify a team and roles** (e.g. Tobacco Cessation Office Champion)
- **Provide clinician feedback about performance** (reports, audits)
- **Enforce a tobacco free policy for the practice**
- **Increase access to cessation tools by establishing a fund to purchase cessation medications for patients in need**
- **Include tobacco treatment codes in electronic claims systems**

### 3. Patient education

- **Display visual cues throughout the clinic** (posters, bathroom signs, electronic boards, videos)
## Strategy Grid: Summary of 5A’s Clinical Practice

<table>
<thead>
<tr>
<th>Already In Place</th>
<th>Not in place</th>
<th>Brief Strategy Description</th>
<th>Next steps or how sustained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove tobacco ads from magazines in the practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Make handouts and resources available</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Standardize Clinic Systems to Support the 5A’s

Identify staff roles and process for the 5A’s (who will ask, advise, assess, assist and arrange?)

Integrate tobacco cessation intervention into the EHR (Prompts for the 5A’s)

- Add prompts to EHR system to record tobacco use and/or cessation intervention (Ask and advise)
- Add tobacco education to drop down menu on vitals page
- Add templates to EHR to display action taken

Easy connections to cessation resources for use during visit

- Process for connecting patients to cessation counselor
- Use of quit lines and other resources
- Others

Systems for follow up with patients who plan to quit

- Follow up calls/appointments
- Patient registry of tobacco users and quit dates to assist with tracking for follow up

Sources: American Academy of Family Physicians Treating Tobacco Dependence Practice Manual, AAFP Office Champions Tobacco Cessation FQHC Project
# Strategy Menu

## Clinical Practice Goals
1. Increase the number of patients asked about their tobacco status
2. Increase the number of patients who are offered assistance with quitting tobacco
3. Increase the number of patients who are successful in quitting tobacco

## Clinical Practice Strategies to Support Patient Tobacco Cessation Attempts

<table>
<thead>
<tr>
<th>Category</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider and Clinic Staff Training &amp; Education</strong></td>
<td>Regular training on tobacco cessation topics with CE credits • The 5A’s • Motivational interviewing and counseling techniques • Traditional tobacco use teaching • Coding and billing Provide opportunities to connect with other clinics and learn about their successes (e.g. learning collaboratives, webinars, national conferences)</td>
</tr>
<tr>
<td><strong>Patient Education</strong></td>
<td>Display visual cues throughout the clinic (posters, bathroom signs, electronic boards, videos) Remove tobacco ads from magazines in the practice Make handouts and resources available</td>
</tr>
<tr>
<td><strong>Standardize Clinic Systems to Support the 5A’s</strong></td>
<td>Identify staff roles for the 5A’s (who will ask, advise, assess, assist and arrange?) Integrate tobacco cessation intervention into the EHR (Prompts for the 5A’s) • Add prompts to EHR system to record tobacco use and/or cessation intervention (Ask and advise) • Add tobacco education to drop down menu on vitals page • Add templates to EHR to display action taken Easy connections to cessation resources for use during visit • Process for connecting patients to cessation counselor • Use of Quitlines and other resources Systems for follow up with patients who plan to quit • Follow-up calls, appointments • Use of patient registries of tobacco users and quit dates</td>
</tr>
<tr>
<td><strong>Policy and Clinic Support of Change</strong></td>
<td>Identify a team and roles (e.g. Tobacco Cessation Office Champion) Provide clinician feedback about performance (reports, audits) Enforce a tobacco free policy for the practice Increase access to cessation tools by establishing a fund to purchase cessation medications for patients in need Include tobacco treatment codes in electronic claims systems</td>
</tr>
</tbody>
</table>
## EHR Worksheet - Measures

<table>
<thead>
<tr>
<th>Information needed</th>
<th>EHR documentation/data element</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patient visits</td>
<td># of non-emergency clinic visits for patients 18+ during reporting period (medical clinic only with in-person clinical encounter with provider)</td>
</tr>
<tr>
<td>Number of adult patients</td>
<td># of non-emergency unique patients 18+ with at least one visit during reporting period (medical clinic only with in-person clinical encounter with provider)</td>
</tr>
<tr>
<td>Tobacco use status recorded: visits</td>
<td># visits with patients 18+ with tobacco use status recorded during reporting period</td>
</tr>
<tr>
<td>Tobacco use status recorded: patients</td>
<td># unique patients 18+ with tobacco use status recorded during reporting period</td>
</tr>
<tr>
<td>Current tobacco users</td>
<td># of unique patients 18+ who responded “yes” to tobacco use at most recent clinic visit during reporting period</td>
</tr>
<tr>
<td>Prescription written for tobacco cessation medication</td>
<td># of unique patients 18+ with tobacco use = yes who had new prescriptions written for tobacco cessation medications (Varenicline/Chantix only) or NRT during reporting period</td>
</tr>
<tr>
<td>Use of in-visit tobacco intervention counseling or</td>
<td># of unique patients 18+ with tobacco use = “yes” with billing code used to obtain reimbursement for brief provider counseling on tobacco during reporting period (Billing CPT Codes: 99406, 99407, G0436, G0437)</td>
</tr>
<tr>
<td>tobacco education provided</td>
<td>-OR-</td>
</tr>
<tr>
<td></td>
<td># of unique patients 18+ with tobacco use = “yes” with tobacco cessation education documented (e.g. pick list box checked) -- indicate method used in notes</td>
</tr>
<tr>
<td>Use of counseling services</td>
<td># of unique patients 18+ referred to clinic tobacco cessation or counseling program during reporting period</td>
</tr>
<tr>
<td></td>
<td># of unique patients 18+ who used the clinic tobacco cessation or counseling program during reporting period</td>
</tr>
<tr>
<td></td>
<td># of total patient visits for patients 18+ to clinic tobacco cessation or counseling program during the reporting period</td>
</tr>
<tr>
<td>Number of patient visits</td>
<td># of non-emergency clinic visits for patients 18+ during reporting period (medical clinic only with in-person clinical encounter with provider)</td>
</tr>
</tbody>
</table>
## SUMMARY

### EHR Worksheet - Data elements

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count of patient visits</td>
<td># of non-emergency clinic visits for patients 18+ during reporting period (medical clinic only with in-person clinical encounter with provider)</td>
<td></td>
</tr>
<tr>
<td>Count of adult patients</td>
<td># of non-emergency unique patients 18+ with at least one visit during reporting period (medical clinic only with in-person clinical encounter with provider)</td>
<td></td>
</tr>
<tr>
<td>% visits with tobacco use documented</td>
<td># visits with patients 18+ with tobacco use status recorded</td>
<td># of non-emergency clinic visits for patients 18+ during reporting period (medical clinic only with in-person clinical encounter with provider)</td>
</tr>
<tr>
<td>% patients with tobacco use documented</td>
<td># of unique patients 18+ with tobacco use documented during reporting period</td>
<td># of non-emergency unique patients 18+ with at least one visit during reporting period (medical clinic only with in-person clinical encounter with provider)</td>
</tr>
<tr>
<td>% tobacco users</td>
<td># of unique patients 18+ who responded “yes” to tobacco use at most recent clinic visit during reporting period</td>
<td># of non-emergency unique patients 18+ with at least one visit during reporting period (medical clinic only with in-person clinical encounter with provider)</td>
</tr>
<tr>
<td>% of tobacco users provided tobacco counseling or education in-visit</td>
<td># of unique patients 18+ with tobacco use = yes who receive tobacco counseling in visit during the reporting period (counts of use of billing code or other method of documenting tobacco education)</td>
<td># of unique patients 18+ who responded “yes” to tobacco use at most recent clinic visit during reporting period</td>
</tr>
<tr>
<td>% of tobacco users with new orders for tobacco cessation medications</td>
<td># of unique patients 18+ with tobacco use = yes who receive an order for a new prescriptions for tobacco cessation medications (Veranicline/Chantix only or NRT) at most recent clinic visit during the reporting period</td>
<td># of unique patients 18+ who responded “yes” to tobacco use at most recent clinic visit during reporting period</td>
</tr>
<tr>
<td>Count of patients referred to tobacco cessation counseling</td>
<td># of unique patients 18+ referred to clinic tobacco cessation or counseling program during reporting period</td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
<td>Numerator</td>
<td>Denominator</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Count of patients who use tobacco cessation counseling</td>
<td># of unique patients 18+ who used the clinic tobacco cessation or counseling program during reporting period</td>
<td></td>
</tr>
<tr>
<td>Count of total patient visits to tobacco cessation counseling</td>
<td># of total patient visits for patients 18+ to clinic tobacco cessation or counseling program during reporting period</td>
<td></td>
</tr>
</tbody>
</table>
Culturally designed signs and/or educational material in exam rooms, waiting areas, or bathrooms.

5A’s Flow Chart - The 5A’s flow chart provides an example of a workflow for using the 5A’s. The charts can be set in exam rooms and other clinic locations as reminders to clinic staff.

Lung Cancer Brochure - Includes lung cancer screening flow chart
Shared decision making resources

AICAF provides a variety of culturally tailored resources that are available to stakeholders to use for shared decision making processes. These resources are available upon request.

Your Path to Quitting - These resources are FDA-approved tobacco cessation options

Medication Table
Communication Guide

iQuits tip of the week
The tip of the week is a brief weekly email to share tips for treating tobacco addiction in clinical practice. For access to the iQuits tip of the week please reach out to research@aicaf.org.
## GLOSSARY OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional tobacco</td>
<td>Tobacco that is used in a sacred way that contains no harmful additives and is harvested naturally. Commercial tobacco products contains additional carcinogens or additives (e.g., ammonia, flavors, menthol)</td>
</tr>
<tr>
<td>Commercial tobacco</td>
<td>Products containing additional carcinogens or additives (e.g., ammonia, flavors, menthol)</td>
</tr>
<tr>
<td>5A's</td>
<td>Ask, Advise, Assess, Assist, Arrange</td>
</tr>
<tr>
<td>iQuit!</td>
<td>The American Indian Health Systems Support for Improving Quit Assistance &amp; Quit Rates Project</td>
</tr>
<tr>
<td>AICAF</td>
<td>American Indian Cancer Foundation</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic health record</td>
</tr>
<tr>
<td>QI</td>
<td>Quality improvement</td>
</tr>
</tbody>
</table>
REFERENCES


