Tobacco Cessation within American Indian and Alaska Native Communities

A Toolkit Designed for Providers, Clinic Teams and Public Health Professionals

American Indian Cancer Foundation®

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

ACKNOWLEDGEMENTS

AICAF would like to recognize the American Indian Health Systems Change for the Improving Quit Assistance & Quit Rates research partners that took part in the tobacco cessation improvement program. A special thank you is extended to those CEOs, health directors and commissioners, clinic directors, providers, and clinic staff who have contributed their time to support this important work in reducing the impact of cancer in our American Indian and Alaska Native communities.

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

Funding for this project was made possible by ClearWay Minnesota. The findings, conclusions, and content are contributions from the authors and do not necessarily represent the official position of Clearway Minnesota.

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

TABLE OF CONTENTS

INTRODUCTION 3

BACKGROUND 4
- American Indian and Alaska Native Commercial Tobacco Burden
- Treating Tobacco Addiction

ABOUT THE TOOLKIT 5
- Toolkit Goal
- Audience
- How to use this Toolkit
- Action Steps

GETTING STARTED 7
- Step 1: Secure clinic and/or health and human service leadership support
- Step 2: Identify an iQuit! team champion
- Step 3: Form your iQuit! team
- Step 4: Schedule a kick-off meeting
- Step 5: Distribute, complete, and collect staff survey
- Step 6: Complete systems assessment worksheet

MOVING FORWARD 11
- Step 7: Complete strategy grid worksheet and strategy menu
- Step 8: Engage all staff to participate and complete education modules
- Step 9: Complete model of improvement
- Step 10: Collect EHR Data
- Step 11: Document your work

SUMMARY 15
- Kick-off Team Meeting Agenda
- iQuit! Team Meeting Agenda
- iQuit! Staff Survey
- Systems Assessment
- Strategy Grid Worksheet
- Strategy Menu
- EHR Measures
- EHR Worksheet - Data Elements
- Resources

REFERENCES 38

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.

Steps	Completed
Secure leadership support	
Form the iQuit! clinic team using worksheet	
Identify team champion	
Invite additional staff to join iQuit! team	
Schedule kick-off meeting	
Administer staff survey	
Complete system assessment	
Identify systems change opportunities using clinical assessment tool	

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.

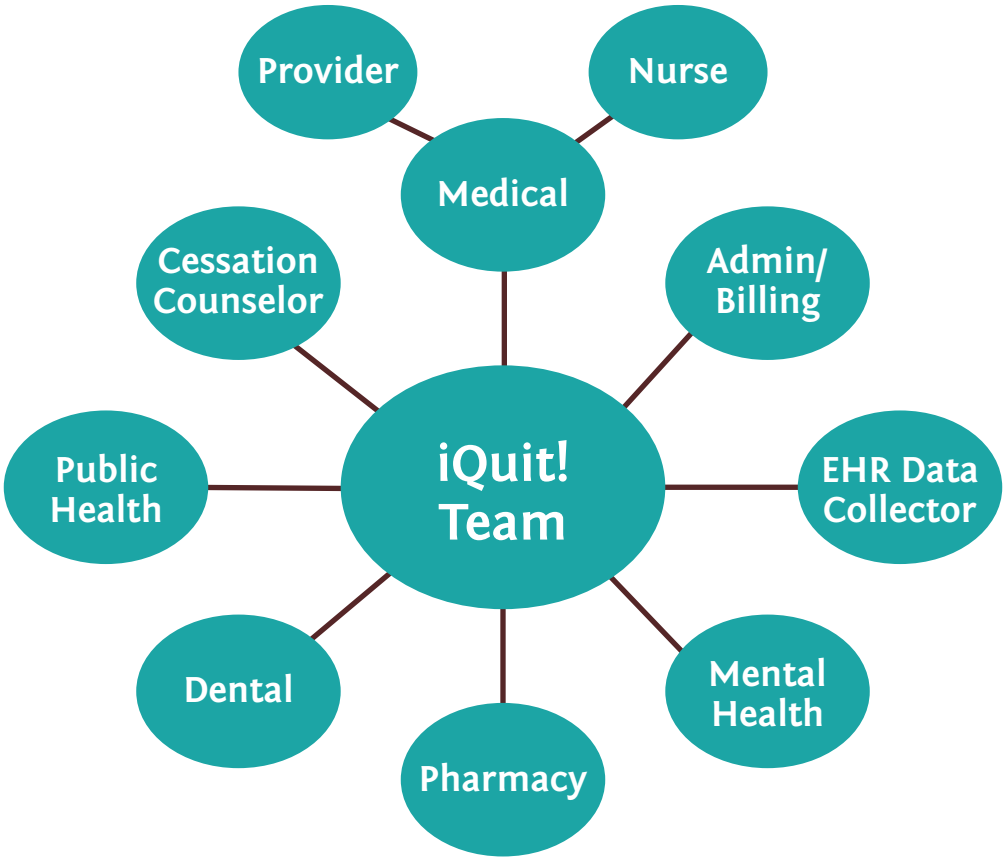
A. This individual should be highly motivated, committed and passionate about tobacco control, a good communicator, well connected and have the influence to move the project along

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)



The iQuit! Team Diagram

GETTING STARTED

D. Team member responsibilities are outlined in graphic below.

Team Champion Responsibilities
Conduct iQuit! clinic system assessment as a team during kick-off meeting
Brainstorm systems changes to support commercial tobacco cessation
Develop action plans to implement small tests of change
Use the strategy grid and strategy menu to help facilitate brainstorming
Review any data collected to assess progress
Identify new tasks and/or goals as necessary and create or update implementation plan
Share meeting minutes and implementation plans with team following each monthly meeting
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

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

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.**

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

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.

Module	Topic	Timeline	Completed
1	Introduction and the 5A's • iQuit! overview • Background • Using the 5A's in your role	Quarter 1	
2	Motivational Interviewing	Quarter 2	
3	Quality Improvement	Quarter 3	
4	E-Cigarettes: Risks and Benefits (pre-recorded webinar) https://www.youtube.com/watch?v=BlVSJN4igpU	Supplementary training recommended for all staff	
5	Nicotine Replacement Therapy and Cessation Medication: An update on efficacy and safety (pre-recorded webinar) https://www.youtube.com/watch?v=9l9LC5bd2hs	Recommended for medical staff	

MOVING FORWARD

Step 9. Complete the model of improvement.

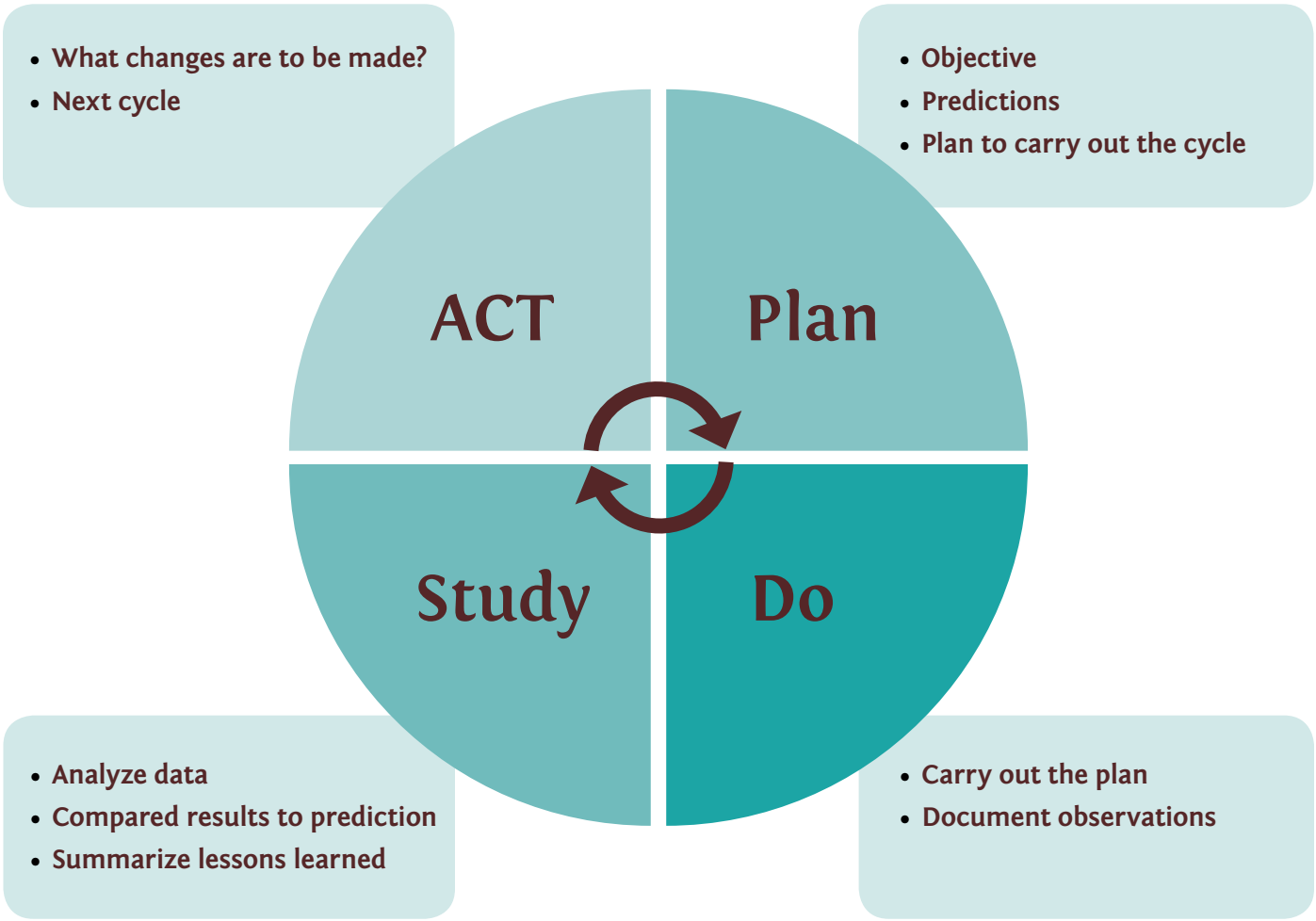
A. It is recommended to complete *Education Module 3* before continuing on to Step 9

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



MOVING FORWARD

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

MOVING FORWARD

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

iQuit! Staff Survey

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	2	3	4	5
Not Familiar		Familiar		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...

	Always	Often	Sometimes	Rarely	Never	Not my role
1. Ask patients about current tobacco use?	5	4	3	2	1	0
2. Ask patients about secondhand smoke exposure?	5	4	3	2	1	0
3. Advise tobacco users about the importance of quitting?	5	4	3	2	1	0
4. Advise patients exposed to secondhand smoke about the importance of avoiding it?	5	4	3	2	1	0

Assess & Assist

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

	Always	Often	Sometimes	Rarely	Never	Not my role
1. Ask patients if they are ready to quit using tobacco?	5	4	3	2	1	0
2. Help set a quit date with patients ready to quit tobacco?	5	4	3	2	1	0
3. Help make a quit plan with patients ready to quit tobacco?	5	4	3	2	1	0
4. Help patients develop a plan to avoid secondhand smoke (if they are exposed)?	5	4	3	2	1	0

Assist & Arrange

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

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

Documentation

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

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

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?

- ❑$_0$ No
- ❑$_1$ 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.

- ❑$_1$ Provider
- ❑$_1$ Nurse
- ❑$_1$ Medical Assistant
- ❑$_1$ Nurse Practitioner
- ❑$_1$ Roomer
- ❑$_1$ 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?

- ❑$_0$ No
- ❑$_1$ Yes

Who is responsible for assessing if a patient is ready to quit? Check all that apply.

- ❑$_1$ Provider
- ❑$_1$ Nurse
- ❑$_1$ Medical Assistant
- ❑$_1$ Nurse Practitioner
- ❑$_1$ Roomer
- ❑$_1$ Other_____

Is this activity documented in your EMR system?

- ❑$_0$ No
- ❑$_1$ Yes
- ❑$_2$ 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?

- ❑$_0$ No
- ❑$_1$ Yes
- ❑$_2$ Not sure

Who is responsible for advising a patient 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?

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:

Intervention	a) Who?	b) Process?	c) Where recorded?

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?

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

	Already In Place	Not in place	Brief Strategy Description	Next steps or how sustained
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

	Already In Place	Not in place	Brief Strategy Description	Next steps or how sustained
Remove tobacco ads from magazines in the practice				
Make handouts and resources available				
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	
Provider and Clinic Staff Training & Education	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)
Patient Education	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
Standardize Clinic Systems to Support the 5A's	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
Policy and Clinic Support of Change	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

EHR Worksheet - Measures

Information needed	EHR documentation/data element
Number of patient visits	# of non-emergency clinic visits for patients 18+ during reporting period (medical clinic only with in-person clinical encounter with provider)
Number of adult patients	# of non-emergency unique patients 18+ with at least one visit during reporting period (medical clinic only with in-person clinical encounter with provider)
Tobacco use status recorded: visits	# visits with patients 18+ with tobacco use status recorded during reporting period
Tobacco use status recorded: patients	# unique patients 18+ with tobacco use status recorded during reporting period
Current tobacco users	# of unique patients 18+ who responded "yes" to tobacco use at most recent clinic visit during reporting period
Prescription written for tobacco cessation medication (include Varenicline/Chantix and NRT: patch, gum, lozenge, inhaler, spray)	# 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
Use of in-visit tobacco intervention counseling or tobacco education provided	# 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) -OR- # of unique patients 18+ with tobacco use = "yes" with tobacco cessation education documented (e.g. pick list box checked) -- indicate method used in notes
Use of counseling services	# of unique patients 18+ referred to clinic tobacco cessation or counseling program during reporting period
	# of unique patients 18+ who used the clinic tobacco cessation or counseling program during reporting period
	# of total patient visits for patients 18+ to clinic tobacco cessation or counseling program during the reporting period
Number of patient visits	# of non-emergency clinic visits for patients 18+ during reporting period (medical clinic only with in-person clinical encounter with provider)

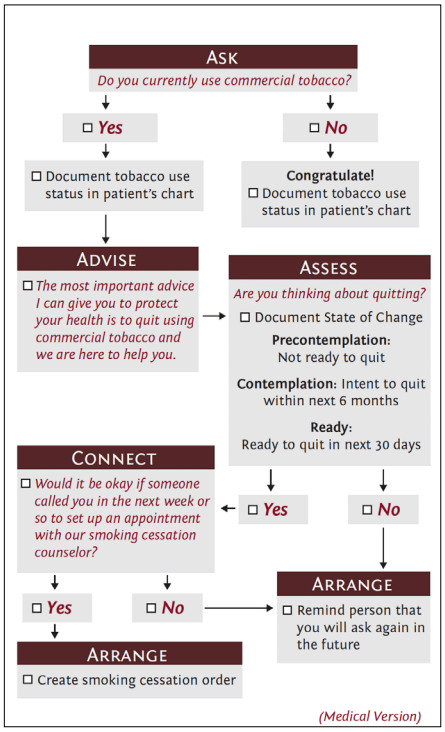
EHR Worksheet - Data elements

Indicator	Numerator	Denominator
Count of patient visits	# of non-emergency clinic visits for patients 18+ during reporting period (medical clinic only with in-person clinical encounter with provider)	
Count of adult patients	# of non-emergency unique patients 18+ with at least one visit during reporting period (medical clinic only with in-person clinical encounter with provider)	
% visits with tobacco use documented	# visits with patients 18+ with tobacco use status recorded	# of non-emergency clinic visits for patients 18+ during reporting period (medical clinic only with in-person clinical encounter with provider)
% patients with tobacco use documented	# of unique patients 18+ with tobacco use documented during reporting period	# of non-emergency unique patients 18+ with at least one visit during reporting period (medical clinic only with in-person clinical encounter with provider)
% tobacco users	# of unique patients 18+ who responded “yes” to tobacco use at most recent clinic visit during reporting period	# of non-emergency unique patients 18+ with at least one visit during reporting period (medical clinic only with in-person clinical encounter with provider)
% of tobacco users provided tobacco counseling or education in-visit	# 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)	# of unique patients 18+ who responded “yes” to tobacco use at most recent clinic visit during reporting period
% of tobacco users with new orders for tobacco cessation medications	# of unique patients 18+ with tobacco use = yes who receive an order for a new prescriptions for tobacco cessation medications (Verenicline/Chantix only or NRT) at most recent clinic visit during the reporting period	# of unique patients 18+ who responded “yes” to tobacco use at most recent clinic visit during reporting period
Count of patients referred to tobacco cessation counseling	# of unique patients 18+ referred to clinic tobacco cessation or counseling program during reporting period	

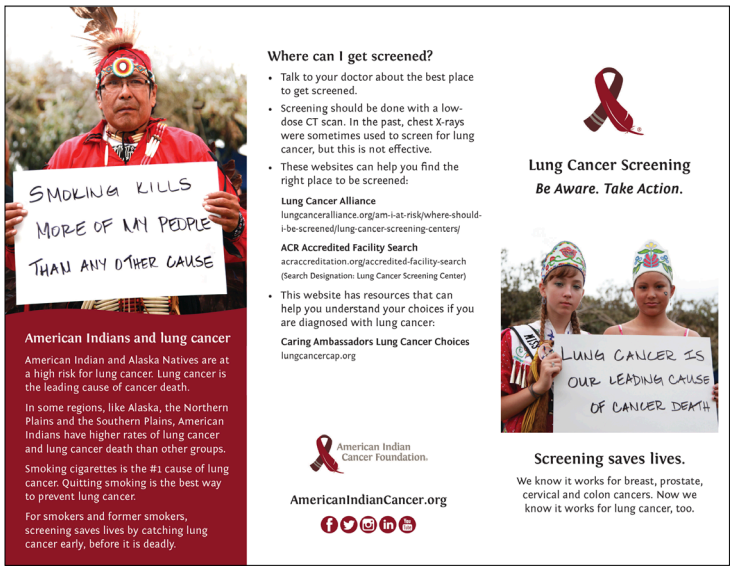
Indicator	Numerator	Denominator
Count of patients who use tobacco cessation counseling	# of unique patients 18+ who used the clinic tobacco cessation or counseling program during reporting period	
Count of total patient visits to tobacco cessation counseling	# of total patient visits for patients 18+ to clinic tobacco cessation or counseling program during reporting period	

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



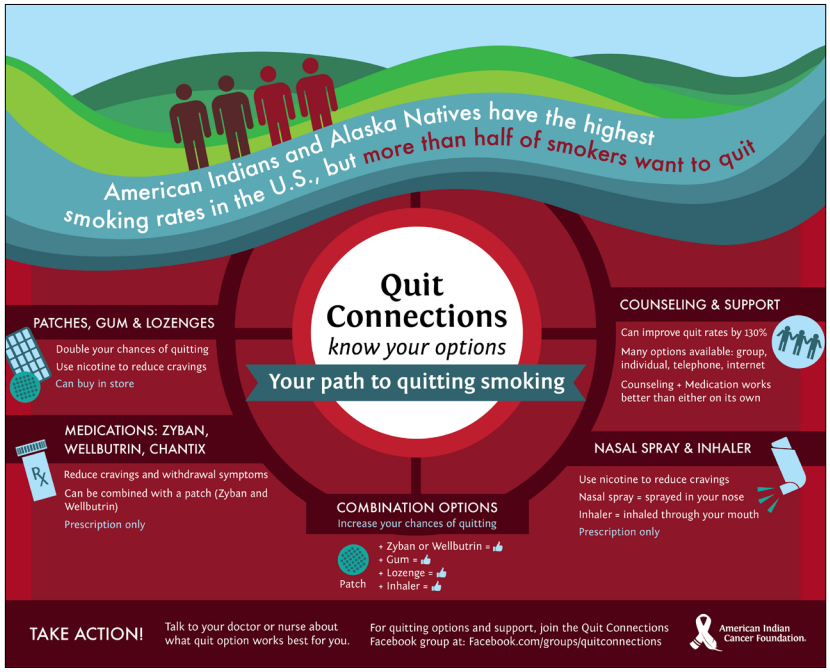
Lung Cancer Brochure - Includes lung cancer screening flow chart



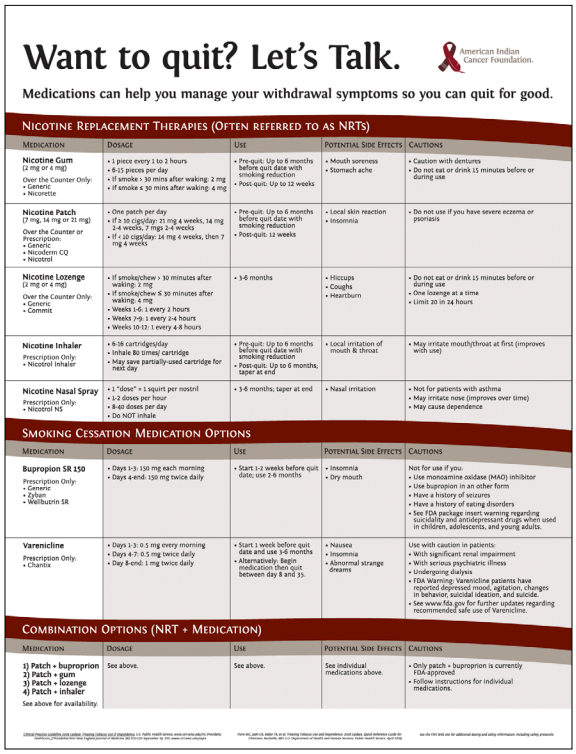
Shared decision making resources

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



Want to quit? Let's Talk.

American Indian Cancer Foundation.

Medications can help you manage your withdrawal symptoms so you can quit for good.

Nicotine Replacement Therapies (Often referred to as NRTs)

Medication	Dosage	Use	Potential Side Effects	Cautions
Nicotine Gum (2 mg or 4 mg) Over the Counter Only: • Generic • Nicorette	• 1 piece every 1 to 2 hours • 9-15 pieces per day • If smoke > 30 mins after waking: 2 mg • If smoke ≤ 30 mins after waking: 4 mg	• Pre-quit: Up to 6 months before quit date with smoking reduction • Post-quit: Up to 12 weeks	• Mouth soreness • Stomach ache	• Caution with dentures • Do not eat or drink 15 minutes before or during use
Nicotine Patch (7 mg, 14 mg or 21 mg) Over the Counter or Prescription: • Generic • Nicoderm CQ • Nicotrol	• One patch per day • If ≥ 10 cigs/day: 21 mg 4 weeks, 14 mg 2-4 weeks, 7 mg 2-4 weeks • If < 10 cigs/day: 14 mg 4 weeks, then 7 mg 4 weeks	• Pre-quit: Up to 6 months before quit date with smoking reduction • Post-quit: 12 weeks	• Local skin reaction • Insomnia	• Do not use if you have severe eczema or psoriasis
Nicotine Lozenge (2 mg or 4 mg) Over the Counter Only: • Generic • Commit	• If smoke/chew > 30 minutes after waking: 2 mg • If smoke/chew ≤ 30 minutes after waking: 4 mg • Weeks 1-6: 1 every 2 hours • Weeks 7-9: 1 every 2-4 hours • Weeks 10-12: 1 every 4-8 hours	• 3-6 months	• Hiccups • Coughs • Heartburn	• Do not eat or drink 15 minutes before or during use • One lozenge at a time • Limit 20 in 24 hours
Nicotine Inhaler Prescription Only: • Nicotrol Inhaler	• 6-16 cartridges/day • Inhale 80 times/ cartridge • May save partially-used cartridge for next day	• Pre-quit: Up to 6 months before quit date with smoking reduction • Post-quit: Up to 6 months, taper at end	• Local irritation of mouth & throat	• May irritate mouth/throat at first (improves with use)
Nicotine Nasal Spray Prescription Only: • Nicotrol NS	• 1 "dose" = 1 squirt per nostril • 1-2 doses per hour • 8-40 doses per day • Do NOT inhale	• 3-6 months; taper at end	• Nasal irritation	• Not for patients with asthma • May irritate nose (improves over time) • May cause dependence

Smoking Cessation Medication Options

Medication	Dosage	Use	Potential Side Effects	Cautions
Bupropion SR 150 Prescription Only: • Generic • Zyban • Wellbutrin SR	• Days 1-3: 150 mg each morning • Days 4-end: 150 mg twice daily	• Start 1-2 weeks before quit date; use 3-6 months	• Insomnia • Dry mouth	Not for use if you: • Use monoamine oxidase (MAO) inhibitor • Use bupropion in an other form • Have a history of seizures • Have a history of eating disorders • See FDA package insert warning regarding suicidality and antidepressant drugs when used in children, adolescents, and young adults.
Varenicline Prescription Only: • Chantix	• Days 1-3: 0.5 mg every morning • Days 4-7: 0.5 mg twice daily • Day 8-end: 1 mg twice daily	• Start 1 week before quit date and use 3-6 months • Alternatively: Begin medication then quit between day 8 and 35.	• Nausea • Insomnia • Abnormal strange dreams	Use with caution in patients: • With significant renal impairment • With serious psychiatric illness • Undergoing dialysis • FDA Warning: Varenicline patients have reported depressed mood, agitation, changes in behavior, suicidal ideation, and suicide. • See www.fda.gov for further updates regarding recommended safe use of Varenicline.

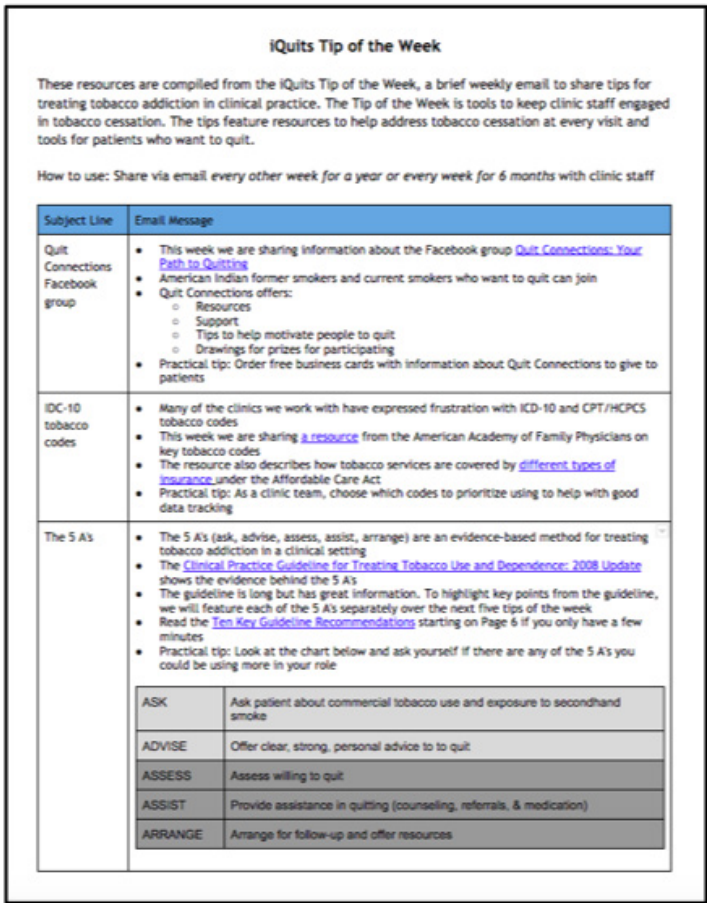
Combination Options (NRT + Medication)

Medication	Dosage	Use	Potential Side Effects	Cautions
1) Patch + bupropion **2) Patch + gum** **3) Patch + lozenge** **4) Patch + inhaler** See above for availability.	See above.	See above.	See individual medications above.	• Only patch + bupropion is currently FDA-approved • Follow instructions for individual medications.

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.



iQuits Tip of the Week

These resources are compiled from the iQuits Tip of the Week, a brief weekly email to share tips for treating tobacco addiction in clinical practice. The Tip of the Week is tools to keep clinic staff engaged in tobacco cessation. The tips feature resources to help address tobacco cessation at every visit and tools for patients who want to quit.

How to use: Share via email *every other week for a year or every week for 6 months* with clinic staff

Subject Line	Email Message

Quit Connections Facebook group	• This week we are sharing information about the Facebook group Quit Connections: Your Path to Quitting
	• American Indian former smokers and current smokers who want to quit can join
	• Quit Connections offers:
	  ○ Resources
	  ○ Support
	  ○ Tips to help motivate people to quit
	  ○ Drawings for prizes for participating
	• Practical tip: Order free business cards with information about Quit Connections to give to patients

IDC-10 tobacco codes	• Many of the clinics we work with have expressed frustration with ICD-10 and CPT/HCPCS tobacco codes • This week we are sharing a resource from the American Academy of Family Physicians on key tobacco codes • The resource also describes how tobacco services are covered by different types of insurance under the Affordable Care Act • Practical tip: As a clinic team, choose which codes to prioritize using to help with good data tracking
The 5 A's	• The 5 A's (ask, advise, assess, assist, arrange) are an evidence-based method for treating tobacco addiction in a clinical setting • The Clinical Practice Guideline for Treating Tobacco Use and Dependence: 2008 Update shows the evidence behind the 5 A's • The guideline is long but has great information. To highlight key points from the guideline, we will feature each of the 5 A's separately over the next five tips of the week • Read the Ten Key Guideline Recommendations starting on Page 6 if you only have a few minutes • Practical tip: Look at the chart below and ask yourself if there are any of the 5 A's you could be using more in your role

ASK	Ask patient about commercial tobacco use and exposure to secondhand smoke
ADVISE	Offer clear, strong, personal advice to to quit
ASSESS	Assess willing to quit
ASSIST	Provide assistance in quitting (counseling, referrals, & medication)
ARRANGE	Arrange for follow-up and offer resources

GLOSSARY OF ABBREVIATIONS

Abbreviation	Definition
Traditional tobacco	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)
Commercial tobacco	Products containing additional carcinogens or additives (e.g., ammonia, flavors, menthol)
5A's	Ask, Advise, Assess, Assist, Arrange
iQuit!	The American Indian Health Systems Support for Improving Quit Assistance & Quit Rates Project
AICAF	American Indian Cancer Foundation
EHR	Electronic health record
QI	Quality improvement

REFERENCES

1. Centers for Disease Control and Prevention. Current Cigarette Smoking Among Adults—United States, 2005–2014.. Morbidity and Mortality Weekly Report 2015;64(44):1233–40.

2. Center for Behavioral Health Statistics and Quality. (2015). 2014 National Survey on Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration, Rockville, MD.

3. American Indian Community Tobacco Projects. (2013). Tribal Tobacco Use Project Survey Report 2013: Findings from Minnesota American Indian Communities. American Indian Community Tobacco Projects. Retrieved from https://www.minnpost.com/sites/default/files/attachments/TTUPrpt.pdf.

4. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

5. Foote, M., Strickland, R., Lucas-Pipkorn, S., Williamson, A. & Lamers, L. (2016). The High Burden of Cancer Among American Indians/Alaska Natives in Wisconsin. WMJ, 115(1): 11-16.

6. Community Health Data Profile: Michigan, Minnesota, and Wisconsin Tribal Communities, 2010. Great Lakes Inter-Tribal Epidemiology Center, Great Lakes Inter-Tribal Council, Inc. 2011.

7. Boudreau, G., Hernandez, C., Hoffer, D., Starlight Preuss, K., Tibbetts-Barto, L., Toves Villaluz, N. & Scott, S. (2016). Why the World Will Never Be Tobacco-Free: Reframing Tobacco Control into a Traditional Tobacco Movement. American Journal of Public Health; e1-e8.

8. Goodkind, J.R., Ross-Toledo, K., John, S., Lee Hall, J., Ross, L., Freeland, L., Coletta, E. & Becenti-Fundark, T. (2011). Rebuilding Trust: A Community, Multiagency, State, and University Partnership to Improve Behavioral Health Care for American Indian Youth, Their Families, and Communities. Journal of Community Psychology, 39(4), 452-477.

9. American Indian Community Tobacco Projects (AICTP). Tribal Tobacco Use Project Survey Report 2013: Findings from Minnesota American Indian Communities. American Indian Community Tobacco Projects, 2013.

10. Land, T. G., Rigotti, N. A., Levy, D. E., Schilling, T., Warner, D., & Li, W. (2012). The effect of systematic clinical interventions with cigarette smokers on quit status and the rates of smoking-related primary care office visits.

11. Fior et al. (2008). Clinical Practice Guideline: Treating tobacco use and dependence: 2008 Update.