Carbone Cancer Center
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Using the Electronic Health Record (EHR) to Support the Delivery of Tobacco Dependence Treatment Services in Oncology Healthcare Settings

Produced by the Cancer Center Cessation Initiative (C3I) Coordinating Center at the University of Wisconsin Comprehensive Cancer center, with funding support from the National Cancer Institute

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Overview

The National Cancer Institute (NCI) Cancer Center Cessation Initiative (C3I) provides funding and technical support for treating tobacco dependence at NCI-Designated Cancer Centers. C3I is a Cancer Moonshot supported initiative.

The NCI has previously identified several priorities for cancer centers to improve tobacco use assessment and treatment,[1] and the American Association for Cancer Research (AACR) has also published a report with recommendations for assessing and treating tobacco use in Cancer Centers.[2] Both NCI and AACR recommend that Cancer Centers use a uniform measure of tobacco use as a "vital sign", consistently documented for all patients, ideally in an electronic health record (EHR), to identify and refer smokers to tobacco treatment services. Further, an automatic *connection* triggered by a patient's tobacco use status (e.g. current smoker, some day/every day smoker) to an evidence based tobacco treatment program is the optimal method for reaching cancer patients who smoke with cessation resources.[3,4]

Although these methods are evidence-based[5] and have been recommended as best practices, many cancer centers face common challenges as they integrate tobacco treatment services into clinical care. Challenges exist at each step of integration: using the EHR to identify and document patient tobacco use; integrating cessation treatments into the busy clinical workflows of oncology care; connecting patients to evidence based smoking cessation services; and tracking patient tobacco use outcomes.

This guide describes the process of planning and implementing tobacco treatment services integration using the EHR, identifies common challenges, and provides suggestions for successfully overcoming challenges at each step. It provides common, industry-standard, EHR and information technology (IT) strategies, components, and example clinician scripts.

Integrating Tobacco Cessation Treatment Services into Clinical Care Using the EHR: Common Challenges and Strategies for Success

Making changes to an EHR in oncology clinical settings often require changes to the entire health care system EHR. The reason for this is that most EHR-based functionalities, components, and workflows are typically determined by and for the entire health care system. This recognition should influence decisions regarding requesting EHR changes – specifically, to identify what changes (if any) can be limited to the oncology clinical environment and to limit system-wide change requests.

Organizational priorities, costs, clinician and staff roles, decision support, quality improvement initiatives, incentive programs, and reporting requirements all influence what can be implemented. EHR changes increase cost and time and usually require a system-level decision. Any change that results in clinic workflow interruption is challenging to approve and implement.

Specific functions already embedded in most EHRs that will facilitate the integration of tobacco cessation treatment services into oncology clinical care include the capacity to complete the following core functions/activities:

- ☐ generate a list of patients who smoke/use tobacco ("tobacco registry"),
- ☐ conveniently see a patient's tobacco use status in their record,
- ☐ place orders for cessation consultation or other resource (e.g., internal Tobacco Treatment Program, Care Manager, Quitline, group class, etc.),
    - Ideally, ensure that clinicians ordering the referral receive the results of the referral order ("closing the loop"). Closed-loop functionality is easier for internal than external referral orders.
- ☐ place orders for tobacco cessation medications,
- ☐ generate reports for quality and performance program reporting, and
- ☐ create dashboards (i.e., a tool to track patients and ongoing treatment delivery).

In general, efforts to use EHR to facilitate the delivery of tobacco dependence treatment will be facilitated by prioritizing EHR changes that

- ☐ are essential to the core activities you want to implement,
- ☐ use pre-existing functionalities (your system's IT team can help identify these), and
- ☐ are simple and quick versus complex and lengthy. (Again, your IT team can help you define and prioritize your requests, delineating their level of complexity, effort, and establishing a timeline for completion.)

EHR and workflow change steps that can be completed while work continues on the more complex EHR/IT items include

- ☐ taking inventory of tobacco use identification, and cessation intervention documentation functionality and fields that currently exist in your EHR;

- ☐ developing a list of specific, defined, and singular modifications that you want to ask your system to approve; and work with your system's IT staff to build, test, and implement to deliver tobacco cessation oncology clinical care;
- ☐ establishing connections with and support from potential treatment extending referral resources that will supplement, not supplant, the tobacco cessation clinical care that you provide (e.g., your in-house tobacco treatment resources, the tobacco quitline in your state, and applicable community resources); and
- ☐ defining specific roles and expectations for tobacco use screening and cessation interventions for clinicians and staff. (This emphasizes that everyone has a role to play and that tobacco use identification and treatment interventions are not exclusively one clinician or staff person's responsibility.)

The following steps walk through the process of making changes to the EHR in order to integrate comprehensive tobacco treatment services into clinical care at your Cancer Center.

1. **Secure health system/cancer center leadership buy-in and support.** The crucial first step is to secure buy-in and support from health care system leadership (administration, information technology (IT), clinical, and communications). Leadership has to agree and endorse that: EHR integration is a system, clinical and IT priority; that the build and testing is a priority in the IT staff work queue; and, that system resources will be designated for this work. This is also a good time to identify and enlist clinician or staff champions.

   STRATEGY: Identify key decision-makers and stakeholders in each of the following areas: Health system administration; Information Technology; Clinical/Medical staff end-users; and Communications. Meet with leaders as soon as funding is awarded to confirm/secure their support. Table 1 gives examples of key leadership in each area, and the type of integration support needed from each leader.

   Table 1. Key leadership and support needed for EHR integration of tobacco treatment services

Area	Key Leadership	Support Needed for Integration
System-Administration	Chief Medical Officer, Chief Executive Officer, Chief Information/Technology Officer	• Commit to making EHR/IT/workflow changes a system priority. • Dedicated staff time, clinic/office space, and resources.
Information Technology	Directors, Managers, Chief Information/Technology Officers	• Identify IT staff who will commit time to support the changes. • Commitment for the EHR/IT functionality build, test, and implementation (go-live), including timeline and staff.

Table 1 (continued).

Clinical	Physicians, Nurses, Advanced Practice Clinicians, Clinic Managers	• Attend trainings and implement modified/new workflows. • Endorse the roles for various clinic staff members. • Serve as clinical and staff champions.
Communications	Chief Communications Officer	• Disseminate information about the program and EHR changes to relevant Cancer Center staff. • Create a plan for marketing the tobacco treatment programs/services offered to patients.

2. **Engage health information technology staff.** Some health systems have IT staff who specialize, while other systems' IT staff are more generalized.

   STRATEGY: Once you identify who will work with you and have IT and system leadership committed staff time to your needs, it is important that you speak the same "language" as the IT staff. The basic EHR components/functionalities that you will be building and using may include

   - smoking/tobacco use status documentation;
   - clinician alerts for patients who are current smokers/tobacco users;
   - clinical decision support language and prompts;
   - medication orders;
   - auto filling as much of the encounter as possible to streamline and expedite the intervention;
   - ensuring that clinical activity is documented, correctly coded, and tied to billing;
   - interfaces for secure patient data transmission if sending outside health care system (e.g., tobacco quitline, SmokefreeTXT);
   - eReferral orders for in-house tobacco cessation intervention and/or the state tobacco quitline;
   - an eReferral order result to "close the loop" and provide the clinician with the outcome of the referral; or
   - tracking and reporting tobacco use status and cessation outcomes.

3. **Identify and inventory existing EHR components and functionality for tobacco use screening and treatment.** The EHR system your facility uses may already have components, functionalities, and workflows to identify, document, treat, track, and report on patients who use tobacco.

   STRATEGY: If you are starting from scratch, there are many examples of tobacco use screening and treatment intervention functionality and scripting, many of which are

included in your basic EHR software package. In conjunction with your system's IT staff and clinical/medical staff end-users (e.g., MDs, Nurses, PAs, MAs), inventory the existing EHR functionality relevant to tobacco treatment services. If you use an Epic Systems EHR, several key components and functionalities already exist but may not be readily apparent if your system is not currently using them. Your IT department can help figure out if components have been deployed.

The following are examples of EHR components and tools to look for:

- alerts/advisories,
- clinical decision support (e.g., tobacco cessation SmartSets, SmartText, SmartPhrases),
- medication and referral orders,
- population management,
- referral order results,
- reports and dashboards,
- tobacco registry,
- tobacco use documentation, and
- workflows.

4. **After reviewing the current clinical workflow, and with clinician input, define the new clinical workflow, including staff roles, that integrates the tobacco cessation treatment program.** Workflow must be defined first as it will fundamentally influence the IT build. It is important to define the workflow and roles by engaging the clinicians and staff who use or will use the tobacco use screening, referral, and treatment components. Clinics/departments can create their own workflow based on needs. For example, you may want to have the Medical Assistant/Roomer screen for tobacco use, and have the clinician (nurse, PA, MD) provide the brief counseling intervention and place an order for medication.

   STRATEGY: Understand the current workflow and staff roles and determine how any new workflow elements will fit into the existing clinical workflow. Determine the "who and how" of your programmatic components so that they can be integrated into the workflow of the typical patient encounter.

   Identify who will do each of the following tasks:

   - ☐ tobacco use screening and documentation,
   - ☐ tobacco cessation brief counseling intervention and medication order, and
   - ☐ referral to in-house tobacco cessation intervention and/or to external treatment services such as the telephone tobacco quitline or Smokefree.gov TXT.

   The following workflow steps will need to be defined:

   - ☐ For whom will the current smoker EHR alert fire (the Medical Assistant/Roomer who documents smoking status or the Clinician/Provider who will deliver the

intervention and sign the referral order)?

- ☐ Who can and will prescribe the tobacco cessation medication for those interested in making a quit attempt? Note that most state quitlines only provide a starter course of nicotine replacement therapy. The patient may need a prescription for a full course of NRT or you may determine that the patient will use varenicline or bupropion.
- ☐ Who can and will sign and place the tobacco quitline eReferral order?

5. **Enlist Information Technology (IT) staff to build the following components:**
    a. An EHR **alert** for current smokers/tobacco users that is triggered for patients who are identified as current smokers/tobacco use at that visit.
    b. A **referral order** and **referral order result** (e.g., to and from an internal tobacco cessation specialist and/or the tobacco quitline).
    c. **Interfaces** for secure transmission of patient data to the tobacco quitline (and/or tobacco cessation specialist) and treatment service data from the tobacco quitline (and/or tobacco cessation specialist) back to the patient's EHR. (Your system IT staff are familiar with interfaces and frequently build them.)

6. **Train (in-person or electronically) all clinicians and staff about the intervention, workflow, and tobacco cessation services available via eReferral, with an emphasis on who does what (workflow).** Also, provide online or other access to training materials for new staff and those who did not attend the initial training.

7. **Establish an eReferral "go-live" date – the date that the eReferral functionality is available for clinicians.** After go-live, monitor implementation and have a protocol for troubleshooting and quality assurance (IT staff person may be needed for this).

Summary

This document provides practical strategies for using the EHR to deliver tobacco cessation treatments in the clinical setting. Health care technology and delivery in the United States continues to be dynamic, iterative, and ever changing.

This document also provides examples of electronic health record (EHR) screen shots, workflows, and scripts to facilitate integration of tobacco use identification and cessation treatment into medical settings. These examples are provided in Appendices A and B.

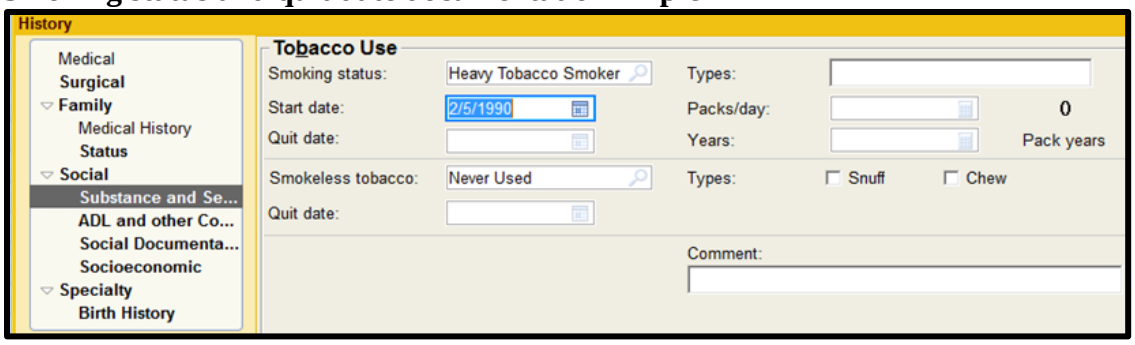
Appendix A: Examples of EHR Components

The following section provides examples of EHR components (i.e., specific EHR screenshots) that can be used for the identification of tobacco users, delivery of tobacco treatment, and referral to tobacco treatment services.

The following examples are provided:

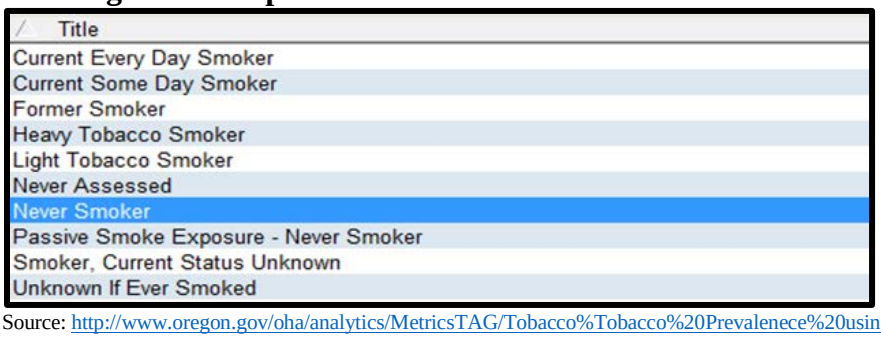
Number	EHR Component	EHR System
1	Smoking status and quit date documentation	Epic
2	Smoking status drop-down menu from the tobacco use documentation field	Epic
3	Smoking start date and quit date drop-down menu from the tobacco use documentation field	Epic
4	Alert/best practice advisory for patient who smokes	Epic
5	Medication order template	Can be programmed into an EHR system
6	Smoking cessation office visit SmartSet – Epic	Epic
7	Tobacco registry and dashboard	Epic
8	Smoking cessation registry	Cerner
9	Population health registry	NextGen

1. Smoking status and quit date documentation – Epic



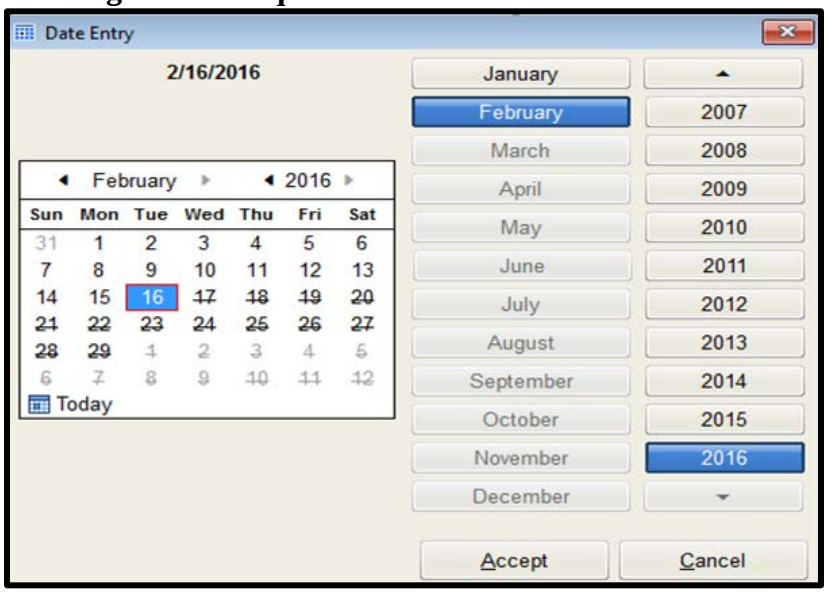
Source: http://www.oregon.gov/oha/analytics/MetricsTAG/Tobacco%Tobacco%20Prevalenece%20using%20EHRs%20Summary.pdf

2. Smoking status drop-down menu from the tobacco use documentation field – Epic



Source: http://www.oregon.gov/oha/analytics/MetricsTAG/Tobacco%Tobacco%20Prevalenece%20using%20EHRs%20Summary.pdf

3. Smoking start date/quit date menu from the tobacco use documentation field – Epic



Source: http://www.integration.samhsa.gov/pbhci-learning-community/07.11.13_Tobacco_Webinar_Series_Park 4 - EHRs_Final.pdf

4. Alert/best practice advisory for patient who smokes– Epic

Source: Northwestern Health Sciences University; https://youtu.be/zc2mHE6B_CI

5. Medication order

RECOMMENDED FDA-APPROVED TOBACCO CESSATION MEDICATIONS

☐ **Varenicline** (non-nicotine)

Days 1-3: 0.5 mg every morning
Days 4-7: 0.5mg twice daily
Day 8 – end: 1 mg twice daily (quit smoking on day 8)
Use: Start 1 week prior to quit date and use 3 months (can be extended to 6 months)

NICOTINE COMBINATION THERAPY

Nicotine patch + nicotine lozenge OR nicotine patch + nicotine gum

See individual medication instructions below for choosing which combination nicotine replacement therapy (NRT) based on number of cigarettes/day plus time to first cigarette of day.

A. For patients who smoke ≥ 10 cigarettes/day and their first cigarette is ≤ 30 minutes after waking

☐ **Nicotine patch + nicotine lozenge**

21 mg x 4 weeks, 14 mg x 4 weeks, 7 mg x 4 weeks patch+ 4 mg lozenge

☐ **Nicotine patch + nicotine gum**
21 mg x 4 weeks, 14 mg x 4 weeks, 7 mg x 4 weeks patch + 4 mg gum

B. For patients who smoke ≥ 10 cigarettes/day and their first cigarette is > 30 minutes after waking

☐ **Nicotine patch + nicotine lozenge**
14 mg x 4 weeks, 7 mg x 4 weeks patch + 2 mg lozenge

☐ **Nicotine patch + nicotine gum**
14 mg x 4 weeks, 7 mg x 4 weeks patch + 2 mg gum

C. For patients who smoke 5-9 cigarettes/day and their first cigarette is ≤ 30 minutes after waking

☐ **Nicotine patch + nicotine lozenge**
14 mg x 4 weeks, 7 mg x 4 weeks patch + 4 mg lozenge

☐ **Nicotine patch + nicotine gum**
14 mg x 4 weeks, 7 mg x 4 weeks patch + 4 mg gum

D. For patients who smoke 5-9 cigarettes/day and their first cigarette is > 30 minutes after waking

☐ **Nicotine patch + nicotine lozenge**
14 mg x 4 weeks, 7 mg x 4 weeks patch + 2 mg lozenge

☐ **Nicotine patch + nicotine gum**
14 mg x 4 weeks, 7 mg x 4 weeks patch + 2 mg gum

OTHER EFFECTIVE FDA-APPROVED TOBACCO CESSATION MEDICATIONS

☐ **Nicotine Patch (7mg, 14mg or 21 mg)**
If ≥ 10 cigs/day: 21 mg x 4 weeks, 14 mg x 4 weeks, 7 mg x 4 weeks
If 5-9 cigs/day: 14 mg x 8 weeks, 7 mg x 4 weeks
One patch per day, use for 24 hours, start on quit date
Use: 12 weeks

☐ **Nicotine Lozenge (2 mg or 4 mg)**
If smoke > 30 minutes after waking: 2 mg
If smoke ≤ 30 minutes after waking: 4 mg
1 piece every 1-2 hours; 6-15 pieces/day; start on quit date, taper over 3 months
Use: 3 months (can be extended to 6 months)

☐ **Nicotine Gum (2 mg or 4 mg)**
If smoke > 30 minutes after waking: 2 mg
If smoke ≤ 30 minutes after waking: 4 mg
1 piece every 1-2 hours; 6-15 pieces per day; start on quit date, taper over 3 months
Use: 12 weeks

☐ **Bupropion SR 150 (non-nicotine)**
Days 1-3:150 mg each morning
Days 4-end: 150 mg twice daily (quit smoking on Day 8)
Use: Start 1 week before quit date; use 2 months (can be extended to 6 months)

Note: Nicotine Inhaler and Nicotine Nasal Spray are the two other less commonly used FDA-approved tobacco cessation medications.

OPTIONAL PRE-QUIT MEDICATIONS

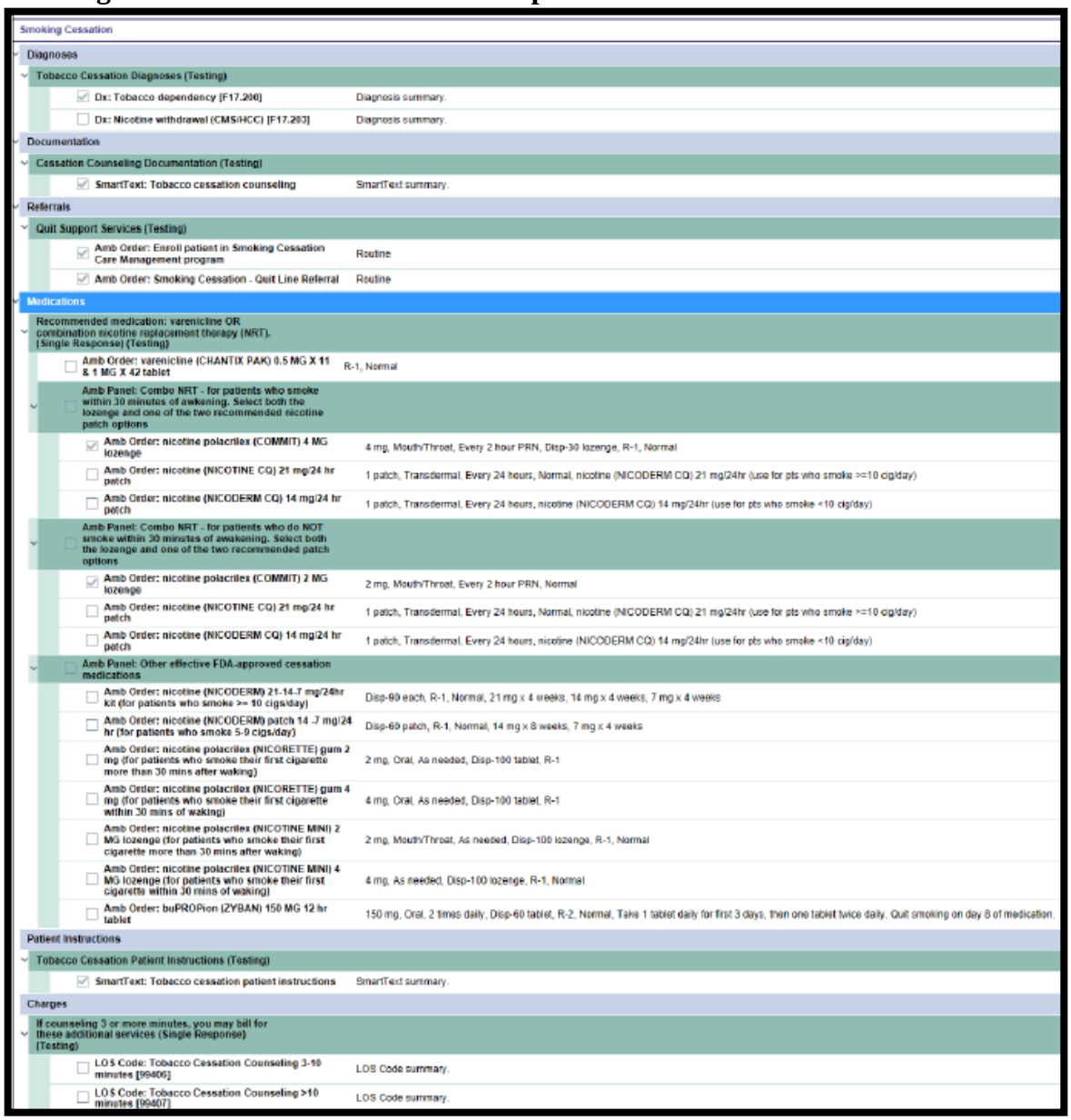
☐ **PRE-QUIT Nicotine Patch (7mg, 14mg or 21 mg)**
Pre-quit use: 3 months prior to quit date with smoking reduction (can be extended to 6 months pre-quit)
Smoke ≥ 10 cigs/day: 21 mg x 4 weeks, 14 mg x 4 weeks, 7 mg x 4 weeks
Smoke 5-9 cigs/day: 14 mg x 8 weeks, 7 mg x 4 weeks
One patch per day, use for 24 hours

☐ **PRE-QUIT Nicotine Lozenge (2 mg or 4 mg)**
Pre-quit use: 3 months prior to quit date with smoking reduction (can be extended to 6 months pre-quit)
Smoke > 30 minutes after waking: 2 mg
Smoke ≤ 30 minutes after waking: 4 mg
1 piece every 1-2 hours; 6-15 pieces/day

☐ **PRE-QUIT Nicotine Gum (2 mg or 4 mg)**
Pre-quit use: 3 months prior to quit date with smoking reduction (can be extended to 6 months pre-quit)
Smoke > 30 minutes after waking: 2 mg
Smoke ≤ 30 minutes after waking: 4 mg
1 piece every 1-2 hours; 6-15 pieces per day

Source: https://ctri.wiscweb.wisc.edu/wp-content/uploads/sites/240/2018/06/2.CME-pharmacotherapy-table.pdf

6. Smoking cessation office visit SmartSet – Epic



Smoking Cessation

Diagnoses

Tobacco Cessation Diagnoses (Testing)

- Dx: Tobacco dependency [F17.200] — Diagnosis summary.
- Dx: Nicotine withdrawal (CMS/HCC) [F17.203] — Diagnosis summary.

Documentation

Cessation Counseling Documentation (Testing)

- SmartText: Tobacco cessation counseling — SmartText summary.

Referrals

Quit Support Services (Testing)

- Amb Order: Enroll patient in Smoking Cessation Care Management program — Routine
- Amb Order: Smoking Cessation - Quit Line Referral — Routine

Medications

Recommended medication: varenicline OR combination nicotine replacement therapy (NRT). (Single Response) (Testing)

- Amb Order: varenicline (CHANTIX PAK) 0.5 MG X 11 & 1 MG X 42 tablet — R-1, Normal

Amb Panel: Combo NRT - for patients who smoke within 30 minutes of awkening. Select both the lozenge and one of the two recommended nicotine patch options

- Amb Order: nicotine polacrilex (COMMIT) 4 MG lozenge — 4 mg, Mouth/Throat, Every 2 hour PRN, Disp-30 lozenge, R-1, Normal
- Amb Order: nicotine (NICOTINE CQ) 21 mg/24 hr patch — 1 patch, Transdermal, Every 24 hours, Normal, nicotine (NICODERM CQ) 21 mg/24hr (use for pts who smoke >=10 cig/day)
- Amb Order: nicotine (NICODERM CQ) 14 mg/24 hr patch — 1 patch, Transdermal, Every 24 hours, nicotine (NICODERM CQ) 14 mg/24hr (use for pts who smoke <10 cig/day)

Amb Panel: Combo NRT - for patients who do NOT smoke within 30 minutes of awakening. Select both the lozenge and one of the two recommended patch options

- Amb Order: nicotine polacrilex (COMMIT) 2 MG lozenge — 2 mg, Mouth/Throat, Every 2 hour PRN, Normal
- Amb Order: nicotine (NICOTINE CQ) 21 mg/24 hr patch — 1 patch, Transdermal, Every 24 hours, Normal, nicotine (NICODERM CQ) 21 mg/24hr (use for pts who smoke >=10 cig/day)
- Amb Order: nicotine (NICODERM CQ) 14 mg/24 hr patch — 1 patch, Transdermal, Every 24 hours, nicotine (NICODERM CQ) 14 mg/24hr (use for pts who smoke <10 cig/day)

Amb Panel: Other effective FDA-approved cessation medications

- Amb Order: nicotine (NICODERM) 21-14-7 mg/24hr kit (for patients who smoke >= 10 cigs/day) — Disp-90 each, R-1, Normal, 21 mg x 4 weeks, 14 mg x 4 weeks, 7 mg x 4 weeks
- Amb Order: nicotine (NICODERM) patch 14 -7 mg/24 hr (for patients who smoke 5-9 cigs/day) — Disp-69 patch, R-1, Normal, 14 mg x 8 weeks, 7 mg x 4 weeks
- Amb Order: nicotine polacrilex (NICORETTE) gum 2 mg (for patients who smoke their first cigarette more than 30 mins after waking) — 2 mg, Oral, As needed, Disp-100 tablet, R-1
- Amb Order: nicotine polacrilex (NICORETTE) gum 4 mg (for patients who smoke their first cigarette within 30 mins of waking) — 4 mg, Oral, As needed, Disp-100 tablet, R-1
- Amb Order: nicotine polacrilex (NICOTINE MINI) 2 MG lozenge (for patients who smoke their first cigarette more than 30 mins after waking) — 2 mg, Mouth/Throat, As needed, Disp-100 lozenge, R-1, Normal
- Amb Order: nicotine polacrilex (NICOTINE MINI) 4 MG lozenge (for patients who smoke their first cigarette within 30 mins of waking) — 4 mg, As needed, Disp-100 lozenge, R-1, Normal
- Amb Order: buPROPion (ZYBAN) 150 MG 12 hr tablet — 150 mg, Oral, 2 times daily, Disp-60 tablet, R-2, Normal, Take 1 tablet daily for first 3 days, then one tablet twice daily. Quit smoking on day 8 of medication.

Patient Instructions

Tobacco Cessation Patient Instructions (Testing)

- SmartText: Tobacco cessation patient instructions — SmartText summary.

Charges

If counseling 3 or more minutes, you may bill for these additional services (Single Response) (Testing)

- LOS Code: Tobacco Cessation Counseling 3-10 minutes [99406] — LOS Code summary.
- LOS Code: Tobacco Cessation Counseling >10 minutes [99407] — LOS Code summary.

Source: https://www.healthit.gov/success-stories

7. Tobacco registry and dashboard example - Epic

Registries are tools to define and track a group of patients. Registries are infinitely customizable and clinicians/units/departments select criteria based on their needs.

A registry is defined by two key concepts:

- a population of patients (registry members), and
- a set of data elements (rules) relevant to the population registry metrics.

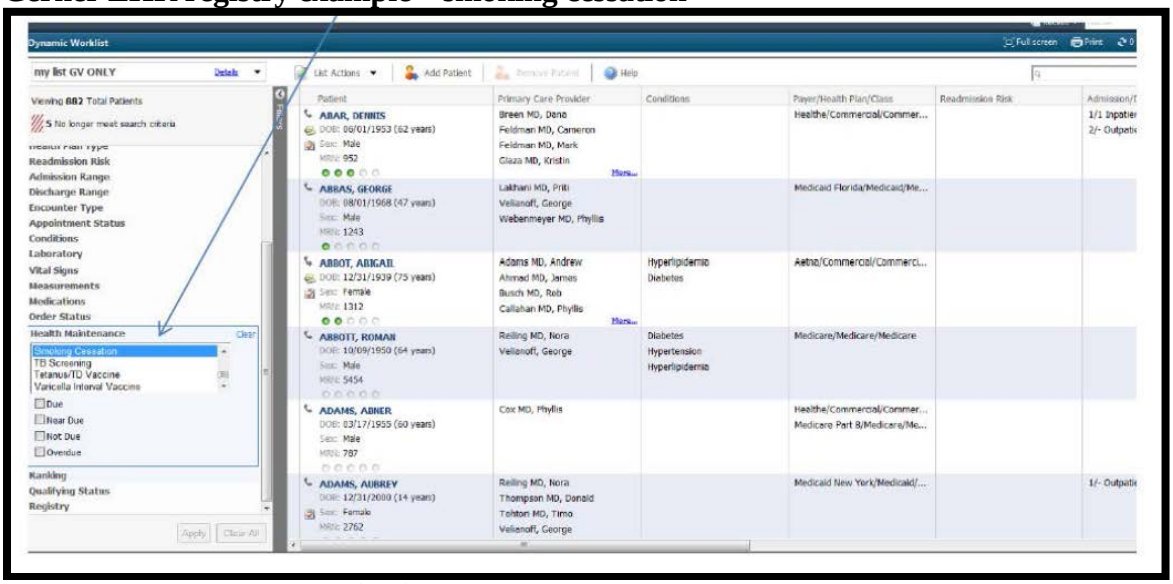
Example patient criteria for a Tobacco Registry include one or more of the following:

- a tobacco use diagnosis code on:
  - the problem list,
  - an encounter diagnosis, or
  - a billing invoice;
- a tobacco-related health maintenance modifier;
- a smoking status of Current Smoker, Heavy Smoker, Light Smoker, or Former Smoker; or
- a tobacco quit date within the last 2 years.

Tobacco registry dashboard example – Epic

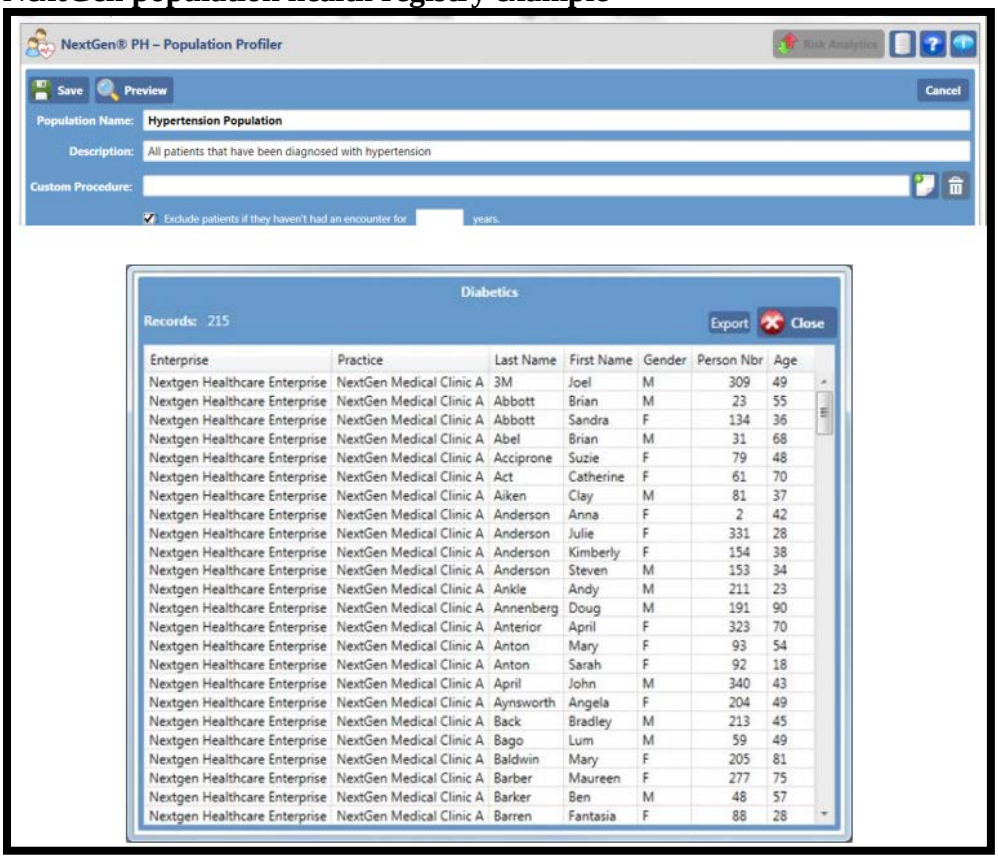
Source: https://www.youtube.com/watch?v=DJbTgaPri5c

8. Cerner EHR registry example – smoking cessation



Source: https://www.healthit.gov/sites/default/files/cerner_ehr_guide.pdf

9. NextGen population health registry example



Source: https://www.healthit.gov/sites/default/files/nextgen_ehr_guide.pdf

Appendix B: Clinician Scripts to Guide Clinical Interventions

The following section provides sample clinician scripts and language that can be used for delivering tobacco treatment. Scripts can be built into the EHR to provide clinicians with specific language to guide treatment delivery and documentation at the point of care.

1. **Tobacco cessation advice to quit and brief counseling script based on the 5A brief intervention model** (2008 U.S. Public Health Service Clinical Practice Guideline *Treating Tobacco Use and Dependence*)

   ASK
   "Do you currently use tobacco?"
   "Do you currently smoke?"
   "Your record shows that you are currently smoking. Is that still accurate?"

   ADVISE and ASSESS
   "The most important thing you can do to improve your health is to quit smoking, and I can help you. Are you willing to quit within the next 30 days?"

   Yes: "Excellent. Let's create a quit plan for you."

   No: "I respect that you are not ready to quit now. I will connect you to our staff who track and assist our patients who use tobacco (registry/care management). Are you willing to have us follow-up with you in 6 months?"

   ASSIST
   "It is important that you select a specific date to totally quit tobacco so you can prepare and enlist support. What day within the next two to four weeks would be a good day for you quit?"

   "Next, let's discuss medication and counseling. First, have you tried any quit-smoking medications in the past? Did any work better for you than others?"

   "Key actions to prepare for quitting (STAR):

   *__S__tick with your quit date.

   *__T__ell family, friends, and coworkers about quitting and request their understanding support.

   *__A__nticipate and prepare for challenges. Some examples include nicotine withdrawal symptoms, being around other smokers, and drinking alcohol.

   *__R__emove all tobacco products and paraphernalia from your environment. Make your home and vehicle smoke-free."

"I strongly recommend that you take advantage of the free coaching support that the tobacco quitline can provide. All services are free, I can place a referral for you, and the quitline will call you. Your information is confidential and will only be shared with the quitline. Are you willing to accept a call from the tobacco quitline?"

If NO, add the tobacco quitline number, 800-QUIT-NOW (800-784-8669) to the patient's after visit summary.

2. Smoking reduction script example

Smoking Reduction

Cutting down on your smoking can reduce the health effects of smoking, save you time and money, and increase your chances of quitting successfully if you choose to stop smoking.

Smoking Reduction Strategies

In addition to nicotine lozenges or gum, use these ideas to help you smoke LESS:

- **Limit** the places you smoke; try to smoke in as few places as possible.
- **Exercise:** Instead of smoking a cigarette, do something fun and distracting (such as calling a friend or going for a walk).
- **Specify** certain times on the clock to smoke (for example, only smoke on odd or even hours).
- **Stall:** Wait longer and longer before you smoke each cigarette. This means you will use less tobacco over time.

See Smokefree.gov, a free resource, for more information and tips about reducing your smoking.

We are glad you have set a goal to reduce the amount of tobacco you smoke. Feel free to call me at 555-5555 if you would like more support. I will follow-up with you in 6 weeks to see how things are going.

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