AMERICAN ACADEMY OF FAMILY PHYSICIANS

Integrating Tobacco Cessation Into Electronic Health Records

The U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence,* calls for system-level tobacco intervention efforts. Electronic health records (EHRs) allow for integration of this guideline into the practice workflow, facilitating system-level changes to reduce tobacco use.

The American Academy of Family Physicians (AAFP) advocates for EHRs that include a template that prompts clinicians and/or their practice teams to collect information about tobacco and nicotine use, secondhand smoke exposure, cessation interest, and past quit attempts. The EHR should also include automatic prompts that remind clinicians to:

- Encourage quitting
- Advise about smoke-free environments
- Connect patients and families to appropriate cessation resources and materials

The tobacco treatment template should be automated to appear when patients present with complaints such as cough, upper respiratory problems, diabetes, ear infections, hypertension, depression, anxiety, and asthma, and for well-patient exams.

Meaningful Use

The Health Information Technology for Economic and Clinical Health Act (HITECH), enacted as part of the American Recovery and Reinvestment Act of 2009 (ARRA), provides incentives and penalties to eligible professionals (EPs) and eligible hospitals (EHs) that adopt certified EHR technology and can demonstrate that they are meaningful users of the technology. The last year incentives can be started under Medicaid is 2016. There are no longer incentives under Medicare. To qualify as a meaningful user, EPs must use EHRs to capture health data, track key clinical conditions, and coordinate care of those conditions. There are no longer required smoking status objectives and measures under Meaningful Use (MU), but there still exists a smoking cessation quality measure available for selection within MU.

Patient education objectives and measures included in the Meaningful Use Stage 1 and 2 criteria are:

- Objective: use certified EHR technology to identify patient-specific education resources and provide those resources to the patient, if appropriate.
- Measure: more than 10 percent of all unique patients seen by the EP are provided patient-specific education resources.
- EHR requirement: must enable a user to electronically identify and provide patient-specific education resources according to, at a minimum, the data elements included in the patient's problem list, medication list, and laboratory test results, as well as provide such resources to the patient.

Payment for Counseling

As you incorporate tobacco cessation into your EHR templates, be sure to involve those who do your medical billing. Electronic claims systems may need to be modified to include tobacco dependence treatment codes. For a list of CPT and ICD-9 cm/ICD-10 cm codes related to tobacco cessation counseling, click on the coding reference link at **www.askandact.org**.

Template recommendations are on the back of this document.

What should be included in a tobacco cessation EHR template?

Including tobacco use status as a vital sign provides an opportunity for office staff to begin the process. Status can be documented as:

- Current every day smoker
- Current some day smoker
- Former smoker
- Never smoker
- Smoker, current status unknown
- Unknown if ever smoked

A complementary field can document secondhand smoke exposure: current, former, or never, and work, home, or social.

The template may include some or all of the following data points or prompts:

HISTORY

Type of tobacco:

❑ Cigarettes Packs per day/week (20 cigarettes/pack): _____

❑ Pipe Bowls per day/week: _____

❑ Cigars Number per week: _____

❑ Smokeless Cans/pouches per day/week: _____

❑ Other tobacco products (orbs, strips, sticks, hookah, etc)
Amount per day/week: _____

❑ E-Cigarettes Cartridges per day/week or
mg/mL liquid nicotine:_____

Approximate date of last quit attempt:_____

a) How long did you quit that time?_____

Longest period of time quit in past: _____

a) How long ago? _____

b) What caused relapse? _____

Medication used in previous quit attempt:

❑ Nicotine patch
❑ Nicotine gum
❑ Nicotine lozenge
❑ Nicotine nasal spray
❑ Nicotine oral inhaler
❑ Varenicline
❑ Bupropion
❑ Nortryptiline
❑ Other (i.e., herbal): _____
❑ No medication

ASSESSMENT

Readiness to Quit:

❑ Not interested in quitting

❑ Would like to quit sometime (but not within the next month)

❑ Would like to quit now or soon (within the next month)

Other smokers in household (Y / N)

PLAN

Quit date: _____

Counseling:

Time counseled:

❑ less than 3 minutes
❑ 3 to 10 minutes
❑ greater than 10 minutes

Topics covered:

❑ Tobacco-proof home and car
❑ Changing daily routines
❑ Dealing with urges to smoke
❑ Getting support
❑ Anticipating/avoiding triggers
❑ Secondhand smoke
❑ Teach behavioral skills
❑ Reinforce benefits

Counseling notes: _____

PHARMACOTHERAPY

Recommended OTC:

❑ Nicotine Replacement Therapy (NRT) Gum
❑ NRT Lozenge
❑ NRT Patch
❑ NRT Patch Plus (combination of patch plus gum or lozenge)

Medical Treatment:

❑ NRT Nasal Spray
Dosing: 1–2 doses/hour (8–40 doses/day); one dose = one spray in each nostril; each spray delivers 0.5 mg of nicotine

❑ NRT Oral Inhaler
Dosing: 6–16 cartridges/day; initially use 1 cartridge q 1–2 hours (best effects with continuous puffing for 20 minutes)

❑ Bupropion SR
Dosing: Begin 1–2 weeks prior to quit date; 150 mg po q AM x 3 days (as tolerated), then increase to 150 mg po bid. Contraindications: head injury, seizures, eating disorders, MAO inhibitor therapy.

❑ Varenicline
Dosing: Begin 1 week prior to quit date; days 1–3: 0.5 mg po q AM; days 4–7: 0.5 mg po bid; weeks 2–12: 1 mg po bid
Monitor for neuropsychiatric symptoms.

AAFP Handouts Provided:

❑ Quit Smoking 'Prescription'
❑ Quitline Referral Card
❑ Steps to Help You Quit Smoking Brochure
❑ Quit Smoking Guide (Self-Help Booklet)
❑ Familydoctor.org information on Tobacco Addiction
❑ Other:

FOLLOW-UP PLAN

❑ Fax referral to quitline
❑ Referred to cessation program: _____
❑ Follow-up visit in two weeks
❑ Staff to follow up in _____ weeks
❑ Quit date call: _____
❑ Address at next visit