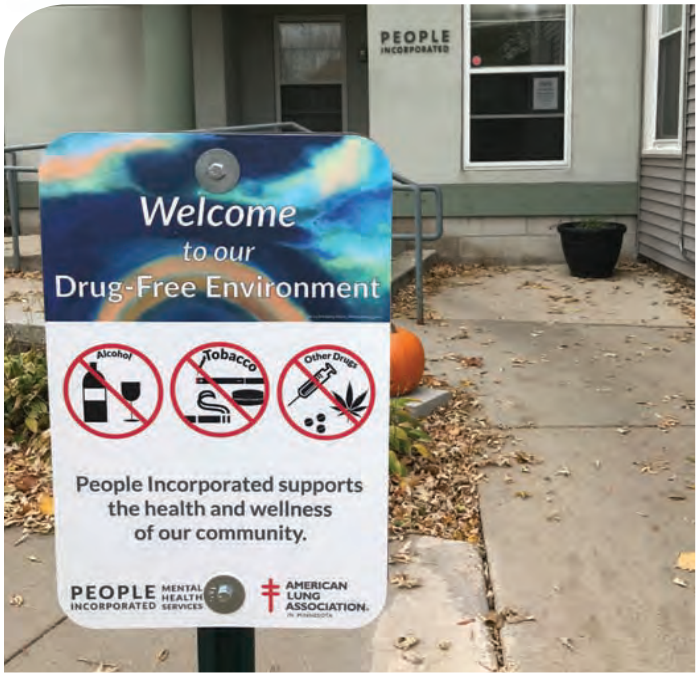
Lung Mind Alliance



How to Address Tobacco Use in Minnesota's Mental Health and Substance Use Disorder Services:

TIPS FROM THE FIELD

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This guide addresses the use of commercial tobacco and not the sacred, medicinal, and traditional use of tobacco by American Indians.

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CHAPTER 1

IT'S TIME WE ADDRESS TOBACCO

The American Lung Association, Upper Midwest Region, developed and facilitates the Lung Mind Alliance, bringing together various health care stakeholders in Minnesota to collaborate on a shared vision to reduce commercial tobacco use among people living with mental illness and/or substance use disorders. The following areas were identified as strategies that would benefit from further collective action:

Lung Mind Alliance

Social Norms

GOAL: Increase provider buy-in on the need for integrating commercial tobacco treatment into services

STRATEGY: Design a targeted communications campaign about key messages for leadership, staff, and people in mental health and substance use organizations and communities

Delivery

GOAL: Build greater knowledge and implementation of promising practices around access and interventions for commercial tobacco treatment

STRATEGY: Design a set of resources to meet the needs of agencies and systems serving people with mental illness and substance use disorders

Policy

GOAL: Build momentum towards tobacco-free grounds with treatment support across the state

STRATEGY: Explore administrative and/or legislative options

This guide was developed by the Delivery Action Team as a Minnesota-based resource designed by and for agencies and systems serving people with mental illness and substance use disorders to treat tobacco use. Materials are intended for administrators and direct service providers but may also be appropriate for primary care and other health care providers.

Definitions

The following words and terms will be used throughout this guide:

Tobacco, in this document, refers specifically to the use of manufactured, commercial tobacco products, including e-cigarettes. It does not include the sacred medicinal, and traditional use of tobacco by American Indians and other groups.

Behavioral health refers to both mental illness and substance use disorders.[1]

Behavioral health provider/organization refers to a mental illness or substance use disorder treatment or services provider.[1]

Tobacco treatment refers to a range of activities that address tobacco use for the people you serve. This can range from screening for tobacco use to assisting people with a quit attempt by prescribing medications or providing counseling. Tobacco treatment addresses the people you serve who are ready to make a quit attempt as well as those who state they have no intention to quit as you work to support them through their addiction.

National Data

It has long been known that tobacco is the leading cause of preventable death in the US and that **tobacco use is the number one cause of death in people with mental illness**.[2,3,4] Tobacco use affects people with mental illness at alarmingly disparate rates when compared to the general population's tobacco use. People with behavioral health conditions make up only 25 percent of the United States adult population yet consume 40 percent of all the cigarettes smoked.[5]

People with behavioral health conditions make up only 25% of the U.S. adult population yet buy and consume 40% of all the cigarettes smoked.

Minnesota Data

Although the Minnesota adult commercial tobacco use rate is at an all-time low of 13.8 percent, the rates are higher for adults in Minnesota who have mental illness.[6,7] The Behavior Risk Factor Surveillance System of 2016 reports that those identifying with "not good mental health," smoke at rate of 32 percent, a much higher rate than the general population.[8] Additionally, tobacco use is on the rise with Minnesota youth. "For the first time since 2000, overall youth tobacco use has increased in Minnesota, with 26.4 percent of high school students using some form of tobacco or nicotine, up from 24.6 percent in 2014," according to the Minnesota Department of Health.[9]

Tobacco Treatment and Strategies Work

Contrary to common belief, most tobacco users want to quit. The Centers for Disease Control and Prevention (CDC) reported in 2015 that seven out of 10 smokers wanted to quit. Data show that when tobacco treatment is incorporated into addiction treatment there is a 25 percent increased likelihood of long-term abstinence from alcohol and illicit drugs.[10]

In 2016, around 40 percent of Minnesota behavioral health facilities and 31 percent of substance use disorder treatment programs offered tobacco treatment. The chart shows that Minnesota lags behind many other states in addressing tobacco use, especially in substance use disorder treatment programs.[11] Overall, there is much need for improvement.

	Mental Health Treatment Facilities		Substance Use Disorder Facilities	
	Smoking/ tobacco cessation counseling	Smoke-free campus	Smoking/ tobacco cessation counseling	Smoke-free campus
Minnesota	39.6%	44.6%	31.2%	15.2%
US	37.6%	48.6%	47.4%	34.5%

Fortunately, there are behavioral health organizations in Minnesota making huge strides in this area. Avivo, Mental Health Resources, People Incorporated and Vail Place are four behavioral health providers incorporating standard tobacco treatment and support services across their organizations, as well as implementing tobacco-free grounds policies, which will benefit 40,000 people receiving services and staff.

Purpose of this Guide: A Call to Action

In the spirit of continuing the momentum of behavioral health organizations addressing tobacco use with the people they serve, the Delivery Action Team created this guide so that other providers don't have to start from scratch. Specifically, this guide is intended to provide easy-to-follow information and resources that meet the needs of mental illness and substance use disorder treatment organizations wanting to incorporate standard tobacco treatment and support services. The information in this guide is meant to complement the American Lung Association in Minnesota Toolkit to Address Tobacco Use in Behavioral Health Settings[12] by expanding on the information included in their tobacco treatment section. The developers of this guide recognize that all organizations have varying needs when it comes to guidance on addressing tobacco use in the people they serve. Based on actual experiences of Minnesota behavioral health organizations, this guide was developed to be a practical resource to help your organization address tobacco use for the people you serve.

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CHAPTER 2

GETTING STARTED

You want to address tobacco use in the people you serve, but how? This chapter provides you with practical first steps and offers a look ahead at the implementation process.

Organizational Integration

Culture Change

Addressing tobacco use in the work that you do takes place on many levels. It is, in many ways, like other initiatives and changes that you have incorporated into your organization. However, tobacco use has a long, historical connection to behavioral health services, and many barriers and myths about tobacco have been identified and researched.[1, 2] Addressing tobacco use effectively requires changes in organizational culture that may include beliefs and behaviors of staff, procedures and processes, as well as environments. There are many examples in scientific literature of ways to build tobacco supports and services into the work you do and community experts like the American Lung Association to help guide your work.[3, 4]

Staff Education and Buy-In

Studies show that staff who work in behavioral health have misperceptions and lack knowledge about tobacco dependence, treatment and its relationship with mental health and substance use disorders, and when provided training, staff were more likely to address tobacco use with those they serve, resulting in increased tobacco treatment and more quit attempts.[5, 6] Providing education for staff will help them to learn about the impact tobacco has on people living with mental illness and/or substance use disorders, and to understand that many of the people they serve want to quit using tobacco products and can be successful with the right supports. To enhance buy-in, staff at all levels of the organization should be involved from "day one" in the development of proposed changes, the implementation plan and the communications plan. Providing staff with ongoing training about the impact of tobacco on the people you serve, as well as how to address tobacco use in the services you provide, should be seen as a vital part of your plans. The Leadership Academy Collaborative has developed resources that outline reasons to address tobacco use in your organization and dispel myths about tobacco use and tobacco-free grounds policies.

Policies, Systems and Environments

Early in the planning process, you may not feel ready to draft policies and procedures but start thinking about them for long-term sustainability. Examples could include protocols for assessment and treatment, standing orders, and others. See Chapter 6.

EXPERIENCE FROM THE FIELD INDICATES THAT WHEN STAFF FEEL SUPPORTED AND HEARD REGARDING THEIR OWN TOBACCO USE, THEY ARE MORE CONFIDENT, EMPOWERED, AND MOTIVATED TO ADDRESS TOBACCO IN THEIR WORK.

Staff Tobacco Use

In addition to staff education, recognizing and addressing staff tobacco use is a critical component to increasing buy-in and the likelihood of success as you integrate tobacco treatment services. Experience from the field indicates that when staff feel supported, understood, and heard regarding their own relationship with tobacco use, they are more confident, empowered, and motivated to address tobacco with the people they serve. Consider the following suggestions for addressing staff tobacco use:

- Conduct staff listening sessions
- Work with your company's health insurance provider to see what tobacco treatment resources may already be available for staff
- Offer a staff tobacco treatment group
- Provide resources on local treatment resources for staff
- Provide staff "Tobacco Treatment Kits" filled with resources, educational information, gum, mints, NRTs, small puzzles and games, etc.
- Share staff success stories to provide encouragement and positive perspectives
- Develop and implement a policy to address staff tobacco use

Communications

Creating a comprehensive communications plan about tobacco treatment services before implementing any changes or new services within your organization is vital. Systems changes will be taking place and it is important that staff have accurate information, feel connected to the process and have opportunities to provide feedback. Use the communication methods that are most effective for your organization, communicate in a variety of formats and repeat the message often. The information in the communications plan is intended for internal purposes, not marketing to people served. See Tools and Templates section for a communications plan template.

Develop Your Team

Bringing tobacco treatment services to the people you serve will be a team effort. Start by carefully thinking through everyone in your organization who may be involved in planning or implementation. Reflect upon who has been involved to this point and who still needs a voice at the table. Be sure to consider diverse needs and perspectives. Then, invite and assemble your team!

You may want to include representation from these areas in the team:

- Leadership
- Board members
- People served by your organization
- Clinical staff
- Programming staff
- Support staff
- Marketing & communications
- Facilities & maintenance
- Quality Assurance/ Improvement
- Informational Systems/ Technology
- People who use tobacco

Assess Your Organization

Take a look at current practices and workflows in your organization to identify what you already have in place. To help you understand your staff's knowledge and beliefs about tobacco, the American Lung Association has developed a "Minnesota Recovery Programs Tobacco and Wellness Survey" that can be used or adapted for your organization. (See page 39 of A Toolkit To Address Tobacco Use in Behavioral Health Settings.[7]) Consider the resources and challenges that occur for the people you serve, your staff, and your organizational structure. Identifying your baseline will help you determine your strengths and areas for growth, as well as help you decide what types of tobacco treatment services and supports are feasible for your organization to provide. Here are some sample questions that can help guide this part of your process:

Understanding Your Environment, Culture, and Current Resources for the People you Serve

The questions below may apply to more than one culture or community you serve. Consider how your responses may be unique for each one.

What role does tobacco play in their community or culture?_____

_____

How does your organization acknowledge the role of sacred, medicinal, or traditional tobacco use among individuals you serve?_____

_____

Is English their first language? ☐ Yes ☐ No

What is their ability to read and understand educational materials?_____

_____

What are the factors that will limit their ability to access tobacco treatment resources? Examples could include income, health insurance, transportation, severity of mental illness and ability to follow instructions. _____

What alternate formats are available for informational materials? Examples could include large print, Braille, audio and other languages. _____

What tobacco treatment services do you provide? Examples could include counseling, groups, nicotine replacement therapy (NRT) and prescription medications. _____

What physical space is available for delivering the treatment? _____

What tobacco treatment resources are available in your community? Do you have relationships with providers to make referrals and receive feedback on the outcomes of those referrals? _____

_____

Staff, Communication, and Training

How does your organization's work environment communicate the importance of addressing tobacco use? Are there posters, information, self-help materials visible and readily available?_____

_____

Does your organization include discussions about tobacco in staff meetings, round tables, articles, emails or other ways you communicate with staff? ☐ Yes ☐ No

How are employees engaged in creating and maintaining support for tobacco treatment? Examples include communications, improving systems for addressing tobacco and monitoring adherence of tobacco policies._____

_____

Are there employees who currently provide tobacco education and treatment services? ☐ Yes ☐ No

Do employees receive training specific to addressing and treating tobacco use with people who have mental illness and/or substance use disorders? ☐ Yes ☐ No

What educational resources do staff have to share with the people they serve? _____

_____

Would you be able to expand staffing, space or other resources if that were needed? ☐ Yes ☐ No

Policies and Procedures/Standardization of Workflow

Do you currently screen for tobacco use and document results of that person's screening? ☐ Yes ☐ No

What systems are in place to make sure tobacco is regularly assessed with all people served and then addressed with those who use tobacco products? Examples include electronic medical record (EMR) prompts, registries for those who use tobacco, and providing feedback to employees regarding their adherence to internal workflows/protocols._____

_____

What does your organization do to increase motivation and help individuals address their use of tobacco? Examples include providing educational materials; helping people set goals and develop a quit plan; making referrals to a quit line or other external cessation services; providing tobacco treatment groups, prescribing tobacco treatment medications; and completing follow-up to those trying to quit?

_____

What is the protocol or system to ensure follow-up on tobacco treatment plans and/or referrals made?

_____

Billing and Documentation

Can tobacco treatment goals and progress be captured in your current documentation systems? ☐ Yes ☐ No

Are you able to bill and code for these services? ☐ Yes ☐ No

Evaluation and Data Tracking

Are you able to track tobacco treatment data on an individual and aggregate level? ☐ Yes ☐ No

Are you able to build reports to evaluate individual and aggregate tobacco treatment data? ☐ Yes ☐ No

Assess the Flow of How People are Served

Your planning team should trace the path that people are on from the moment they contact your organization about receiving services. For example, envision someone coming in for their first appointment and track what happens from the time they enter the building to the time they leave. This will help you identify opportunities to address tobacco and provide information about treatment and supports available. It will also help you determine what points in the process of their visit that it would be best to formally assess, and address tobacco use with those you serve.

Examine the current workflow in your organization:

Who does the individual speak with when they first contact your organization? What are they told about your organization? Is any screening completed during this contact? _____

_____

Consider where people enter the building: Are people using tobacco in this space? Is there any messaging about tobacco use in this space or on the property?_____

What do they do before they are called for their appointment? Do they talk with other staff? _____

What vital signs are taken? _____

What information is shared with the individual before they see the provider? _____

What do they see in the provider's office or other rooms? _____

Do providers support tobacco treatment during their time with people? How?_____

_____

What types of standard systems are in place to prompt or remind providers to discuss tobacco with the people they serve? _____

Is tobacco treatment documented? How?_____

_____

Does the person being served see anyone else before leaving? _____

Now, envision what your practice would look like if you were addressing tobacco from start to finish. You ask about tobacco use, assess readiness to quit, and for those who are ready to quit or reduce their tobacco use, you assist them with your organization's internal and external resources, and arrange follow-up during their quit attempt to provide support and resolve problems. For those who are not ready to quit, you ensure that they receive education and information about their tobacco use, information about services and supports that are available to them, and readiness is assessed at subsequent visits.

Reflecting on what you learned in your assessment, what resources do you currently have in place to do this? Where are the gaps? Is it feasible for you to fill those gaps?

You will use the information gained from this baseline organizational assessment to determine the level or types of services that are feasible for your organization to provide internally and what will be needed externally. To help you develop a plan to implement and operationalize tobacco treatment, use the action plan in the Tools and Templates section.

Tobacco Use Screening, Counseling, And Medications: What Will You Offer Internally?

To ensure successful implementation of tobacco treatment services, it is important for your organization to identify its goals early on. Once you screen the people you serve, you must decide which of the following you will provide:

- Tobacco education and information
- Internal individual counseling
- Internal group counseling
- Internal prescribing for tobacco treatment medications
- Referrals to external tobacco cessation resources
- Peer support

The chart on the next page will help you understand the components and processes that need to be in place depending on the treatment options you decide to make available internally or onsite.

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Resources

Tobacco Use Amongst Individuals with Mental Illness or Substance Use Disorders resources for professionals. https://www.lung.org/local-content/_content-items/our-initiatives/current-initiatives/tobacco-amongst-individuals-with-mental-illness.html

Components and Processes for Treatment Options

	Tobacco Treatment		
	Referral to external services	Providing individual and/or group counseling	Providing and/or prescribing quit medications
Determine who will address tobacco use	x	x	x
Provide training that meets the level of counseling your organization will provide	x	x	x
Screening and assessment	x	x	x
Education & motivational counseling	x	x	x
External referral resources	x	x	x
Referral process/documentation to external services	x	x	x
External referral follow-up systems	x	x	x
Referral process/documentation to internal services		x	x
Determine who will deliver billable services (additional training or hiring may be required)		x	x
Secure resources and space to provide individual and group tobacco counseling		x	x
Promotion and marketing for internal services		x	x
Billing and documentation		x	x
If billing, determine who will be ordering tobacco counseling services and how they will be trained		x	x
Determine who will be ordering tobacco quit medications and how they will be trained			x
Create a Tobacco Treatment Standing Order – tobacco counseling only		x	x
Create a Tobacco Treatment Standing Order – tobacco counseling and medications			x
Process and Outcome Evaluation	x	x	x

CHAPTER 3

TOBACCO TREATMENT — SCREENING

Screening involves asking some brief questions to determine a person's tobacco use status. Here is an example of a simple screening for tobacco:

Do you use one or more commercial tobacco products, including e-cigarettes?

☐ Never used

☐ Past use or in recovery

☐ Yes, I currently use 1 or more

☐ Unknown

Here are a few other ideas for screening questions:

Do you use tobacco or other nicotine products, such as e-cigarettes? ☐ Yes ☐ No

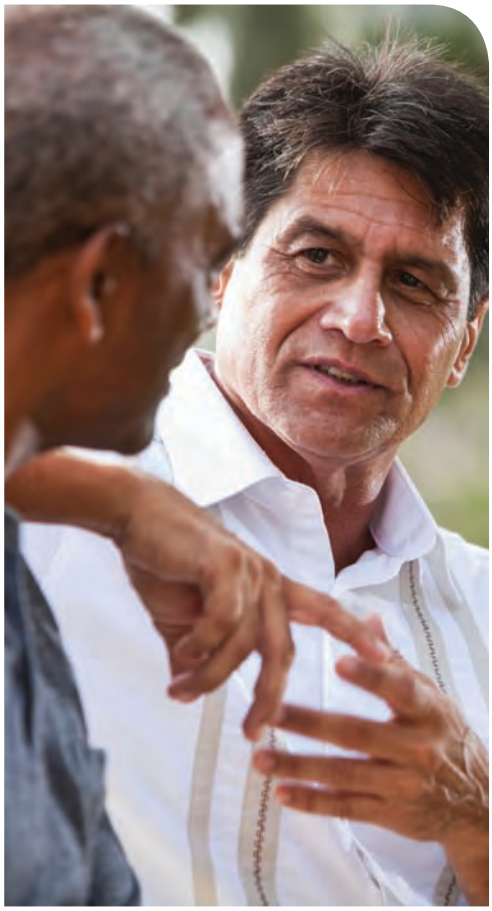
Do you want to quit or reduce use? ☐ Yes ☐ No

Addressing Past Use

Past use is a critical component to evaluate in the screening process. We know that most people who quit using tobacco will have slips or relapse in the future. In many behavioral health settings, onsite tobacco use (before and after appointments or while on programming breaks) is widespread and pervasive. This exposure to tobacco use is often cited as one of the main triggers for tobacco use relapse.

If a person states that they have used tobacco in the past, you could follow up with additional questions, including:

1. ***How long have you been in recovery from tobacco use? How long has it been since you last used tobacco?***
2. ***Considering where you are at in your recovery process, would you like further help or resources to support you at this time?***
3. ***Do you have any current concerns regarding relapse or triggers that may cause you to use tobacco again?***



Asking About Current Use

There are many ways to ask about tobacco use. Consider the following when establishing your screening questions:

- Simply asking someone if they smoke may not provide you with the best information. Smoking cigarettes is only one form of tobacco use and does not capture those who may use other forms of tobacco.
- Those who don't use tobacco every day may not consider themselves as someone who uses tobacco. It is important that your screening questions are formulated in a way that help people understand that casual/sporadic tobacco use is still current use.
- If you currently screen for alcohol and other drug use, address tobacco use in a similar manner.

FORMS OF TOBACCO

- Cigarettes
- Light cigarettes
- Menthol cigarettes
- Cigars, cigarillos and little cigars
- Hookah
- Snuff
- Electronic cigarettes (e-cigs) including JUUL & Suorin
- Chewing tobacco
- Snus
- Khat
- Betel nut

When and Who to Screen

All individuals who receive services at your organization should be routinely asked about their tobacco use status.

Identify the best opportunities to build screening questions into existing policies, procedures, and workflows. This could include but is not limited to: intake, assessments, treatment planning, progress notes, discharge plans, or other existing forms and processes which may or may not live in your electronic medical records.

Ongoing screenings are essential to include people who may have had a change in their tobacco use between appointments. Opportunities to address tobacco use can be lost if a tobacco screening is only done at intake or only done for people with a certain initial screening result.

Assessment and Readiness for Change

Assessment is a first step towards treatment and can be a therapeutic activity. When addressing a person's tobacco use, it is important to understand more about the role tobacco plays in their lives and their current level of readiness to make a change.

Other questions should be asked to learn more about the frequency, amount, and role tobacco plays in their life, as well as concerns they may or may not have about their tobacco use.

Here are sample questions:

1. ***What type of tobacco do you use (cigarettes, cigars, mini-cigars, snus, chewing tobacco, e-cigarette)?***
2. ***What is your average use per day?***
3. ***When did you start to use tobacco products?***
4. ***In what situations or circumstances do you use tobacco?***
5. ***Have other people in your life been concerned about your tobacco use?***
6. ***On a scale from 1-5, where 1 is not at all worried and 5 is very worried, how worried are you at this time about your tobacco/e-cigarette use?***
7. ***How soon after waking up do you use tobacco products or an e-cigarette on most days?***
   - ***0-5 minutes***
   - ***6-30 minutes***
   - ***31+ minutes***

How soon a person uses tobacco upon awaking is an indicator of the level of nicotine addiction. Another method of assessing this is the Fagerstrom Test for Nicotine Dependence[1] (Figure 1). Understanding how addicted an individual is will be helpful for the person receiving services and the staff person supporting them. Knowing the level of addiction can frame conversations about challenges and supports moving forward.

FIGURE 1

FAGERSTROM TEST FOR NICOTINE DEPENDENCE

	PLEASE TICK (√) ONE BOX FOR EACH QUESTION	
How soon after waking do you smoke your first cigarette?	Within 5 minutes 5-30 minutes 31-60 minutes	□ 3 □ 2 □ 1
Do you find it difficult to refrain from smoking in places where it is forbidden? e.g., Church, Library, etc.	Yes No	□ 1 □ 0
Which cigarette would you hate to give up?	The first in the morning Any other	□ 1 □ 0
How many cigarettes a day do you smoke?	10 or less 11-20 21-30 31 or more	□ 0 □ 1 □ 2 □ 3
Do you smoke more frequently in the morning?	Yes No	□ 1 □ 0
Do you smoke even if you are sick in bed most of the day?	Yes No	□ 1 □ 0
	Total Score	
SCORE	**1-2 = low dependence** **3-4 = low to mod dependence**	**5-7 = moderate dependence** **8+ = high dependence**

Add up the scores from the questionnaire.

Scoring the Fagerstrom Test for Nicotine Dependence

To remind you of information about scoring the test:

Score of 1-2
A person who scores between 1 and 2 on the Fagerstrom Test for Nicotine Dependence is classified as having a low dependence on nicotine. This suggests that they may not need Nicotine Replacement Therapy (NRT), although it is recommended that they still be monitored for withdrawl symptoms.

Score of 3-4
A person who scores 3 or 4 would be considered to have a low to moderate dependence on nicotine and could be offered patches, inhaler, lozenges or gum.

Score of 5-7
A person who scores 5-7 would be considered moderately dependent on nicotine and can be offered patches, inhaler, lozenges or gum. They can also be offered the combined therapy of patches with lozenge and gum.

Score of 8 and over
A person who scores 8 and over would be considered highly dependent on nicotine and can be offered patches, inhaler, lozenges and/or gum. They can also be offered the combined therapy of patches and lozenges or gum.

STAGES OF CHANGE MODEL

This manual uses the widely accepted Stages of Change Model to address tobacco use. The model theorizes that behavior change involves a progression through five stages of change: pre-contemplation, contemplation, preparation, action and maintenance. "These stages can be conceptualized as a cycle through which clients move back and forth. The stages are not viewed as linear, such that clients enter one stage and then directly progress to the next. Framing client treatment within the stages of change can help the clinician better understand client treatment progress."[2] Your organization may already incorporate this model in the work that you do.

After learning more about the role of tobacco in an individual's life, it is time to assess their readiness to address their tobacco use. When addressing initial tobacco screening results with an individual, approach assessing readiness to change using Motivational Interviewing skills. Readiness rulers are tools that include questions to help determine what stage of change the person is at and what supports would be most useful to them now and in the future. See examples of readiness rulers below in Figures 2 and 3.

FIGURE 2

On a scale of 0 to 10, how IMPORTANT is it for you right now to change?

0 1 2 3 4 5 6 7 8 9 10

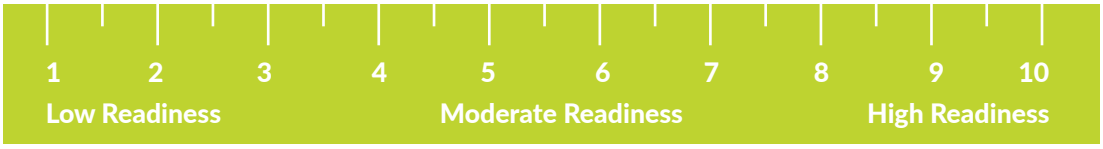
Not at all Important **Extremely Important**

On a scale of 0 to 10, how CONFIDENT are you that you could make this change?

0 1 2 3 4 5 6 7 8 9 10

Not at all Confident **Extremely Confident**

FIGURE 3



I don't want to quit.

Tobacco is not a problem for me.

Trying to quit would be a waste of my time.

I am thinking about quitting.

I know that quitting would be good for my health.

I am interested in hearing about ways to quit.

I am ready to quit using tobacco.

I would like to get help to quit using tobacco.

The following table is a high-level explanation of people's readiness to address their tobacco use within each stage of change. We have included examples of what you might hear from a person within each stage when working with them on their tobacco use.

Stage of Change	Readiness Level
Pre-contemplation	Individual is not considering quitting and does not have an intention to quit in the foreseeable future. *"I won't quit."* *"I can't quit."* *"I am not addicted."*
Contemplation	Individual is not ready to quit right now, but intends to quit in the next 6 months. *"I'm thinking about quitting."*
Preparation	Individual is actively considering quitting now or in the next month. *"I have set a quit date for the first of the month."*
Action	Individual is taking steps currently toward quitting and is in the first 6 months of quitting. *"I got some patches and gum from my doctor and have been using them for a week now."*
Maintenance	Individual has not used tobacco in 6 months. *"I haven't smoked in 6 months and keep some NRT with me in case I need it."*

References

[1]Heatherton TF; Kozlowski LT; Frecker RC; Fagerstrom KO. (1991) The Fagerstrom Test for Nicotine Dependence : a revision of the Fagerstrom Tolerance Questionnaire. *Br J Addict* 86(9):1119-1127. http://bit.ly/FTND_inst

[2]Center for Substance Abuse Treatment (2012). Enhancing motivation for change in substance abuse treatment.

CHAPTER 4

TOBACCO TREATMENT — COUNSELING, MEDICATIONS AND OTHER SERVICES

Setting a standard for how your organization addresses those that screen as tobacco users is the next step. Building tobacco supports and services into existing workflows will ensure that tobacco is routinely and consistently addressed for the people you serve. In this chapter, we will outline how to address tobacco use related to each stage of change, information on nicotine replacement therapies and other tobacco treatment medications, and other services you might provide onsite or that are available in the community. We provide examples of conversation starters and guides as well as sample treatment goals. These are meant to provide ideas and considerations as you work to integrate tobacco treatment.

The Clinical Practice Guideline, Treating Tobacco Use and Dependence, recommends using a combination of both counseling and medication.[1] This best practice was again validated with a meta-analysis of 52 studies involving more than 19,000 participants who received medication and counseling to help smokers quit. The analysis found that utilizing both medication and counseling led to an 83 percent increase in the chances of a successful quit attempt after six months compared to usual care of only counseling, only medication, or cold turkey.[2]

The following counseling styles are proven to support tobacco treatment:

Motivational Interviewing (MI)

Supports patients in moving through the stages of change.[3]

Cognitive Behavioral Therapy (CBT)

Identifies actions or thought patterns that result in tobacco use and help them utilize healthier alternatives.[4]

Acceptance and Commitment Therapy (ACT)

Uses acceptance and mindfulness strategies to overcome an unwanted behavior.[5]

Goal Planning in Each Stage

The conversation and the intervention will look different for each individual and at each stage of change. Goals and interventions should be incorporated into your existing treatment planning process. Your organization will decide where they best fit. This decision must be communicated to ensure consistency. The electronic medical record can be altered to act as a reminder to address tobacco during the treatment planning process.

Pre-contemplation

Motivational Interviewing and education are the best intervention techniques when an individual receiving services expresses no interest in quitting. Motivational interviewing is currently commonly used in mental health and substance use disorder programs. The goal here is to open the individual up for conversation about their tobacco use and allow opportunities for them to share their beliefs and experiences with tobacco. Introductory questions may include:

- What do you like about smoking/chewing/vaping?
- What don't you like about smoking/chewing/vaping?
- Have you made previous attempts to quit? If so, what ways have you tried to quit?
- On a scale of 0 to 10, 0 being not at all interested and 10 being very interested, where would you rate your interest in quitting right now?

These questions allow the person to engage in discussion and for staff to determine and record a baseline regarding the individual's views about their tobacco use.

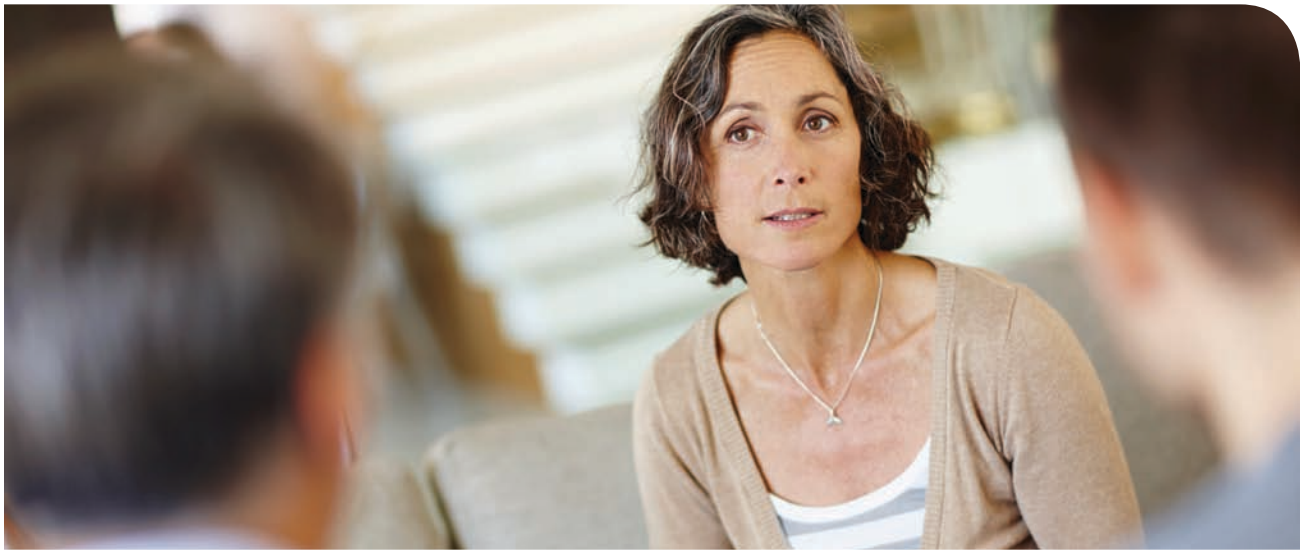
As a follow-up to the discussion, educate the individual on all supports and services that are available to help them quit if they decide they are ready. Let them know that using both counseling and medication can lead to a more successful quit attempt. Provide the person with information about both internal and external services that they can use to help them quit. Your organization may establish a standard handout informing the individual on the resources that are available to support them in their quit attempt. (See Tools and Templates section.) Let the person know that when they are ready to give it a try, you will be there to help.

A carbon monoxide (CO) monitor is a physical tool that can engage interest by showing someone the level of carbon monoxide in their body through a simple breath test. CO is a risk factor for heart disease and lower oxygen levels in the body; this tool can show a tobacco user one way they are currently being harmed by their tobacco use. A CO monitor is an easy-to-use piece of equipment that provides instant feedback which opens the door to naturally discuss the impacts of tobacco on their health. No special license or training is required to administer a CO breath test. The device is small and portable.

Pre-contemplation

TIPS
FROM THE FIELD

- Work to create opportunities for conversations about tobacco use with individuals in this stage. Simply telling someone who does not want to quit or who doesn't see tobacco use as a problem that smoking, chewing or vaping is bad for them may cause them to shut down or become defensive. Let them know that resources and supports are available if they decide they'd like to make a change. Invite them to talk to you when they want more information. Emphasize that quitting tobacco use is the best thing that they can do for their health. It is because of this that you will ask about tobacco use next time you talk, as this is the part of the care your organization offers.
- Some individuals may never move from the pre-contemplation stage. Don't become discouraged! It is important to address tobacco at every encounter, offer information and supports and document the individual's responses.
- Some Minnesota organizations have implemented the Learning About Healthy Living: Tobacco and You[6] curriculum developed by developed by the Rutgers, Robert Wood Johnson Medical School. This curriculum is geared toward individuals who have a mental illness or substance use disorder who are not ready to make a quit attempt but may be open to learning about healthy lifestyles, including the impact of tobacco. This curriculum can be adapted to fit your program needs.



SAMPLE TREATMENT PLAN

GOAL

- Individual will work towards acknowledging tobacco use is a problem for them.

OBJECTIVES

- Individual will identify life barriers that have been caused by tobacco.
- Individual will begin to use change talk regarding their tobacco addiction.
- Individual will gain knowledge about the effects of their tobacco use by attending the Learning About Healthy Living Group weekly.

INTERVENTIONS

- Further discussion of tobacco use in future meetings.
- Individual will attend Learning About Healthy Living Group weekly.

Contemplation

Motivational interviewing and education are good approaches for individuals in the contemplation stage of change regarding tobacco use. Acceptance and Commitment Therapy uses metaphors and a focus on personal values to motivate behavior change and enhance observation of internal cues for the desire to use nicotine. Questions to generate conversations and discussions could include:

- Do you have any reasons for wanting to quit?
- Have you had any health problems due to your tobacco use?
- On a scale of 0 to 10, 0 being not at all important and 10 being very important, how important is it for you right now to quit?
  - What would have to happen to move you from ___ to ___? (For example, from a 4 to a 5. You don't want to stretch the goals out too far, because it gets daunting for the person you are supporting.)
- When you decide to make the change, on a scale from 1 to 10, how confident are you that you can do so?

This is also a time to provide education and information about strategies and supports that can help people prepare to make a quit attempt.

THIS IS ALSO A TIME TO PROVIDE **EDUCATION & INFORMATION** ABOUT STRATEGIES AND SUPPORTS THAT CAN HELP PEOPLE PREPARE TO MAKE A QUIT ATTEMPT.

Mini-Quits

Encourage individuals to try a "mini-quit." A mini-quit provides an opportunity to practice not using tobacco in specific settings or at specific times. It gives someone a chance to practice strategies for coping and managing nicotine withdrawal on a small scale and builds opportunities for success. Suggested mini quit opportunities include:

- After a meal
- While driving
- With coffee
- After an event or in a certain location

This is also a time to provide education and information about strategies and supports that can help people prepare to make a quit attempt.

The CO monitor can also be used when working with individuals in the contemplation stage. Have them check before and after smoking a cigarette how quickly the level increases.

Combination Therapies

Look for opportunities to provide information about resources that are available to support people you are serving when they are ready to make a quit attempt. It is important to let individuals know that using both medication (like nicotine replacement therapies or medications like Varenicline or Buproprion) and counseling together have been shown to be most effective. Additional questions to guide discussions may include:

- What path to quitting do you think might be best for you?
- What help would you like provided?

Contemplation TIPS FROM THE FIELD

- People often flip back and forth between contemplation and pre-contemplation stages. This is a very normal progression.
- Remember to meet the individual where they are during each encounter. You never know when the time might be right to make a move toward quitting.
- The Learning About Healthy Living: Tobacco and You curriculum can also benefit individuals in the contemplation stage.

SAMPLE TREATMENT PLAN

GOAL

- Decide to reduce or eliminate use of tobacco.

OBJECTIVES

- Individual will identify self-confidence levels regarding ability to quit tobacco.
- Individual will gain knowledge about the effects of their tobacco use by attending the Learning About Healthy Living Group weekly.
- Individual will begin to identify triggers and practice small milestones through mini quits.

INTERVENTIONS

- Motivational Interviewing to move the individual through the stages of change.
- Learning About Healthy Living group therapy.
- CBT through mini quit attempts.

Preparation

When someone you are working with is actively considering quitting now or in the next month, it is key that you focus both on counseling and medication, as this combination has been shown to be most effective.[3] One step individuals can take is to identify when and where they use tobacco. A sample recording sheet can be helpful. (See Tools and Templates section.) This will help the person you are working with to identify patterns of use and will help them prepare coping strategies for different situations. Once patterns have been identified, work with the individual in creating a plan for how they are going to manage triggers in these situations.

PEOPLE WITH MENTAL ILLNESS OR SUBSTANCE USE DISORDERS OFTEN HAVE MORE SEVERE TOBACCO DEPENDENCE; USING MEDICATIONS MAY BE MORE STRONGLY INDICATED, AND FOR LONGER COURSES.

Nicotine Replacement Therapies and Tobacco Treatment Medications

Every person should be provided information about the medications available and encouraged to use them, unless there are contraindications identified. As a part of your work to incorporate tobacco treatment into the services you provide, it is important to identify a plan to support people in accessing cessation medications. You may have the capacity and appropriate staff to prescribe these medications, or you may need to assist them to obtain medications from their medical providers, pharmacies, insurance programs or *QUITPLAN® Services* (including enhanced behavioral health services). Staff should receive basic training on NRT and other medications, including how and when to use them correctly. Clinical practice guidelines are outlined in Treating Tobacco Use and Dependence: 2008 Update.[3]

As of January 1, 2016, Minnesotans, insured through Medical Assistance and MinnesotaCare, have free coverage to cover tobacco treatments, counseling and medications. It is best for people to check with their insurance carrier to learn about the supports and services available to them. Coverage will vary by plan.

The following medications are approved by the Food and Drug Administration (FDA).

What's been found to be most effective: The Clinical Practice Guidelines[3] recommend use of Varenicline or a combination of long- and short-acting NRT (e.g., patch and gum or patch and lozenge) as first-line medications shown to be the most effective at helping people to quit. The Clinical Practice Guidelines also recommend a combination of counseling and medications rather than counseling or medications alone. The Food and Drug Administration (FDA) also states that it is safe to use more than one form of NRT at a time.

For more information about these approved medications, see Treating Tobacco Use and Dependence: 2008 Update[3], and the University of Wisconsin's "Tobacco Dependence Treatment Medications".[7]

Nicotine Replacement Therapies (NRT)

Nicotine replacement therapies (NRT) are excellent tools for managing urges and symptoms of nicotine withdrawal. They provide safe amounts of nicotine to help deal with symptoms and are free of the toxins and chemicals found in cigarettes. If your organization is not prescribing medication, assist individuals ready to make a quit attempt to schedule an appointment with their primary care provider to discuss NRT options.

Nicotine patch *Can be purchased over the counter or by prescription*	• Provides a long acting, slow release of nicotine • Should be used daily • Place the patch in a different location each day to prevent irritation • Prescribed based on the severity of the nicotine addiction
Nicotine gum *Can be purchased over the counter or by prescription*	• Provides quick-acting dose of nicotine • Can be used as needed to manage urges • Chew two to three times to activate the nicotine and then "park" the gum between the gum and the cheek • NRT gum is different from regular chewing gum; continuously chewing the gum can cause stomach upset and is a common misuse of this form of NRT
Nicotine lozenges *Can be purchased over the counter or by prescription*	• Provides quick-acting dose of nicotine • Allow a lozenge to dissolve slowly in the mouth and move to one side of the mouth to another every few minutes; dissolves in about 30 minutes • Do not chew, swallow or suck on the lozenge to avoid stomach upset • Do not drink tea, coffee, soda or juice when you have a lozenge in your mouth as the acid in drinks like these prevents the nicotine from absorbing
Nicotine inhaler *By prescription only*	• Provides quick-acting dose of nicotine • Nicotine is delivered through a "puff" from a mouthpiece • Requires user to change the cartridge that contains nicotine
Nicotine nasal spray *By prescription only*	• Provides a quick- acting dose of nicotine • Many side effects and individuals often discontinue use

Please note that using tobacco products while using NRT is not harmful. The user may get an upset stomach or head ache from too much nicotine but will not result in life-threatening consequences.

Other Tobacco Treatment Medications

There are also prescription non-nicotine medications and may be used alone or in combination with nicotine replacement therapies. They have been shown to be very effective at helping people to quit using tobacco.

Varenicline (brand name Chantix) *By prescription only*	• A prescription medication that is taken daily and helps people to quit using tobacco products • Usually started one week before quit date and taken for three to six months • Does not contain nicotine and it is not addictive • Makes smoking less pleasurable and affects the nicotine receptors in the brain, so it 'thinks" it is still getting nicotine, thereby reducing withdrawal symptoms • Deemed safe to use with all people who use tobacco by the Food and Drug Administration.[8] However, as with any other medication, if any neuro-psychiatric adverse effects occur, discontinue use. If the person complains about bad dreams, encourage them to try taking the medication earlier in the day. If they complain about an upset stomach, taking it with food may help. They could also try talking with their doctor about reducing dosage.
Buproprion SR (brand name Zyban or Wellbutrin) *By prescription only*	• A prescription medication that is taken daily and helps people to quit using tobacco products • Does not contain nicotine and it is not addictive • It is not clear how Buproprion works to help people quit using tobacco, but it most likely causes the brain to release more dopamine, which helps reduce withdrawal symptoms

THE CLINICAL PRACTICE GUIDELINES ALSO RECOMMEND A COMBINATION OF COUNSELING AND MEDICATIONS RATHER THAN COUNSELING OR MEDICATIONS ALONE.

Other Preparation Activities

There are many resources that help people prepare for their quit date. Your organization will need to establish processes and procedures for referring to counseling options available within your organization as well as external options if that is needed or requested. Utilizing the electronic medical record is a tool to ensure consistent and standard practices. Types of counseling options you can consider include:

- Individual counseling by appropriate staff in your organization, including therapists, nurses, case managers, certified tobacco treatment specialists, using MI, CBT, ACT as shown above
  - If you are interested in learning more about tobacco treatment certification, contact the National Association for Addiction Professionals.
- Group Counseling
  - The Learning About Healthy Living: Tobacco and You includes a six-session curriculum geared to those that are ready to quit.
  - Freedom From Smoking, is an eight-week evidence-based group cessation program developed by the American Lung Association and guides the individual through preparing, setting and implementing their quit date. The American Lung Association offers a train-the-trainer program in the state of Minnesota for this program.
- Tobacco Treatment Services offered outside of your organization
  - *QUITPLAN® Services* offers online or phone-based counseling services. They will also support people with gum, patches or lozenges. Culturally responsive services are available for individuals who are pregnant, American Indian and people experiencing mental health concerns. The service is available in many languages. This option may not be the best fit for some people you serve who have limited or no phone access or who may need a higher level of support.
  - Private health insurance companies host their own quit lines and cessation services. Encourage and assist individuals in checking their insurance plan coverage.
  - Smokefree.gov offers a variety of supports online and through free texting programs and apps.

Preparation TIPS FROM THE FIELD

- Ensure that the individual has NRTs and/or medications on hand as part of their preparation and knows the correct way to use them.
- Help the person you are working with to create a plan of action to specifically identify potential triggers or trouble spots. “If this happens, then...”
- Discuss the difference between a slip and a relapse. Slips are normal and offer opportunities to learn and practice coping strategies. In the event of a slip, encourage the individual to think about what was going on when they slipped. What were they doing? Who were they with? How can they prevent that from happening next time? A relapse is when a person resumes the usual use of tobacco and may no longer be motivated to try to stop. They may also feel very discouraged. A key aspect of counseling is trying to help someone minimize or cope with a slip so that it does not become a full relapse.

SAMPLE TREATMENT PLAN

GOAL

- Take steps to eliminate tobacco use.

OBJECTIVES

- Individual will learn about and obtain treatment medications to prevent and reduce withdrawal symptoms.
- Individual will log tobacco use and identify themes.
- Individual will create a plan to avoid or cope with tobacco causing triggers.

INTERVENTIONS

- Attend Learning about Healthy Living Quit Group or Freedom from Smoking.
- Individual will meet regularly with a provider to discuss appropriate use of tobacco dependence medications.
- Staff will help identify alternatives to trigger situations.

Action

When an individual is ready to set a quit date or has already set one, they are in the action stage. This can be both an exciting and scary place for people. The quit date should be realistic and achievable. Conversations by staff need to be encouraging. The person will set a date that provides time to accomplish the items discussed in the Preparation Phase. Explore scheduling time to practice quitting by reducing the number of tobacco items being used each day. By slowly reducing, the person working towards a quit can learn which medications might best support them after the final quit date has come.

Action
TIPS
FROM THE FIELD

- Be sure to schedule an appointment with the person you are working with on their quit date or the day after. This will give them something to look forward to, to get support and review their coping strategies.
- Support is key. Regular check-ins to offer congratulations and allow opportunities to share their experience in the first few days following the quit date are important. Ask the individual what level of contact they would prefer and support them in this way.
- Remember that slips may happen. Help them learn from the experience, adapt the plan for success next time, and know that is okay to make changes to their plan.
- Be aware of nicotine withdrawal symptoms. They can last a couple days or weeks, and they are frequently confused with side effects of NRT. Withdrawal symptoms include:
  - Sadness or depressed mood
  - Insomnia or sleeping trouble
  - Irritability, frustration or anger
  - Anxiety
  - Difficulty concentrating
  - Restlessness
  - Decreased heart rate
  - Increased appetite
  - Monitor psychiatric or other medications that may need adjustment

If the person is taking prescribed medications for mental health or other health issues encourage them to connect with their prescribing physician. Tobacco use speeds up the metabolism of some commonly prescribed psychiatric medications. As tobacco use increases or decreases, medication may need to be adjusted. When someone makes a quit attempt there is a potential of medication toxicity that should be monitored by the treatment team. In some instances medication doses may need to be reduced. The Smoking Cessation Leadership Center provides detailed information on drug interactions with tobacco smoke.[9]

SAMPLE TREATMENT PLAN

GOAL

- To eliminate tobacco use.

OBJECTIVES

- Individual will set a quit date.
- Individual will create a quit plan with support of staff.
- Individual will reduce daily tobacco use in preparation for the quit date.
- Individual will use medication and/or nicotine replacement therapies as prescribed.
- Individual will attend scheduled appointments.

INTERVENTIONS

- Individual will meet or connect regularly with staff to check in on progress.
- Treatment staff will help identify trigger situations and discover alternative behaviors to overcome.

Maintenance / Relapse Prevention

Tobacco-free living is like refraining from other mood-altering substances. Setting up a maintenance/relapse prevention plan will support long-term success. Maintenance planning should include:

- Identifying family, friends, and coworkers that can and will support you in your goal.
- Prepare for cravings and acknowledging that over time they will become less frequent and intense; using NRTs can help to manage acute urges.
- What behaviors are going to increase your risk of relapse?
- What rewards you are going to give yourself for accomplishing your goal? Rewards need to be attainable.

In the event of a slip, express empathy and encourage that they continue on with their quit plan. Talk about what prompted the relapse. Questions may include:

- Can you recall how and when you slipped?
- How could you change the situation to prevent it from happening again?

Review withdrawal symptoms, side effects of medications and proper use of medication. Review the person's treatment plan by inquiring, "What works and what isn't working?" "How are they feeling overall?"

Encourage the person to stay focused and let them know that the CO monitor can be used at their request as a reassurance of the hard work they have done.

Maintenance
TIPS
FROM THE FIELD

- Support them in the way that they would like to be supported.
- The more counseling a person receives, generally the better they do. Individuals you serve may need extended supports and sessions. Incorporate a method in the EMR to ensure follow up is taking place. This could be done through patient lists.
- Remember that data says it takes eight to 10 tries in quitting tobacco to be successful. Many will add that it is more like 18 to 20 times. Don't become discouraged. Every quit attempt brings lessons learned and one step closer to success.

SAMPLE TREATMENT PLAN

GOAL

- Maintain abstinence from tobacco products.

OBJECTIVES

- A minimum of four encounters will occur following the quit date.
- Individual will identify a minimum of three support people that they can go to when the urge to use arrives.
- Individual will know the difference between relapse and slip and have a plan in place for slips.
- Maintain use of NRT as needed. (It is recommended to have easy access to NRT for at least a year after the quit date.)

INTERVENTIONS

- Meet with medical and counseling staff as needed for support.

References

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CHAPTER 5

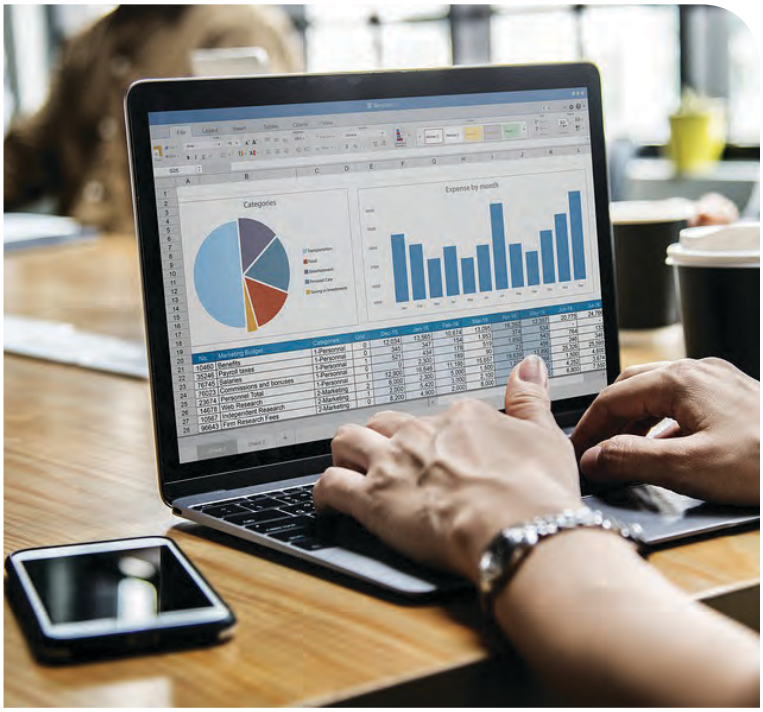
BILLING AND DOCUMENTATION

Billable activities are valuable because they support the sustainability and long-term success of implementing tobacco treatment within your organization. Although billing for tobacco treatment activities can often be complex and may look different from one organization to the next, it can be done.

This chapter will provide a basic framework your organization can use to get started with billing for tobacco treatment services. This section should also help your organization get to a point where you will be comfortable building upon basic billing procedures when you're ready. Since each organization is so different, the guide does not cover any one-size-fits-all specifics. The case study at the end of this chapter provides an example of successful implementation and billing within a behavioral health organization in Minnesota.

Your organization may decide that you do not have the capacity to provide billable tobacco treatment services at this time. In such a situation, your organization is still able to build tobacco supports and/or treatment activities into existing services and not bill for the services separately (e.g., case managers screening for tobacco use and connecting individuals to tobacco supports and services or offering a tobacco awareness group in your program).

ALTHOUGH BILLING FOR TOBACCO TREATMENT ACTIVITIES CAN OFTEN BE COMPLEX AND MAY LOOK DIFFERENT FROM ONE ORGANIZATION TO THE NEXT, IT CAN BE DONE.



A Framework for Successful Billing and Documentation

Insurance

- It is important to have a general understanding of the insurance coverage for the population you are serving. Do the majority of your clients have Medicaid (fee for service and/or managed care organizations), Medicare, or private insurance? Is it a mix?
- Once you have an understanding of the insurance landscape in your service area, work with the respective payers to get an understanding of the following:
  - Which plans cover tobacco treatment services?
  - Of those plans that cover tobacco treatment, what specifically do they cover?
    - Individual and/or group counseling
    - Nicotine replacement therapies and/or other quit medications
  - How many visits and what number of refills will be covered?
  - What are the reimbursement rates?
  - Are there any other requirements your payers have?

If you are billing public insurance payers, it's of vital importance that you consult the current Department of Human Service (DHS) Provider Manual for Physician and Professional Services as you set up your billing systems and processes.

Information in this section is based on the 2018 DHS Provider Manual, the services it covers, and requirements for those services.

Diagnostic Codes

The assignment of proper diagnostic codes is required to successfully bill for tobacco treatment services. For example, the F17 code is used when providing tobacco treatment to a person who has a nicotine dependence. F17 is a code in the 10th revision of the International Statistical Classification of Diseases and Related Health problems (ICD-10). The code is used to indicate a person's dependence on nicotine. This indication of nicotine dependence is what establishes medical necessity for the tobacco treatment service you want to provide. Medical necessity allows you to bill for the service. See the Diagnosis Coding Guide on page 7 of the American Lung Association Billing Guide for additional information.

Billing Codes

The DHS Provider Manual will contain the codes you will need to bill for tobacco treatment services.

Below is an excerpt from the Minnesota Department of Human Services (DHS) Provider Manual which outlines the billing codes used in 2018 by some Minnesota organizations[1].

COVERED EDUCATION OR COUNSELING SERVICES

Reason for education or counseling	HCPCS code(s)	Eligible providers	Billing directions
Education or counseling is the primary reason for the visit: Services to healthy individuals for the purpose of promoting health and anticipatory guidance (i.e., family planning, smoking cessation, infant safety, etc.).	99401-99409 (individual) 99411-99412	• Physicians • Enrolled PAs and APRNs (NPs, CNSs, CNMs) • Physician extenders: non-enrolled APRNs, RNs, genetic counselors, licensed acupuncturists, tobacco cessation counselors and pharmacists	Use modifier U7 when a physician extender provides the service

Eligible Billable Services

The Minnesota DHS Provider Manual and the American Lung Association Billing Guide are good resources to assist your organization to understand and determine eligibility for billable services.

Staff

You must ensure that your organization has the proper staff onsite, or collaborative relationships with outside providers, to meet the requirements for the provider types below.

- Eligible Ordering Providers (A physician order for educational or counseling services is currently required)
  - If you don't have an internal ordering provider, you can collaborate with an individual's primary care provider to obtain an order for services.
- Eligible Rendering Providers
  - Currently, this includes:
    - physicians
    - Enrolled Physician Assistants (PA) and Advanced Practice Registered Nurses (APRNs), such a Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), or Clinical Nurse Midwives (CNMs)
    - Physician Extenders: non-enrolled APRNs, Registered Nurses (RNs), genetic counselors, licensed acupuncturists, tobacco cessation counselors and pharmacists

If you have an internal Eligible Ordering Provider, your organization may want to consider creating a standing order for tobacco treatment services (both individual and group counseling and/or NRTs/quit medications).

Documentation

Successful billing depends upon accurate and complete documentation. The 2018 DHS Provider Manual requires a physician order for educational or counseling services. Documentation of the person's participation, number of participants in the educational or counseling group, name and credentials of person who provided the service and topic content must be in the medical record or class record. Again, the DHS Provider Manual is updated often, so please reference the manual itself versus the above excerpt when implementing proper documentation at your organization.

As stated in the American Lung Association Billing Guide[2], "Regardless of the payer (e.g., Medicare, Medicaid, private), providers need to use ICD-10 codes and provide documentation regarding medical necessity and the specifics of what was provided."

For additional details on documentation, including a list of what to include in a client's medical record and documentation tips, see page 12 of the American Lung Association Billing Guide.

CASE STUDY

Below are the details regarding the tobacco treatment billing and documentation practices used by a large, community based, behavioral health care provider serving individuals in the Minneapolis/St. Paul metro area.

What services are being provided?

- Screening and assessment
- Individual and group tobacco treatment counseling
- Tobacco treatment medication prescribing

Who completes the screening/assessment and referral?

- The primary staff member working with the person being served or whoever is completing the intake process

Who orders the services?

- An internal psychiatrist orders both the tobacco treatment counseling as well as the tobacco treatment medications. This process is done using a Tobacco Treatment Standing Order which is built into the organization's electronic medical record (EMR) system

Who provides the services?

- Tobacco treatment counseling is provided either by RNs who have completed internal tobacco treatment training or Certified Tobacco Treatment Specialists (CTTS) who successfully complete the Tobacco Treatment Specialist Certification at the Mayo Clinic.
- Upon completion of the tobacco specialist training, the organization provides further training, using internal and external sources. This additional training focuses on providing tobacco treatment specific to individuals with mental illness and/or substance use disorders and on internal processes and procedures.

Where are the services provided?

- Tobacco treatment counseling is provided within organizational programs, clinics and in the community. Community locations even include home visits.

When did you start providing and billing for this service?

- The organization began billing for these services since the start of the program in 2017.

A walk-through of billing and documentation

Documentation follows the requirements outlined in the Minnesota DHS Provider Manual, which include:

1. A physician order for educational or counseling services
2. Documentation of the recipient's participation
3. Number of participants (for group treatment only)
4. Name and credentials of person who provided the service
5. Topic content
6. The above listed information must be in the medical record or class record

The electronic medical record (EMR) is used to streamline the billing and documenting process. The list below identifies ways the EMR was used to support billing and documentation:

- Referrals to Tobacco Treatment Services can be completed through a referral portal in the EMR. The referrals are then processed and assigned to provider's caseloads.
- A Tobacco Treatment Standing Order was built to streamline and expedite the process of securing a physician's order for tobacco treatment services and medications.
- A billable Tobacco Treatment Progress Note was built and designed to include items 2 through 5 in the above list. For every individual or group service that is provided, a note is completed by the RN or CTTS and routed to the ordering physician for approval.

Using the previously mentioned tools and strategies, this organization has successfully submitted documents, billed for, and received payment for many tobacco treatment claims during their pilot. Billing success has ensured long-term sustainability. As a result, they have been able to grow their tobacco treatment services which has subsequently created more access for people in their local community to get help for tobacco use.

References

[1]Minnesota Department of Human Services (2018). *Minnesota Department of Human Services provider manual—Physician and professional services.*

[2]American Lung Association (2018). *American Lung Association billing guide for tobacco screening and cessation*. Chicago, IL, American Lung Association.

CHAPTER 6

CONTINUOUS QUALITY IMPROVEMENT AND SUSTAINABILITY

The key to long-term sustainability and effective quality improvement is to constantly evaluate the effectiveness of your tobacco treatment services and make adjustments as needed. There are always ways to make things better, more affordable, more efficient, more reliable, and more effective. By continuously exploring these opportunities, and meaningfully adjusting your workflows to support better performance, tobacco treatment will continue to thrive and become a part of the services that you offer the patients you serve.

Measurement

From the beginning your team must establish how you are going to measure your impact. What changes are working? Are there changes that should continue, be adapted, or completely dropped? Before you start, make a plan and establish a baseline. Below are examples of what some Minnesota organizations have used for evaluation. The examples are not exhaustive; you may find that your needs differ.

What will you monitor? Examples include:

- Number of people served who are assessed for their tobacco use
- Number/percentage of tobacco users that receive tobacco treatment services (counseling, medication, referrals)
- Number/percentages who receive quit medications
- Number/percentage of people served that have quit tobacco use
- Attendance at tobacco use education
- Number of times the person receiving services comes into the organization for tobacco treatment
- How far must a person receiving services travel to obtain tobacco treatment

What resources are available to collect that data? Examples include:

- Electronic medical record (Use what is available to you. Some things to consider depending on your EMR are registry creations, flowsheets, reportable fields, and data reports, etc.)
- Registry outside of EMR (e.g. Excel spreadsheet)
- Staff and/or participant surveys, feedback sessions, etc.

Policies, Systems and Environments

Addressing tobacco through the policies, systems and environments of your organization is a key aspect for creating sustainability. Some examples include:

- Building tobacco treatment into workflows through screenings, treatment planning and counseling to ensure that tobacco is addressed routinely and consistently with the people you serve
- Implementing tobacco-free grounds policies to provide smoke-free environments for people you serve and staff
- Providing continued training and re-training about the impact of tobacco on people living with mental illness and/or substance use disorders when new staff come on board, when updates are made to internal processes, or when new needs are identified through data reports.
- Using your Electronic Health Record to document tobacco treatment
- Establishing processes and procedures for referring individuals to tobacco treatment or prescribing tobacco treatment medications

Communications

Implementing your comprehensive communications plan is an integral element in sustainability. Communications are two-way – providing staff with updates, current information, guidance and reports on progress, as well as hearing back from staff on how it is going, opportunities to share concerns and troubleshoot together. Make sure there is time to discuss and share regularly when new systems are being implemented.

These actions will reflect your organization's commitment to the effort and help you to continually respond and improve. Think through how you will gain feedback from staff about the new processes in place, how you will gain feedback from the people you serve, and how you will report progress and outcomes to staff. Email, face-to-face meetings, newsletters, or daily huddles are all good options.

Collaborating with other partners in your community will help sustain efforts at your organization. Learn and share with others – find out what actions have been taken, their experiences, and solve problems together.

TOBACCO HEALTH SYSTEMS CHANGE STARTER TOOLKIT FOR CLINICS PROVIDES KEY RESOURCES AND PRACTICAL TOOLS.[1]

Congratulations on your decision to integrate tobacco treatment into the culture and daily practices of your organization. This is a critical step toward improved health for the community you serve. By establishing ongoing process and outcome measures, you are ensuring the work you have done will be sustainable for years to come.

Reference

[1]ClearWay Minnesota, Institute for Clinical Systems Improvement. Tobacco Systems Change Starter Toolkit for Clinics (June 2018) retrieved from http://clearwaymn.org/policy/tobacco-health-systems-change/ December 18, 2018

TOOLS AND TEMPLATES

METHOD OF COMMUNICATION

In the white rows fill in message / content to be delivered - example topics: intro, policy, FAQ, top 5 reasons we are doing this, tie to our mission statement, historical perspective, personal stories and perspectives, address myths, info on NRT and quit supports

In the grey rows enter who is responsible, specify particular tasks as needed

Countdown to treatment support implementation date (weeks)	Week	Emails	Team Meetings	Signs & Posters	Video Messages	Workshops	Location-specific events	Notes
15	April 16-20							
14	April 23-27							
13	April 30-May 4							
12	May 7-11							
11	May 14-18							
10	May 21-25							
9	May28-June 1							
8	June 4-8							
7	June 11-15							
6	June 18-22							

Countdown to treatment support implementation date (weeks)	Week	Emails	Team Meetings	Signs & Posters	Video Messages	Workshops	Location-specific events	Notes
5	June 25-29							
4	July 2-6							
3	July 9-13							
2	July 16-20							
1	July 23-27							
0	July 30!!							
1 week after								
2 weeks after								
1 month after?								
ongoing								

ACTION PLAN

TOBACCO USE AND RECOVERY AMONG INDIVIDUALS WITH MENTAL ILLNESS OR ADDICTION

Organization Goals:

1.
2.
3.
4.

FOCUS AREA:					**START DATE:**	**END DATE:**	
Objectives and Action Steps	**By Whom**	**Timeline**	**Resources and Support** Available/Needed		**Potential Barriers or Resistance**	**Communication Plan for Implementation**	**Status**
What needs to be done?	Who will take actions?	By what date will the action be done?	Resources available	Resources needed (financial, human, political, and other)	What individuals and organizations might resist? How?	What individuals and organizations should be informed about/ involved with these actions?	
GOAL:							

Notes:

ACTION PLAN

TOBACCO USE AND RECOVERY AMONG INDIVIDUALS WITH MENTAL ILLNESS OR ADDICTION

FOCUS AREA:					**START DATE:**	**END DATE:**	
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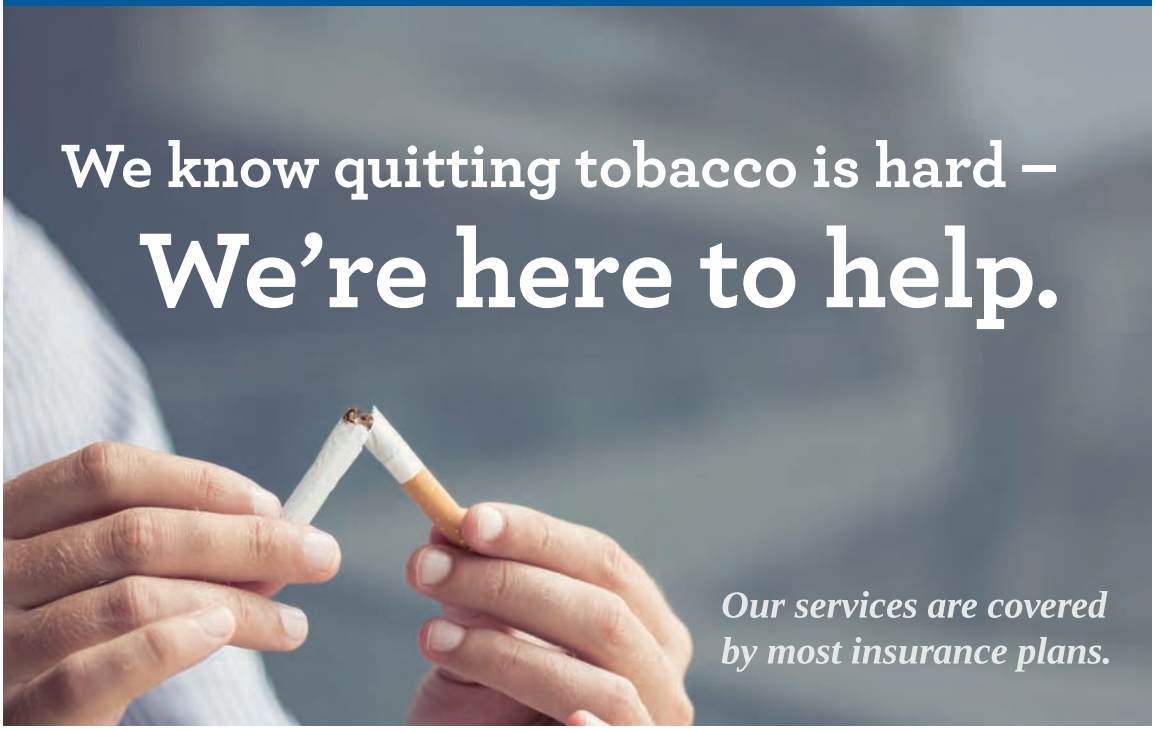
GOAL:							

Notes:

Example of informational hand-out for people receiving services

TOBACCO TREATMENT PROGRAM



If you smoke, chew or vape, we can give you THE SUPPORT YOU NEED TO QUIT.

Certified tobacco treatment specialists can provide:

- Individual counseling
- Approved medication options
- Personalized quit plans to meet your goals
- Ongoing follow-up and support

Whether you're ready to quit today or thinking about quitting in the future, freedom from tobacco is possible.

Identifying Triggers

Identifying when or why you want to use tobacco helps you learn your personal triggers. Knowing what your triggers are and being prepared for these can help you be more successful in the quit attempt. Use this sheet to help discover what your triggers are.

Triggers	Time of Day	Thoughts/Feelings
Example: Behind at work	1 p.m.	Crabby and frustrated

Coping Techniques

After triggers are identified, it can be helpful to think of different ways to deal with them prior to the situation arising. Knowing how to deal with an urge before it occurs helps to make quitting easier. Feel free to list additional triggers and ways to cope with those triggers.

Triggers	Coping Techniques
Feeling bored	Take a walk.
Coffee	Switch the cup to the hand you used to have your cigarette in.
Eating	Brush your teeth.
Stress	Breathe deep.
Driving	Take a different route.
Waking up	Eat breakfast right away and get started with your day.
Alcohol	Try to avoid while trying to quit.
Watching TV	Find a new hobby.
Talking on the phone	Doodle.
Being around others who smoke	Tell those who smoke that you are trying to quit.

This document can be found at www.Lung.org/tips-from-the-field along with supporting materials.

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AMERICAN LUNG ASSOCIATION®

Lung Mind Alliance

About the American Lung Association

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through research, education and advocacy. The work of the American Lung Association is focused on four strategic imperatives: to defeat lung cancer; to improve the air we breathe; to reduce the burden of lung disease on individuals and their families; and to eliminate tobacco use and tobacco-related diseases. For more information about the American Lung Association, a holder of the Better Business Bureau Wise Giving Guide Seal, or to support the work it does, call 1-800-LUNGUSA (1-800-586-4872) or visit: Lung.org.