Integrating Tobacco Cessation Into Electronic Health Records

The U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence: 2008 Update,* calls for systems-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 use, secondhand smoke exposure, cessation interest and past quit attempts. The electronic health record should also include automatic prompts that remind clinicians to:

- Encourage quitting
- Advise about smokefree 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, as well as for well-patient exams.

Meaningful Use

The Health Information Technology for Economic and Clinical Health Act (HITECH), which was part of American Recovery and Reinvestment Act of 2009 (ARRA), provides incentives to eligible professionals (EP) and hospitals that adopt certified EHR technology and can demonstrate that they are meaningful users of the technology. To qualify as a meaningful user, EPs must use EHRs to capture health data, track key clinical conditions, and coordinate care of those conditions.

Smoking status objectives and measures included in the Meaningful Use criteria are:

- Objective: Record smoking status for patients 13 years old or older.
- Measure: More than 50 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded.
- EHR requirement: Must enable a user to electronically record, modify, and retrieve the smoking status of a patient. Smoking status types must include: current every day smoker; current some day smoker; former smoker; never smoker; smoker, current status unknown; and unknown if ever smoked.

Patient education objectives and measures included in the Meaningful Use 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% 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 & ICD-9 Codes related to tobacco cessation counseling, click on the Ask and Act Practice Toolkit 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:

HISTORY

Type of tobacco:

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

❑ Pipe Bowls per day:_____

❑ Cigars Number per day: _____

❑ Smokeless Cans/pouches per day: _____

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

Brand:_____

Approx date of last quit attempt: _____

a) How long 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
❑ Other: _____
❑ 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:

❑ < 3 minutes
❑ 3 – 10 minutes
❑ > 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:

❑ NRT Gum
❑ NRT Lozenge
❑ NRT Patch

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
Black box warning for neuropsychiatric symptoms.

Handouts provided:

❑ "Prescription:" Quit Smoking
❑ Quitline Card
❑ Quit Smoking Brochure
❑ Secondhand Smoke Brochure
❑ Stop Smoking Guide
❑ Familydoctor.org information
❑ Other: _____

FOLLOW-UP PLAN

❑ Fax referral to quitline
❑ Referred to cessation program:_____
❑ Follow-up visit in 2 weeks
❑ Staff to follow up in _____ weeks
❑ Quit date call: _____
❑ Address at next visit