

# **Implementing Parental Tobacco Control Using a Systems Change Module**

**Jonathan Winickoff, MD MPH**

**Bethany Hipple, MPH**

**4/16/05**

---

# Why Implement a Change?

- **Burden of parental smoking**
    - Health risks for parent who smokes, spouse, children
    - Smoking initiation in adolescence
    - Family economics (\$1500/yr)
  - **Evidence-based treatments exist**
  - **Unique opportunities to use treatments exist**
  - **Implementation strategies exist**
-

# 5 A's Intervention Model

- **ASK** and **DOCUMENT** smoking at every visit
  - **ADVISE** all smokers to quit
  - **ASSESS** willingness to quit
  - **ASSIST** the smoker in quitting
  - **ARRANGE** follow-up contact
-

# The CEASE Module

**The CEASE Module contains everything needed to make evidence-based improvements in your practice's tobacco control methods.**

---

# Step 1: ASK and DOCUMENT

- Routine, consistent, and systematic **ASKING**
  - For all parents
- Standardized **DOCUMENTATION** for the problem list
- Adaptable to current systems in the practice

**CEASE Questionnaire**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other children seen by this practice: \_\_\_\_\_

(Names): \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Relation to Patient (circle one):    Mother            Father            Other

Do you smoke tobacco?  
Yes    No    I quit smoking in the past year

Does anyone else in your household smoke?  
Yes    No

If so, who? \_\_\_\_\_

Sticker for medical record

**2005**  
Smoking status (circle those that apply)

Patient:	current	former	never
Mother:	current	former	never
Father:	current	former	never
Other:	current	former	never

# Step 2:

# ASSESS

- For parents who smoke
- Assesses
  - readiness to quit
  - willingness to accept medication
  - willingness to enroll in telephone counseling

**CEASE** \_\_\_\_\_ Date \_\_\_\_\_

*Clinical Effort Against Secondhand Smoke Exposure*

You are currently listed as a smoker in our medical record system. Each parent who smokes is asked to fill out a short questionnaire at each visit. Please answer each question.

1. How interested are you in stopping smoking/using tobacco?  
 Not at all    Some    A lot    Not Sure
2. Would you consider quitting in the next month?  
 Yes, with medication (Circle desired medication)  
Gum   Patch   Lozenge   Pill   Nasal Spray  
 Yes, without medication  
 No  
 Not sure
3. Would you like for me to enroll you in a telephone smoking cessation program that doubles your chances of quitting tobacco?  
 Yes, I would like to be enrolled.  
 No, please do not enroll me in this program at this time.  
 Not sure. I would like more information on the program.

# Step 2: Documentation of ASSESS

**CEASE**  
Clinical Effort Against Secondhand Smoke Exposure

**TOBACCO TREATMENT CHECKLIST**

**ADVISE** a smoker to quit. Recommended stop-smoking advice: "I strongly advise you to quit smoking and establish a smoke-free home and car. I can help you."

**ASSESS** readiness to quit:  Ready to quit  Thinking about quitting  Not ready to quit

**ASSIST** a smoker to quit:

Brief counseling

Reasons to quit: \_\_\_\_\_ Effects of quitting: \_\_\_\_\_ Lessons from past quit attempts: \_\_\_\_\_

Set a quit date, if ready: \_\_\_\_\_ Initial quit attempt: \_\_\_\_\_

Prescription medications if appropriate:

Nicotine Replacement (CIRCLE): patch gum lozenge Inhaler nasal spray

Other (CIRCLE): \_\_\_\_\_ (prescription)

**ARRANGE** follow-up:  Refer to 1-800-QUIT-NOW, which will connect the parent to the state quitline.

**1-800-QUIT-NOW**

- Document the parent's assessment of readiness to quit—from the other side of sheet

# Step 3:

# ADVISE

## CEASE

Clinical Effort Against Secondhand Smoke Exposure

### TOBACCO TREATMENT CHECKLIST

- ADVISE** smoker to quit. Recommended stop-smoking advice: *"I strongly advise you to quit smoking and establish a smoke-free home and car. I can help you."*
- ASSESS** readiness to quit:  Ready to quit  Thinking about quitting  Not ready to quit
- ASSIST** smoker to quit:
  - Brief counseling
    - Reasons to quit
    - Barriers to quitting
    - Reasons from past quit attempts
    - Set a quit date, if ready
    - Establish follow-up
  - Prescription medications if appropriate:
- Nicotine Replacement (CIRCLE): patch gum lozenge inhaler nasal spray
- Other (CIRCLE): one pill (bupropion)
- ARRANGE** follow-up:  Refer to 1-800-QUIT-NOW, which will connect the parent to the state [quitline](#).

1-800-QUIT-NOW

- Prompting text allows for quick, consistent advice to quit and elimination of smoking in home and car

# Step 4:

# ASSIST

## CEASE

Clinical Effort Against Secondhand Smoke Exposure

### TOBACCO TREATMENT CHECKLIST

<input type="checkbox"/>	ADVISE smoker to quit. Recommended stop-smoking advice: "I strongly advise you to quit smoking and establish a smoke-free home and car. I can help you."
<input type="checkbox"/>	ASSESS readiness to quit: <input type="checkbox"/> Ready to quit <input type="checkbox"/> Thinking about quitting <input type="checkbox"/> Not ready to quit
<input type="checkbox"/>	ASSIST smoker to quit:
	<input type="checkbox"/> Brief counseling
	Reasons to quit      Barriers to quitting      Reasons from parent or other people
	Set a quit date, if ready      Establish quit support
	<input type="checkbox"/> Prescription medications if appropriate:
Nicotine Replacement (CIRCLE):	patch      gum      lozenge      inhaler      nasal spray
Other (CIRCLE):	one pill (prescription)
<input type="checkbox"/>	ARRANGE follow-up: <input type="checkbox"/> Refer to 1-800-QUIT-NOW, which will connect the parent to the state <u>quitline</u> .

1-800-QUIT-NOW

- Aids clinician in conducting brief, evidence-based counseling with parent who smokes
- Shows clinician available medication options

# Step 5:

# ARRANGE

## CEASE

### Clinical Effort Against Secondhand Smoke Exposure

#### TOBACCO TREATMENT CHECKLIST


- ADVISE** smoker to quit. Recommended stop-smoking advice: *"I strongly advise you to quit smoking and establish a smoke-free home and car. I can help you."*
- ASSESS** readiness to quit:  Ready to quit     Thinking about quitting     Not ready to quit
- ASSIST** smoker to quit:
  - Brief counseling
    - Resources to quit    Efforts to quitting    Resources from local health care
    - Set a quit date, if ready    Telephone counseling
  - Prescription medications if appropriate:
    - Nicotine Replacement (CIRCLE): patch    gum    lozenge    Inhaler    nasal spray
  - Other (CIRCLE):    one pill (bupropion)
- ARRANGE** follow-up:  Refer to 1-800-QUIT-NOW, which will connect the parent to the state quitline.

1-800-QUIT-NOW


- Prompts arranging follow-up with your local quitline

# CEASE Written Materials for Parents who Smoke


**CEASE**



*Welcome*




**You've taken a first step for healthier lives for you and your family.**



**Smoking cessation experts will be calling you soon.**

**Welcome  
halflet  
reminds  
parents  
to expect  
a call  
from a  
quitline**


**CEASE**



*Think About It*



**Quitting smoking is one of the best things that you can do.**



**Your child's doctor and CEASE can help you quit.**

**Think  
About It  
halflet  
lists  
contact  
numbers  
for  
quitlines**

# CEASE Medication Guideline Poster

This practice is a proud participant of  
**CEASE**  
 Clinical Effort Against Secondhand Smoke Exposure



**Ask    Advise    Assess    Assist    Arrange**

Medication	Dose	Initial Dose	Treatment Duration
<b>PATCHES (OTC)</b>			
Nicotine Patch	Initial: 5 patch/10-12 hrs	Treatment Duration	
20 mg (patch/7 day) (10-12 mg/day)	7 mg (patch/7 day)	MAOC: Same as above	8 wks
<b>CHOM (OTC)</b>			
Nicotine Chom	Initial: 5 pieces every 1-2 hrs	Treatment Duration	
4 mg (20 mg/day) (1-20 mg/day)	2 mg (10 mg/day)	MAOC: 20 pieces/20 hrs	8-12 wks
<b>SMALL SUGARS</b>			
Nicorette SR	Initial: 5-10 mg/day	Treatment Duration	
10 mg/12 hr	5 mg/12 hr or 10 mg/24 hr	MAOC: 5 mg/12 hr or 10 mg/24 hr	3-6 mos
<b>TABLETS</b>			
Nicorette Transdermal	Initial: 0.4 mg/bridge/day	Treatment Duration	
18 mg/12 hr/bridge	18 mg/12 hr/bridge/day	MAOC: 18 mg/12 hr/bridge/day	3-6 mos
<b>LAZOVINE (OTC)</b>			
Transdermal	1 box/12 hrs (box 1-6)	Treatment Duration	
2 mg	1 box/12 hrs (box 7-9)		12 wks
8 mg	1 box/12 hrs (box 10-12)		
<b>NON-NICOTINE SUBSTITUTION</b>			
<b>BUPROPIONINE</b>			
Zyban	Initial: 150 mg/day (days 1-3)	Treatment Duration	
150mg tablets	300 mg/day (day 4-7)	MAOC: 300 mg/day	7-12 wks

Initiation of this adult dosage chart is steady for the convenience of the prescribing provider. Consult with the Physician/ Drug Educator for complete information and contraindications. This chart does not include information on insurance coverage for any of these medications. For insurance benefit coverage, contact insurance directly.

- Dosing guide for NRT and other cessation medication
- Reminds parents that NRT is available
- Direct to consumer marketing

# Sticker for Medical Record

Sticker for medical record

2005

Smoking status (circle those that apply)

Patient:  current  former  never

Mother:  current  former  never

Father:  current  former  never

Other:  current  former  never

# OFFICE FLOW

**Smoker**

**Non-smoker**

## Readiness Assessment

**CEASE**

Readiness Assessment

1. How interested are you in stopping smoking today?

Not at all  Somewhat  A lot  Not sure

2. How often do you think about stopping smoking today?

Every day  Several times a week  Once a week  A few times a month  Not often

3. How often do you think about stopping smoking today?

Every day  Several times a week  Once a week  A few times a month  Not often

## Clinician Counseling and Enrollment Sheet

**CEASE**

1888-QUIT-NOW

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Phone: \_\_\_\_\_

5. Email: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_

7. Sex: \_\_\_\_\_

8. Race: \_\_\_\_\_

9. Ethnicity: \_\_\_\_\_

10. Education: \_\_\_\_\_

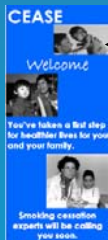
11. Occupation: \_\_\_\_\_

12. Insurance: \_\_\_\_\_

13. Other: \_\_\_\_\_

**Yes**

**No**



**Welcome halflet**



**Think about it halflet**

NRT Prescription

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

DOSE: \_\_\_\_\_

PRESCRIPTION: \_\_\_\_\_

**NRT Prescription**

# CEASE Implementation Guide

CEASE Implementation Guide www.ceasetobacco.org 617-724-3419 ceasetobacco@partners.org			
WHAT	WHEN	WHO	HOW
<b>Identify smokers and document smoking status</b> <ul style="list-style-type: none"> <li>CEASE Survey</li> <li>CEASE Station for Records</li> </ul>	<b>Suggested Times for Step 1:</b> <ul style="list-style-type: none"> <li>Through medical surveys</li> <li>At the front desk</li> <li>During vital signs</li> <li>During the clinical visit</li> </ul>	Typically, office staff at the front desk or medical assistant during vital signs  Who: _____	<ul style="list-style-type: none"> <li>Give parents a survey card.</li> <li>Document smoking status with sticker in problem list part of medical record.</li> <li>If the parent or other person in the household smokes, give them the questionnaire side of the enrollment form to fill out.</li> </ul>
<b>Talk with smoker about tobacco use</b> <ul style="list-style-type: none"> <li>CEASE "Think About It" Brochure</li> </ul>	<b>Suggested Times for Step 2:</b> <ul style="list-style-type: none"> <li>During the clinical visit</li> <li>During a consultation with a nurse or educational specialist</li> </ul>	Physician, nurse or other clinician  Who: _____	<ul style="list-style-type: none"> <li>Review the problem list before visit to identify if there is a smoker.</li> <li>Assess smoker to quit.</li> <li>Assess readiness to set a quit date in the next month. If not ready to quit, give smoker CEASE "Think About It" brochure.</li> <li>Ask if smoker would like to be enrolled in a free program to help them quit.</li> <li>Discuss other pharmacotherapy prescription.</li> </ul>
<b>Complete enrollment sheet</b> <ul style="list-style-type: none"> <li>Enrollment Sheet</li> <li>CEASE "Welcome" Brochure</li> </ul>	<b>Suggested Times for Step 3:</b> <ul style="list-style-type: none"> <li>During the clinical visit</li> <li>During a consultation with a nurse or educational specialist</li> </ul>	Physician, nurse or other clinician  Who: _____	<ul style="list-style-type: none"> <li>Obtain smoker's signature on the enrollment sheet.</li> <li>For the New York State Smokers' Quitline Fax-to-Quit (toll-free 1-844-877-3487) with call-after-date noted.</li> <li>Document that form was faxed and file in patient's medical record.</li> <li>Give smoker CEASE "Welcome" brochure.</li> </ul>
<b>Prescribe or recommend NRT pharmacotherapy</b> <ul style="list-style-type: none"> <li>CEASE pre-printed Prescription Pad</li> </ul>	<b>Suggested Times for Step 4:</b> <ul style="list-style-type: none"> <li>During the clinical visit</li> </ul>	Physician or nurse practitioner  Who: _____	<ul style="list-style-type: none"> <li>See the CEASE poster for dosing guidelines.</li> <li>Use pre-printed prescription pad to offer NRT to the parent who smokes.</li> </ul>
<b>Receive status reports and review</b> <ul style="list-style-type: none"> <li>Tobacco Services Treatment Report</li> </ul>	<b>Suggested Times for Step 5:</b> <ul style="list-style-type: none"> <li>After the clinical visit</li> </ul>	Designated personnel or quality assurance manager  Who: _____	<ul style="list-style-type: none"> <li>Upon arrival by fax, file reports in child's medical record.</li> </ul>

**CEASE At A Glance**  
www.ceasetobacco.org 617-724-3419 ceasetobacco@partners.org

**What is CEASE?**  
CEASE is a free program that helps child healthcare clinicians protect children and their families from the harms of tobacco smoke through the treatment of parents and others who smoke. Tobacco treatment services are offered through QuitWorks, a telephone counseling service.

**As a clinician, what do I do?**  
You offer:

- brief advice to those who smoke "I strongly advise that you establish a no-smoking policy in your home and care, and that you quit smoking."
- enrollment in CEASE "Would you mind if I enrolled you in the CEASE Program, a program that doubles your chances of quitting?"
- information and pre-printed prescriptions for nicotine replacement therapy (NRT) "Nicotine replacement therapy can ease withdrawal symptoms. Would you like more information on NRT?"

**How does CEASE work?**  
Five Easy Steps outline the program.

**How can I help teen patients who smoke?**  
While CEASE does not focus on teens, CEASE aids teen smokers by referring them to local treatment programs and providing them with age appropriate materials. As well, the American Lung Association's Not On Tobacco (N-O-T) program aids teen smokers in quitting tobacco. A brochure for teens from the N-O-T program is included in this packet.

**Where can I learn more about NRT?**  
More information is available from:  
• Tobacco treatment guidelines from the Public Health Service, visit: [www.surgeongeneral.gov/tobacco](http://www.surgeongeneral.gov/tobacco)  
• Information on treating tobacco dependence, visit: [www.treattobacco.net](http://www.treattobacco.net)

**How can I learn more about parents and others who smoke and children?**  
The American Academy of Pediatrics ([www.aap.org](http://www.aap.org)) has more information about the harmful effects of smoking. The QuitWorks website ([www.quitworks.org](http://www.quitworks.org)) has more information about QuitWorks.

For further information, contact the CEASE program office:  
www.ceasetobacco.org 617-726-3419 ceasetobacco@partners.org

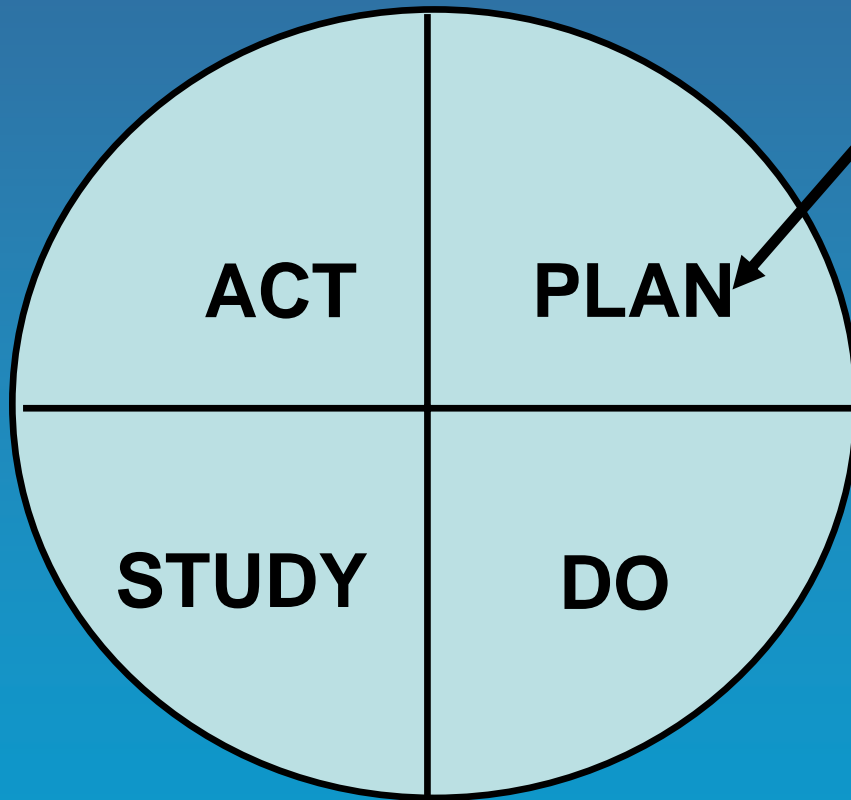
- Implementation training materials for staff
- Further information on CEASE
- Additional resources

# Thoughtfully Implementing a Systems Change Module

- Understand your current system
  - Research the areas most in need of change in your practice
  - Document all changes for future review
  - Familiarize yourself with the PDSA (Plan, Do, Study, Act) cycle
-

# PDSA

## Plan, Do, Study, Act

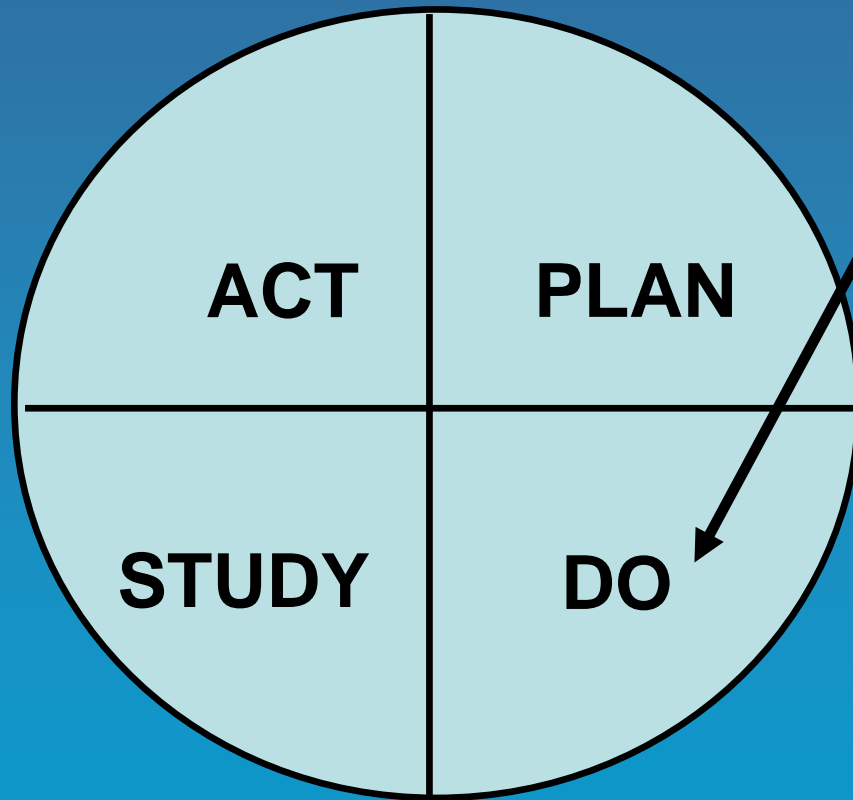


Prepare a plan for implementing the new program.

- Address staff concerns
- Prepare materials
- Set a date for one parent test

# PDSA

## Plan, Do, Study, Act



Test the program, addressing the needs of one parent.

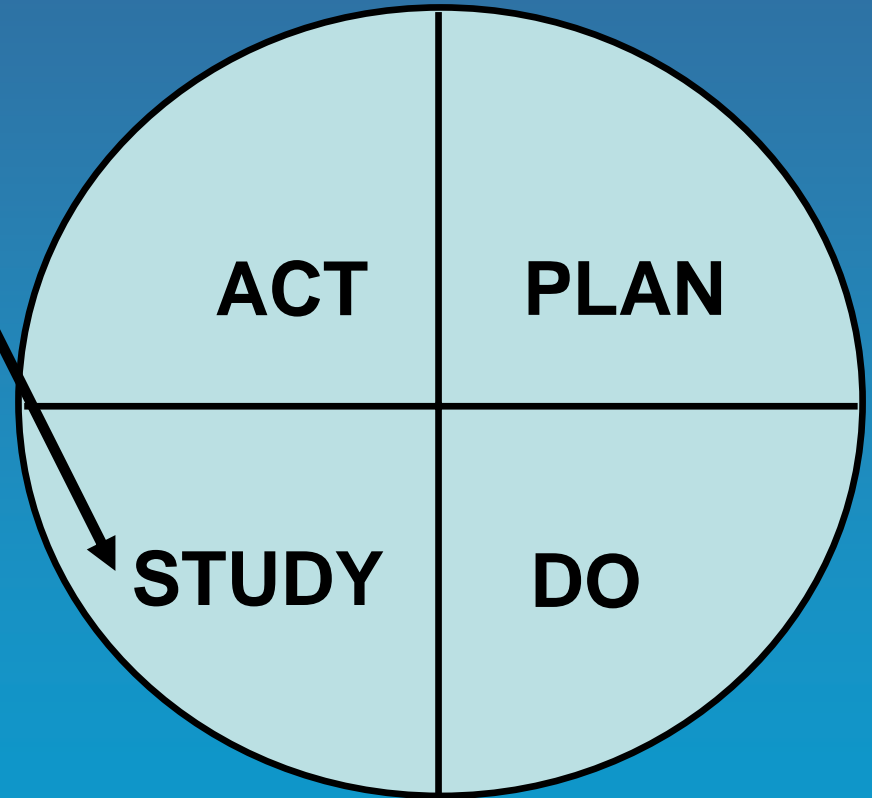
- Observe flow of program in the office
- Note places for improvement

# PDSA

## Plan, Do, Study, Act

**Study the results from the one parent implementation.**

- What areas should be improved?
- What changes need to be made for a full implementation?

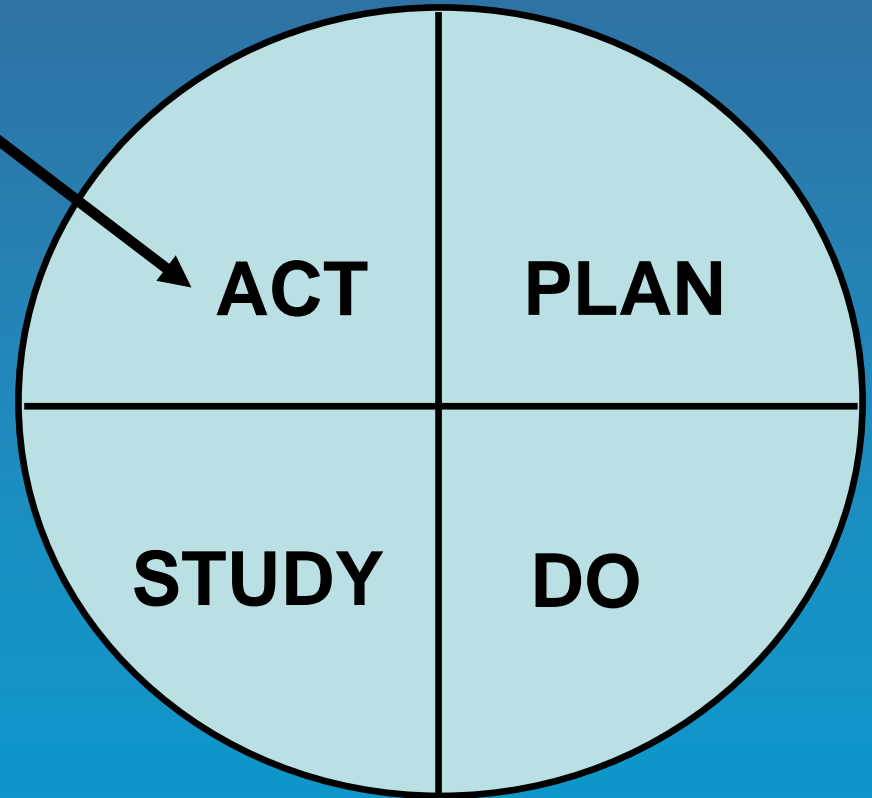


# PDSA

## Plan, Do, Study, Act

Implement the program in the entire practice.

- Inform staff
- Prepare materials
- Make any needed changes to the office system
- Prepare a routine review cycle



# Implementing a Parental Tobacco Control Plan: Potential Barriers and Solutions

- **Cost**
    - Some health insurance companies will allow up-coding for tobacco cessation counseling for parents
    - No cost to use CEASE manual
    - No cost to use state and local resources
  - **Time**
    - Even brief advice to quit has been shown to be effective
-

# Implementing a Parental Tobacco Control Plan: Potential Barriers and Solutions

- **Therapeutic relationship**
    - Pediatricians treat other illnesses in families (scabies, lice, meningococcal prophylaxis)
    - Treatment of parental tobacco addiction can begin with brief counseling and enrollment in expert resources when desired by smoker
  - **Parental response**
    - Parents who smoke believe that providing tobacco treatment for parents is part of the child healthcare clinician's job
-



# **Collaborative discussion about barriers and solutions**

---