



CALIFORNIA ASSOCIATION of  
**PUBLIC HOSPITALS  
AND HEALTH SYSTEMS**



CALIFORNIA HEALTH CARE  
**SAFETY NET INSTITUTE**

# **PRIME REQUIRED PROJECT IMPLEMENTATION WEBINAR**

**Webinar Series 2: Successful Approaches to Disease  
Management and Screening**

**Tobacco Assessment and Counseling: Operational Practices  
and Resources**

Friday, January 20, 2017; 12:00-1:00pm

Recording link:

<https://safetynetinstitute.webex.com/safetynetinstitute/lsr.php?RCID=9770ad73b8104672a4615629bdce4ac7>

# Agenda

Time	Topic	Lead(s)
12:00-12:05	<b>Opening</b> PHS background on metric	Giovanna Giuliani, Executive Director, SNI
12:05-12:55	Tobacco Assessment and Counseling: Operational Practices and Resources  Q&A	Elisa Tong, MD, Associate Professor of Medicine, UC Davis
12:55-1:00	<b>Resources</b> <b>Closing</b>	Giovanna Giuliani,

# Housekeeping



Please mute locally



At any time, feel free to chat your question & we will read out



Webinar will be recorded

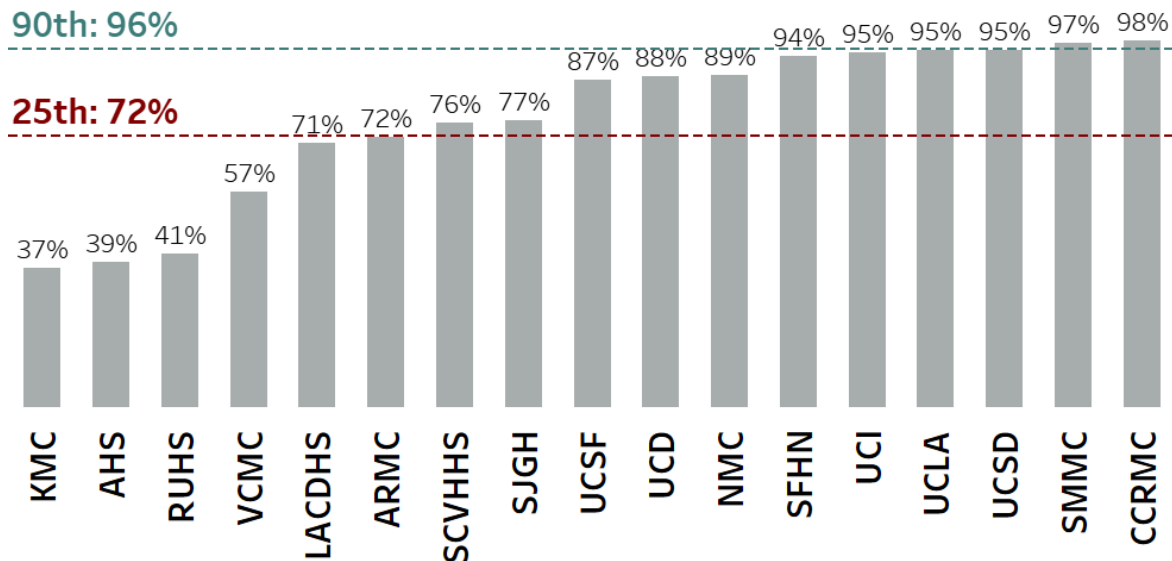


Deck & tools will be saved on [SNI Link](#)

# PHS Performance

## Tobacco Assessment and Counseling (Metrics 1.1.6, 1.2.14 and 1.3.7)

### Tobacco Assessment & Counseling P4P





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# Tobacco Quality Metric for PRIME: Assessment and Counseling



Elisa Tong, MD, MA  
Associate Professor of Internal Medicine  
University of California, Davis

January 20, 2017

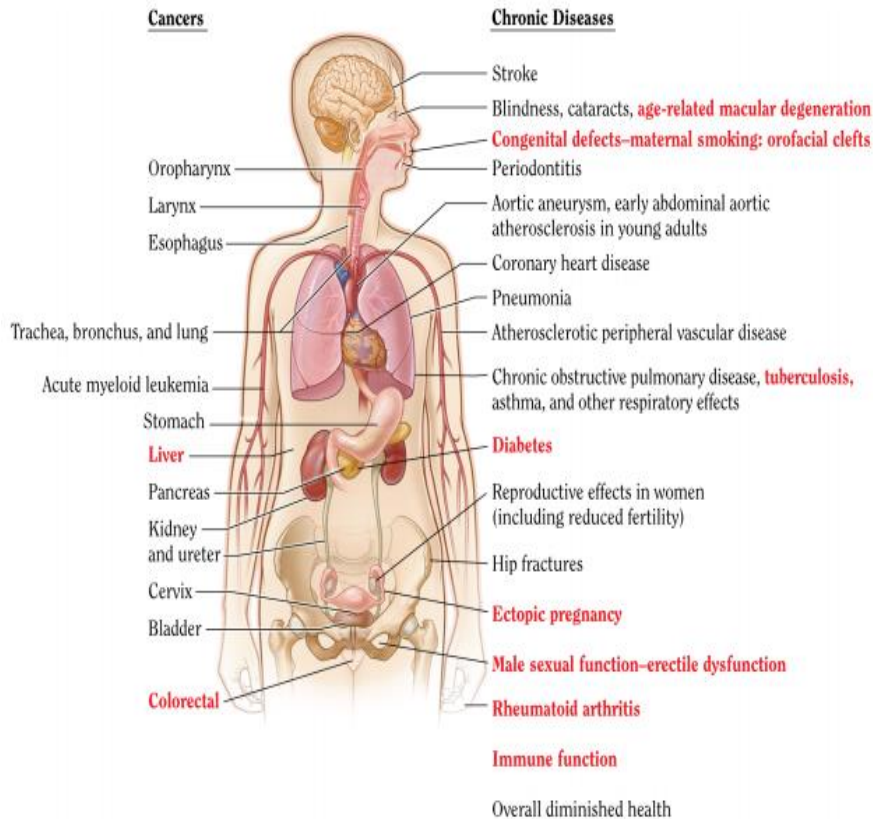
Webinar for California Health Care Safety Net Institute, CAPH

# Objectives

- Tobacco Cessation Evidence
- Assessment of Tobacco Status
- Counseling Tobacco Users
- Resources



# Tobacco Causes & Worsens Disease



Leading preventable cause of disease and death (Surgeon General 2014)

- About 480,000 deaths annually
  - Over 41,000 nonsmokers
- Cardiovascular > cancer

Causes more disease

- Cancer: liver, colorectal
- Diabetes (type 2)
- Rheumatoid arthritis

Worsens treatment

- Poor surgical healing
- Increases infections
- Medication control of disease including psychiatric meds

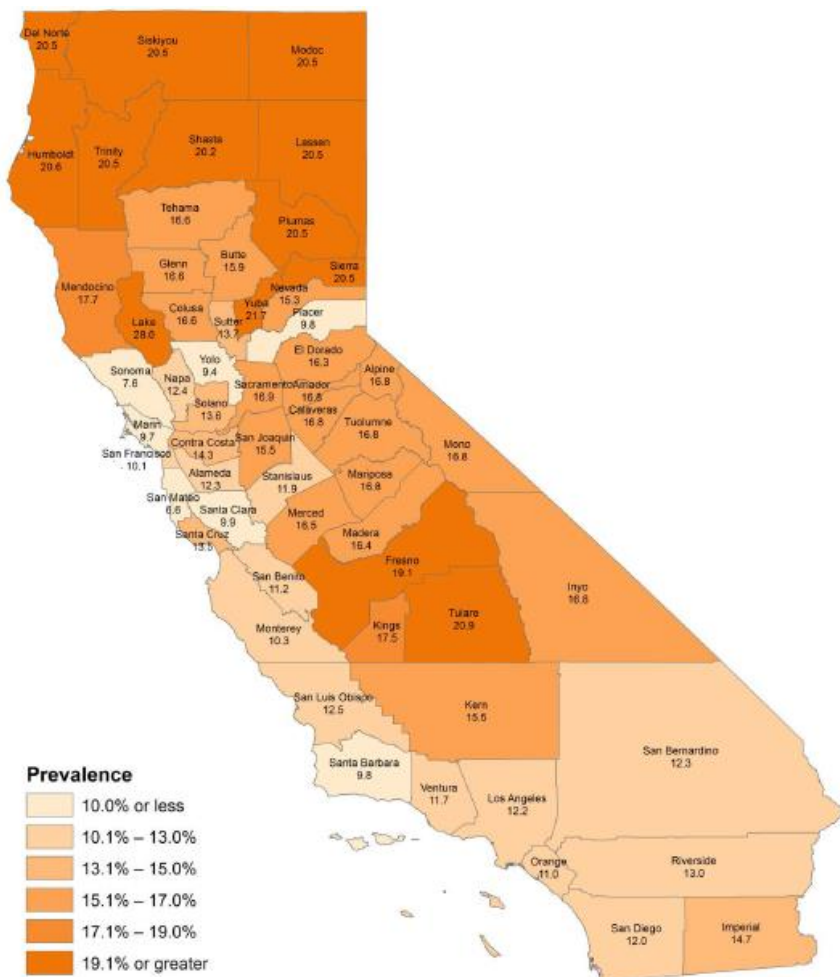
# Over 3 Million Smokers in California

CA prevalence: 11.6% (CHIS 2012-4)

- Sacramento: 16.9%

Higher in subgroups (CHIS 2009)

- Low SES (white/African Am): 24%
- Am Indian, Asian men: 20-30%
- LGBT: 19%
- Mental health/alcohol/drug: 24%
- Cancer\*: 16% (any), 22% (tob-rel)



Note: Respondents aged 18+ were asked to report current cigarette smoking behavior.  
Source: California Health Interview Survey, 2012–2014.

Light and passive smoking

- 1 in 3 CA smokers: not daily
- 53% nonsmokers recent exposure

<http://tobaccofreeca.com/wp-content/uploads/2016/10/2016-California-Tobacco-Facts-Figures.pdf>;

\* Among 29% CCR data available: [http://bit.ly/CDOC\\_CalltoAction](http://bit.ly/CDOC_CalltoAction)



# \$18 Billion in Smoking Costs in California

## Cost of Smoking by Type of Cost and Gender, California, 2009

Type of Cost & Gender	Amount (thousands)	Percent Distribution	Per Resident	Per Smoker
Total	\$18,058,012	100.0	\$487	\$4,603
Direct Cost	9,830,115	54.4	265	2,505
Hospital	4,310,875	23.9	116	1,099
Ambulatory*	2,058,077	11.4	56	525
Nursing home care	1,517,363	8.4	41	387
Prescriptions	1,149,527	6.4	31	293
Home Health	794,273	4.4	21	202
Indirect Lost Productivity	8,227,898	45.6	222	2,097
Illness	1,430,618	7.9	39	365
Premature Death**	6,797,280	37.6	183	1,732

## The Influence of Obesity, Alcohol Abuse, and Smoking on Utilization of Health Care Services

Klea D. Bertakis, MD, MPH; Rahman Azari, PhD

Summary of Obesity, Alcohol Abuse, and Smoking  
Significant Predictors of Health Care Utilization  
(Controlling for Physical and Mental Health Status,  
Depression, Age, Education, Income, and Gender)

	<i>Obesity</i>	<i>Alcohol Abuse</i>	<i>Smoking</i>
Number of primary care visits	$P=.0044$	—	—
→ Number of specialty care visits	—	—	$P=.0176$
Number of emergency department visits	—	$P=.0428$	—
→ Number of hospitalizations	—	—	$P=.0186$
Number of diagnostic services	$P=.0209$	$P=.0038$	—
Primary care clinic charges	$P=.0262$	—	—
Specialty care clinic charges	—	—	—
→ Emergency department charges	—	—	$P=.0358$
→ Hospitalization charges	—	—	$P=.0005$
Diagnostic services charges	—	—	—
→ Total charges	—	—	$P=.0179$

(Fam Med 2006;38(6):427-34.)

**Significant  
economic burden of  
smoking at 1 year**

- 509 new UCD adult patients randomly assigned to PCP and measured medical service utilization for 1 year
- 10% higher total charges than nonsmokers

# Quitting Benefits

Cardiovascular and pulmonary benefits are immediate

Cancer risk lowered after a few years

Reducing cigarettes not enough

- Nicotine compensation
- Stable nondaily pattern

## How does your body recover after quitting...

20  
minutes



Your heart rate and blood pressure drop.

12  
hours



The carbon monoxide level in your blood drops to normal.

2-3  
weeks months



Your circulation improves and your lung function increases.

1-9  
months



Coughing and shortness of breath decrease; cilia start to regain normal function in the lungs, increasing the ability to handle mucus, clean the lungs, and reduce the risk of infection.

1  
year



The excess risk of coronary heart disease is half that of a continuing smoker's.

5  
years



Risk of cancer of the mouth, throat, esophagus, and bladder are cut in half. Cervical cancer risk falls to that of a non-smoker. Stroke risk can fall to that of a non-smoker after 2-5 years.

10  
years



The risk of dying from lung cancer is about half that of a person who is still smoking. The risk of cancer of the larynx (voice box) and pancreas decreases.

15  
years

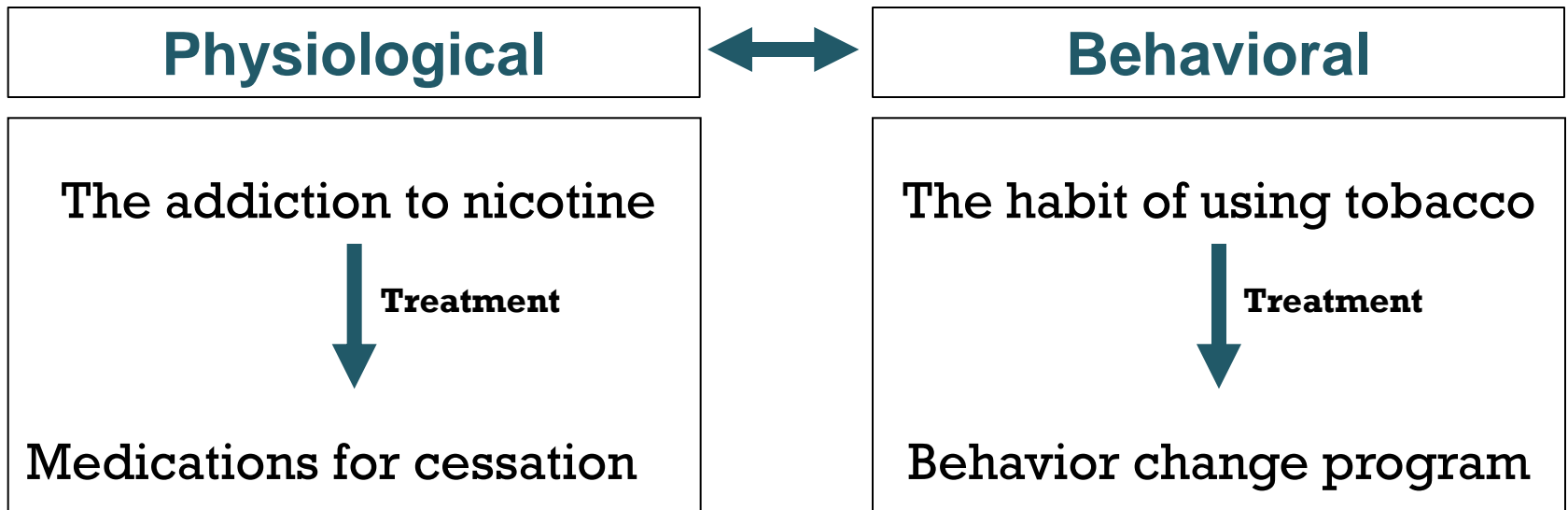


The risk of coronary heart disease is that of a non-smoker's.



# Tobacco Dependence: A 2-part Problem

## Tobacco Dependence



If at first you don't succeed...



**QUIT, QUIT AGAIN.**

CALIFORNIA  
SMOKERS' HELPLINE  
**1-800-NO-BUTTS**

# The 5 A' s of Tobacco Treatment

ASK

about tobacco USE and EXPOSURE

ADVISE

tobacco users to QUIT

ASSESS

READINESS to make a quit attempt

ASSIST

with the QUIT ATTEMPT

ARRANGE

FOLLOW-UP care

## Original Investigation

# National survey of U.S. health professionals' smoking prevalence, cessation practices, and beliefs

Elisa K. Tong, M.D.,<sup>1</sup> Richard Strouse, B.A.,<sup>2</sup> John Hall, J.D., M.S.,<sup>3</sup> Martha Kovac, M.P.H.,<sup>3</sup> & Steven A. Schroeder, M.D.<sup>4</sup>

	Primary care physician (n = 437)	Emergency medicine (n = 408)	Psychiatry (n = 400)	Registered nurse (n = 388)
Ever ask if patient smokes <sup>a,b</sup>	427 (97.7)	406 (99.5)	382 (95.4)	339 (87.3)
Advises smokers to stop smoking <sup>a</sup>	405 (94.9)	331 (81.7)	305 (80.3)	222 (65.6)
Assesses smokers if interested in quitting <sup>a</sup>	361 (84.8)	158 (38.7)	276 (72.7)	175 (52.2)
Assists smokers to quit				
Sets quit date <sup>a</sup>	257 (63.7)	65 (16.4)	103 (28.9)	78 (24.5)
Refer cessation program <sup>a</sup>	203 (46.7)	107 (26.1)	161 (40.0)	132 (34.0)
Provides material with quitline information <sup>a</sup>	235 (54.5)	121 (29.1)	119 (30.0)	191 (49.4)
Discuss medication <sup>a</sup>	289 (68.5)	59 (14.5)	242 (63.8)	N/A <sup>c</sup>
Arranges follow-up <sup>a</sup>	98 (23.1)	5 (1.3)	76 (20.6)	27 (8.0)

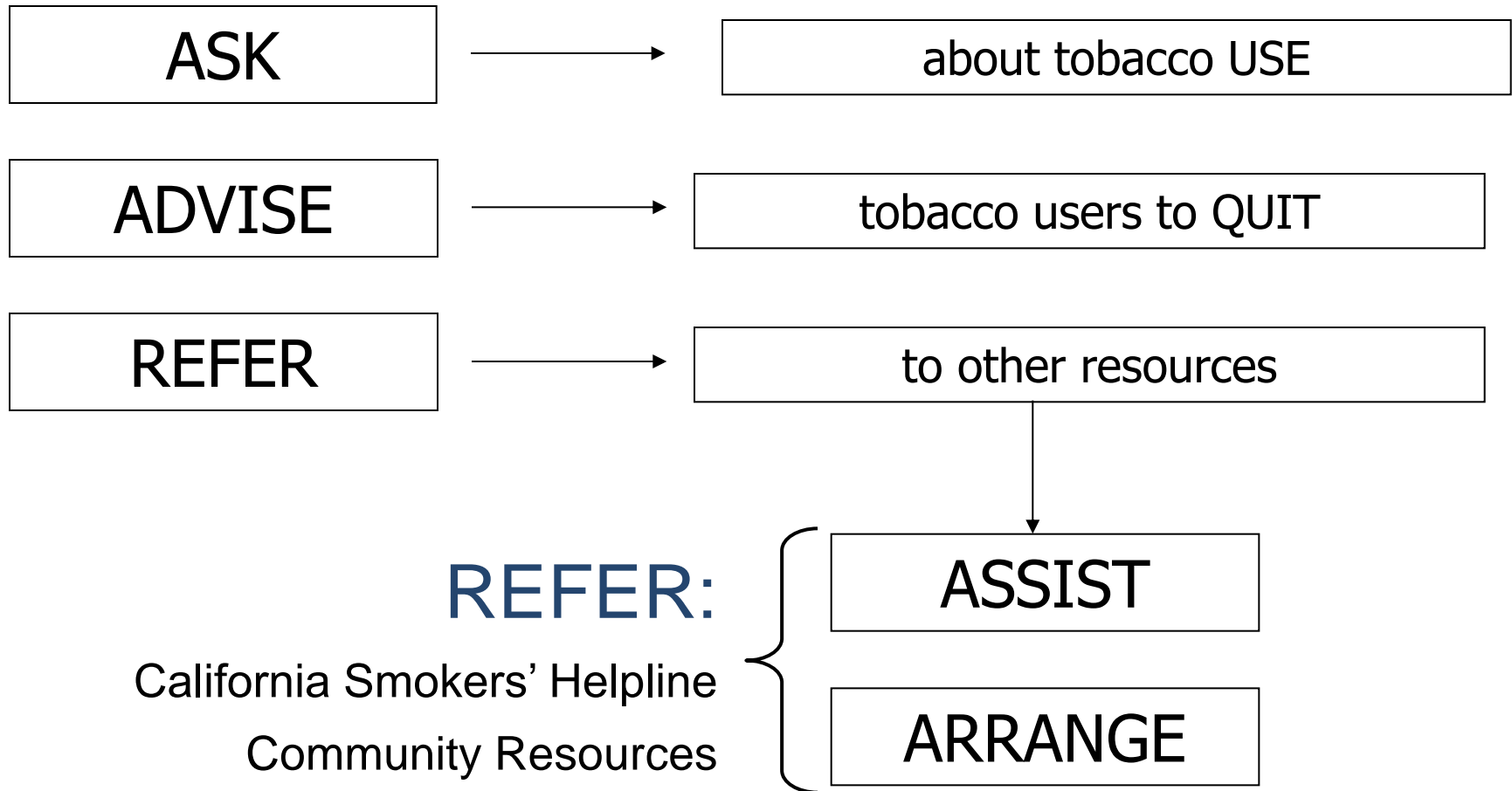
## Barriers to 5 A's

- Competing priorities
- Believing counseling not appropriate service
- Uncomfortable asking if smoke
- Not being a PCP
- Smoker
- \*68% PCPs agree limited or no reimbursement

## Facilitators of 5 A's

- Believing treatment important as a professional responsibility
- Awareness of PHS Guidelines
- Had cessation training

# Ask, Advise, Refer



# California Smokers' Helpline



Free telephone counseling to develop a quit plan

- Operated by UC San Diego
- Free nicotine patch offers

## *Services:*

- Self-help materials, referral to local resources, certificate for med coverage
- Clients receive up to six follow-up sessions with a counselor
- Languages: English, Spanish, Chinese, Korean, Vietnamese
- M-F 7am-9pm; Sat/Sun 9am-5pm





# EVIDENCE OF REAL-WORLD EFFECTIVENESS OF A TELEPHONE QUITLINE FOR SMOKERS

SHU-HONG ZHU, PH.D., CHRISTOPHER M. ANDERSON, B.A., GARY J. TEDESCHI, PH.D., BRADLEY ROSBROOK, M.S.,  
CYNTHIA E. JOHNSON, B.A., MICHAEL BYRD, M.A., AND ELSA GUTIÉRREZ-TERRELL, M.A.

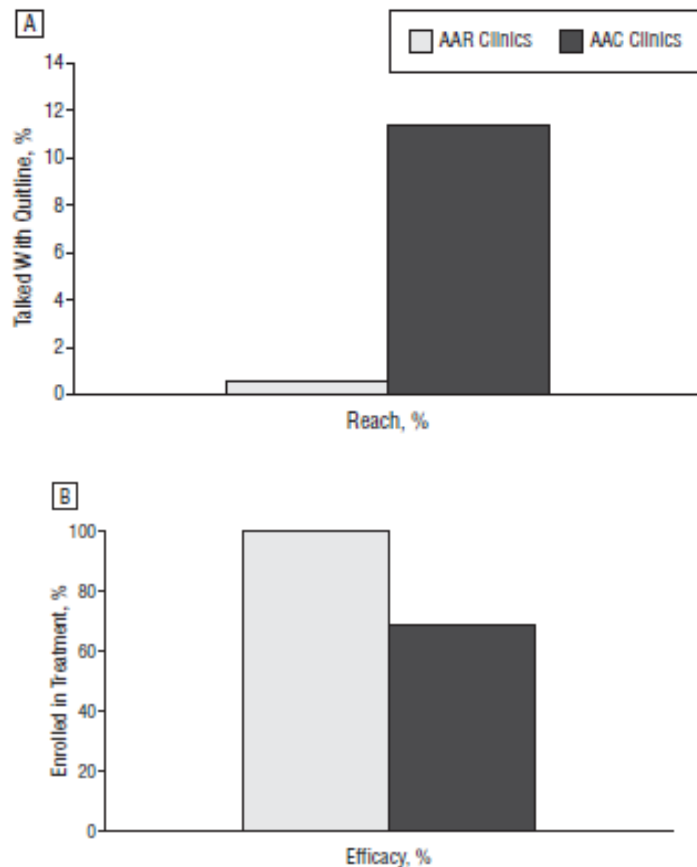
**TABLE 2. RATES OF PROLONGED ABSTINENCE ACCORDING TO  
THE INTENTION-TO-TREAT ANALYSIS.\***

STUDY GROUP	LENGTH OF ABSTINENCE†			
	1 MO	3 MO	6 MO	12 MO
	percent of subjects			
Control (n=1309)	16.5	12.1	8.6	6.9
Treatment (n=1973)	23.7	17.9	12.8	9.1
Subgroup analysis				
Control				
Control subgroup B (self-help, n=846)	9.6	6.7	5.2	4.1
Control subgroup A (counseling, n=463)	29.2	21.6	14.9	11.9
Treatment‡				
Treatment subgroup B (counseling, n=1275)	20.7	15.9	11.7	7.5
Treatment subgroup A (counseling, n=698)	29.2	21.6	14.9	11.9

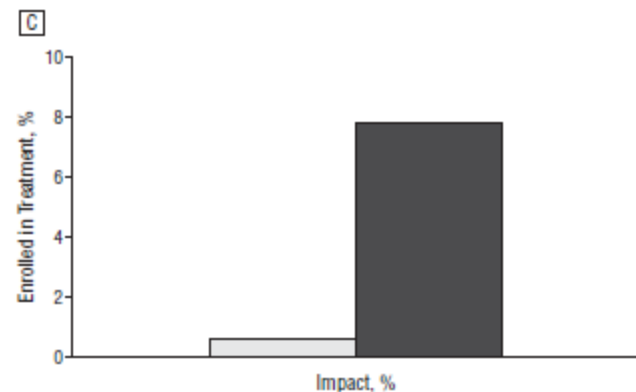
# Ask-Advise-Connect

## A New Approach to Smoking Treatment Delivery in Health Care Settings

Jennifer Irvin Vidrine, PhD; Sanjay Shete, PhD; Yumei Cao, MS; Anthony Greisinger, PhD; Penny Harmonson, BS; Barry Sharp, MS; Lyndsay Miles, MA; Susan M. Zbikowski, PhD; David W. Wetter, PhD



**13-fold increase in cessation treatment enrollment with Ask Advise Connect**  
(7.8% Ask Advise Connect vs. 0.6% Ask Advise Refer)



**Figure 3.** Effects of the Ask-Advise-Connect (AAC) and Ask. Advise. Refer. (AAR) approaches. A, Reach, calculated as the proportion of smokers identified who talked with the quitline. B, Efficacy, calculated as the proportion of smokers who talked with the quitline and then enrolled in treatment. C, Impact, calculated as reach × efficacy.

# UC QUILTS VISION

To address tobacco cessation  
at every UC Health encounter

## The UC Quits Network



# Aims of UC Quits

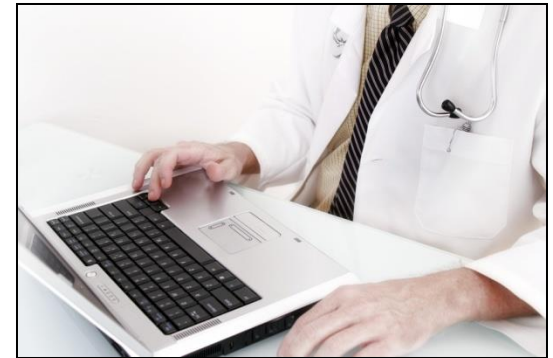
To build capacity through a UC-wide Tobacco Cessation Network

To create technological modifications to each UC EMR

- Yr 1: eReferral to California Smokers' Helpline
- Yr 2: Order sets and alerts

To conduct outreach and education across departments and nursing staff

- Yr 1: IM, FP, peds, nursing
- Yr 2: Surgery, psychiatry, ob/gyn, ED



# Objectives

- Tobacco Cessation Evidence
- **Assessment of Tobacco Status**
- Counseling Tobacco Users
- Resources



# PRIME Tobacco Quality Metric

## National Quality Forum

### PRIME 1.1, 1.2, 5

- **NUMERATOR:** Patients who were screened for tobacco use at least once during the two-year measurement period AND who received tobacco cessation counseling intervention, if identified as a tobacco user.
- **DENOMINATOR:** PRIME Eligible Population, aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period

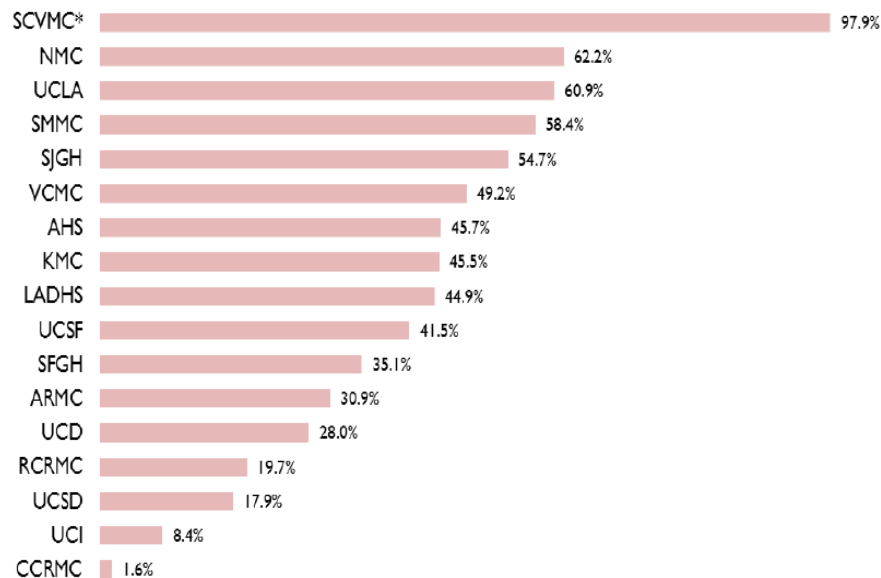
### PRIME 1.3

- **NUMERATOR:** Patients who were screened for tobacco use at least once during the two-year measurement period AND who received tobacco cessation counseling intervention, if identified as a tobacco user.
- **DENOMINATOR:** PRIME Eligible Population, AND who have received a face-to-face PRIME Entity Specialty Care visit at least once during the period

# Tobacco Metric: 2012 to 2016

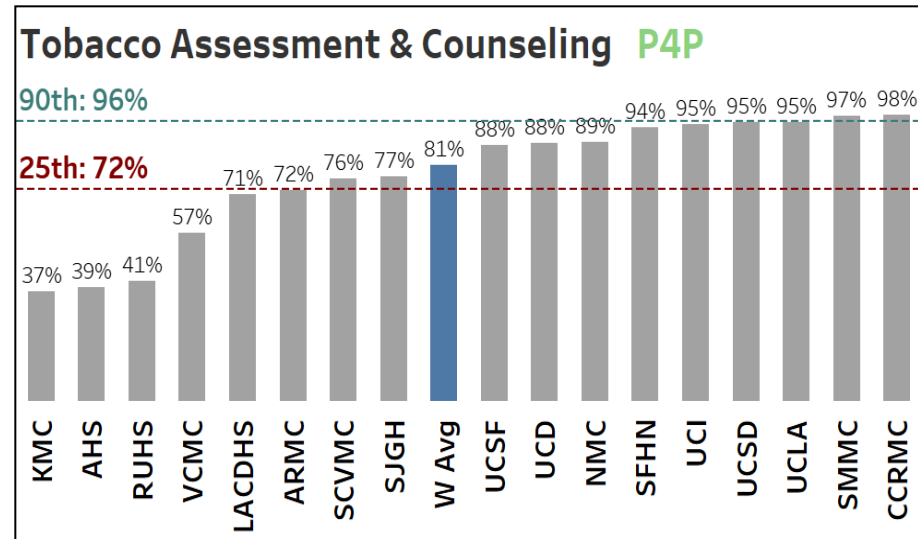
## DSRIP 2012

Figure 15: Preventive Health – Tobacco Cessation



\*Paneled patients only

## PRIME Baseline 2016



# Capturing Tobacco Status

## WHERE

- Tobacco History with timestamp
- ICD-10 Codes

### ICD-10 codes:

- **F17.2** (nicotine dependence),
- **099.33** (smoking complicating pregnancy, childbirth, and the puerperium),
- **P04.2** (newborn affected by maternal use of tobacco),
- **P96.81** (exposure to environmental tobacco smoke in the perinatal period),
- **T65.2** (toxic effect of tobacco and nicotine),
- **Z57.31** (occupational exposure to environmental tobacco smoke),
- **Z71.6** (tobacco use counseling, not elsewhere classified),
- **Z72** (tobacco use not otherwise specified (NOS),
- **Z77.2** (contact with and exposure to environmental tobacco smoke), and
- **Z87.8** (history of nicotine dependence).

## WHO

- Intake staff
  - Medical Assistant
  - Nursing
  - Front desk
- Provider



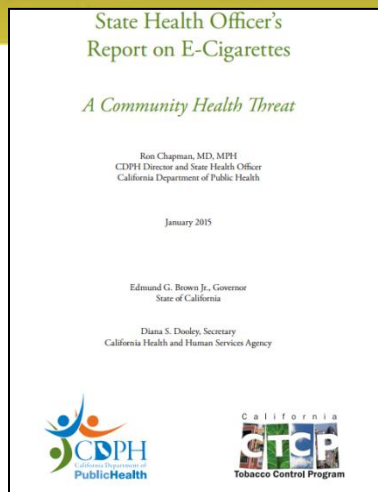
# UCD: Tobacco Status and History

- Ask past 30 day use or exposure
  - Current (Daily or Not Daily), Former, Passive, Never

*“Have you used tobacco, including electronic devices, or been exposed to smoke in the past month?”*

<b>SnapShot</b> Chart Review Care Everywhe... Review Flows... Results Review Allergies <b>History</b> Problem List Demographics Letters Forms	GENERAL	<b>Substance &amp; Sexuality</b>			
	Medical	Smoking Status:	Former Smoker	Smokeless Tobacco:	Never Used
	Surgical	Start Date:	<input type="text"/>	Types:	Snuff Chew
	Family	Quit Date:	<input type="text"/>	Quit Date:	<input type="text"/>
	SOCIAL	Types:	Cigarettes Pipe Cigars e-Cigarettes		
	<b>Substance &amp; Sex...</b>		Vapor Cigarettes Hookah		
	ADL and other Co...	Packs/Day:	0.10		
	Social Documenta...	Years:	20.00	Pack Years: 2	
	Socioeconomic	Counseling Given:	Yes No		
	SPECIALTY	Comments:	recently quit smoking		
Birth					

# E-cigarettes = Tobacco product



## What's in them?

- Not water vapor, but propylene glycol
- Carcinogens and heavy metals
- "No nicotine" label not meaningful
- Recent FDA regulatory authority (5/2016)

## Not FDA-approved for tobacco cessation

- Trials to date do not show better than approved cessation meds

## Health concerns

- Dual use discouraging cessation
- Pulmonary disease
- Youth uptake
- Poisonings, explosions
- Environmental exposure

# Objectives

- Tobacco Cessation Evidence
- Assessment of Tobacco Status
- Counseling Tobacco Users
- Resources



# Capturing Tobacco Counseling

## WHERE

- Tobacco History
- Medication orders
- Referral orders
- Alerts (Health Maintenance)
- Hospital orders & education
  
- CPT billing codes for documented counseling
  - 3-10 minutes (intermediate)
  - >10 minutes (intensive)

## WHO

### Providers

- MD
- Nursing
- Pharmacists
- Respiratory therapists
- Health educator

# UCD/UCSF outpatient workflow examples

## MD-driven (UCD)

- 1) MA/MD updates tobacco status
- 2) MD orders meds or referrals during visit with smartset or order search
- 3) MD documents annual counseling in HM

## Team-assisted (UCSF)

- 1) MA identifies smoker with black dot on EMR schedule for pre-clinic huddle
- 2) MD has option to order LVN brief counseling post-visit
  - LVN can pend eReferral to quitline or Fontana tobacco center



# UCI outpatient workflow example

- 1) MA/nursing: identifies tobacco status and provides Helpline pamphlet
  - Consents Helpline and trigger Helpline referral order
    - May also trigger pharmacist referral order (anti-coag) if need in-person
  - Update EMR “Health Manager” with quit date
- 2) MD documents plan and may order meds
- 3) Follow-up by MD/staff:
  - MD reviews Helpline results and has staff message patient about results and EMMI web-based video link
  - Automatically send new Helpline order if still smoking at follow-up, previous consent, and no eReferral in past 12 months



# UCD: Smoking Cessation Smartset

## ▼ SMOKING CESSATION for Ambulatory Only

Advise to QUIT	Close	
> Counseling Tips - Advise		
▼ Tobacco Cessation Counseling		
<input checked="" type="checkbox"/> TOBACCO USE ASSESSED Historical, Routine		
<input type="checkbox"/> TOBACCO COUNSELING 3-10 MINUTES & PROG NOTE FOR BILLING		
<input type="checkbox"/> TOBACCO COUNSELING >10 MIN & PROG NOTE FOR BILLING		
Assist Quit Attempt (Medications)		Close
- Medication Reference Handout		
- Nicotine Prescription Form for Household Smokers		
> Prescribing Tips - Assist		
▼ Combination Nicotine Replacement Therapy for Heavy Smokers (more than 10 cigarettes daily)		
<b>Choose the Nicotine Patch Taper order and one medication (gum or lozenge)</b>		
<input type="checkbox"/> Nicotine 21-14-7 mg/day Patch Sequential Taper		
<input type="checkbox"/> Gum or Lozenge (Choose one medication)		
> Monotherapy for Heavy Smokers (more than 10 cigarettes daily)		
> Monotherapy for Light Smokers (between 5 to 10 cigarettes daily)		
> Monotherapy for Low-level Smokers (less than 5 cigarettes daily)		
Arrange Follow Up & Referrals		Close
- UC Quits Patient Flyers and Resources		
- Quit Tobacco Resources Class Schedule		
> Ordering Tips - Arrange		
▼ Referrals		
<input type="checkbox"/> SMOKING CESSATION - QUITLINE		
<input type="checkbox"/> SMOKING CESSATION - 2 hr WORKSHOP		
<input type="checkbox"/> SMOKING CESSATION - 8 Class SToP series (UCDHS PCP required)		
<input type="checkbox"/> Nicotine dependence [F17.200] <a href="#">Details</a>		

## CPT codes\*

- 99406 (intermediate)  
3-10 min counseling
- 99407 (intensive)  
>10 min counseling

## Reference links

## Meds & Referrals

# UCD: Order Panel

## ▼ SMOKING CESSATION FULL PANEL

[Remove Group](#)

1. COUNSEL: Select "3-10" or ">10 min" for progress note text and additional billing.
2. MEDS: Use "Medication Handout" or print "Nicotine Prescription Form for Household Smokers"
3. ARRANGE F/U: Select "Quitline" and/or "UCD class" to have patient contacted directly.

[Medication Reference](#)

[Nicotine Prescription Form for Household Smokers](#)

[UC Quits](#)

☐ SMOKE/TOBACCO COUNSELNG 3-10

Internal Referral, Routine

☐ SMOKE/TOBACCO COUNSELING >10

☐ Nicotine 21 mg/day Patch

Disp-28 patch, R-1, Pharmacy

☐ Nicotine 14 mg/day Patch

Disp-28 patch, R-1, Pharmacy

☐ Nicotine 7 mg/day Patch

Disp-28 patch, R-1, Pharmacy

☐ Nicotine 2 mg Gum

Disp-220 each, R-2, Pharmacy

☐ Nicotine 4 mg Gum

Disp-220 each, R-2

☐ Nicotine (NICORETTE) 2 mg Lozenge

Disp-216 lozenge, R-2

☐ Nicotine 4 mg Lozenge

Disp-216 lozenge, R-2



# UCD: Health Maintenance Alert

Allergies  
Penicillins

HM: Due

Code: Not on file  
AD Scan: None

← →

Health Maintenance

?

Close

Snapshot

Chart Review

Care Everywhere...

Review Flows...

Results Review

Allergies

History

Problem List

Demographics

Letters

Postpone

Remove Postpone

Override

Remove Override

Document Past Immunization

Exclude

Edit Frequency

Edit Modifiers

Report

More

!! New data from outside sources are available for reconciliation. Health Maintenance topics may not be up-to-date.

Reconcile outside data on the chart. Allergies Medications Problems

	Due Date	Topic	Frequency	Date Completed				
1	2/25/1959	TOBACCO COUNSELING ANNUAL	1 year(s)					
1	2/25/2009	COLONOSCOPY	10 year(s)					
1	9/1/2016	INFLUENZA	8 month(s)	10/2/2015 (Done...				
	Addressed	TDAP	Once	8/11/2015 (Done...				
	Completed	HIV SCREENING	Once	9/22/2015				
	Completed	HEPATITIS C SCREENING	Once	12/30/2015	12/30/2015	11/19/2015	11/19/2015	11/7/2015

Health Maintenance Override - TOBACCO COUNSELING ANNUAL

Reason:

Done today

Patient declined

Previously completed

Satisfied on:

!

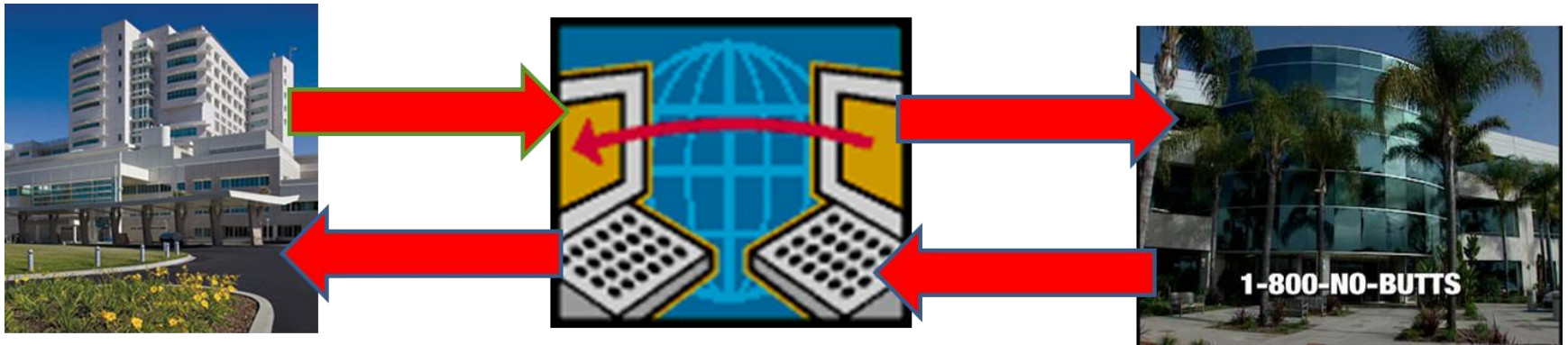
Today

Comment:

Accept

Cancel

# Two-way eReferral to Helpline



- Provider enters quitline eReferral order (outpatient or inpatient)
- Helpline calls patient in 1-2 business days
- Provider receives ongoing Results message about Helpline calls and smoking status (at time of call)

# 1) Provider Enters Order

Place orders (Enc Date: 1/20/2017) - Wt: (Not entered for this visit) Ht: (Not entered for this visit) ? Resize

Association Pref List OP Pharmacy Providers References Open Orders Pending Orders Sign Orders Calculator Routing Interactions

New order:  Search Next Edit Multiple  
Phases of Care

**New order defaults** Not using defaults

**No Phase of Care (1 Order)**

**SMOKING CESSATION - QUITLINE** Accept Cancel Remove

Who is this referral intended for? Patient Household Smoker (Enter Comments)

Patient Consented for this Referral? Yes No

Patient Contact Phone #

Best Day/Time to Reach Morning Afternoon Evening

Patient Preferred Language? English English Spanish Chinese (Mandarin)

Comments (F6): abc Insert SmartText ← → ↶ ↷

Patient or patient's guardian (if under 18) has agreed to have California Smokers' Helpline contact him for help with a quit plan or more information about quitting smoking. Patient or Patient's guardian (if under 18) has also agreed that the California Smokers' Helpline will provide his health care provider with the result of his participation including whether they declined service or were unable to be reached.

The California Smokers' Helpline (1-800-NO-BUTTS) is a free statewide quit smoking service operated by the University of California San Diego's Moore's Cancer Center. The Helpline offers self-help materials, referral to local programs, and one-on-one, telephone counseling to quit smoking. Helpline services have been

Accept Cancel Remove

## 2) Provider Gets Results Message

**Message**

Forwarded Results

**SMOKING CESSATION - QUIT LINE** Status: **Preliminary result** MyChart: **Not Released** Next appt with me: **None** Dx: **Needs smoking cessation education**

**Notes Recorded by Quang Ngo, MD on 3/12/2013 at 1:52 PM**  
Forwarded Results

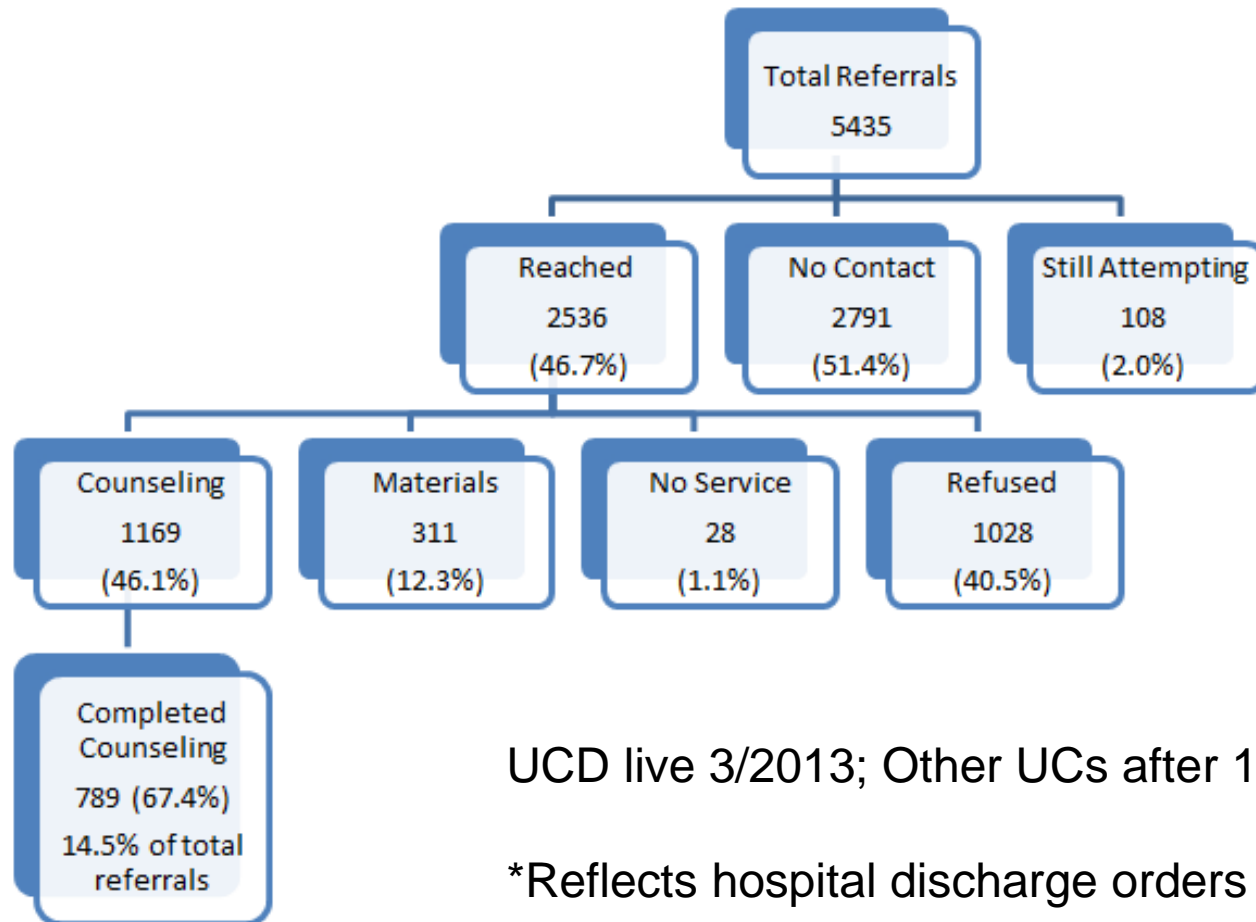
**Result Narrative**

3-12-2013 -  
The patient has scheduled a counseling session for 03-15-2013  
3-12-2013 -  
The patient completed the initial intake procedure on 03-12-2013

Specimen Collected: 03/15/13 12:00 AM Last Resulted: 03/12/13 1:06 PM

Calendar Attachments Print Share Mail More

# 5 UCs: 5000+ eReferrals 2013-2015



UCD live 3/2013; Other UCs after 11/2014

\*Reflects hospital discharge orders too

# LA Department of Health Services

The screenshot shows the eConsult web portal interface. At the top, the logo "eConsult" is displayed in orange and blue, with the tagline "Access to information. Access to care." in blue. Below the logo is a navigation bar with four tabs: "Inbox", "New eConsult", "My eConsults", and "eConsult Admin". The "Inbox" tab is currently selected. Below the navigation bar, the page title "Consult Request" is shown. A dropdown menu for "Specialty:" is set to "SMOKERS HELPLINE". Below this, there are five buttons: "Clarifying Questions" (highlighted in red), "Begin Consult", "Consult Detail", "My Clinical Question", and "Attachments/Notes". The "Clarifying Questions" button is active, and the page content below it reads "Clarifying Questions for SMOKERS HELPLINE". At the bottom of the page, a welcome message states "Welcome to The California Smoker's Helpline eConsult portal".

LA DHS eConsult web portal

- PCP enters patient info for specialist and receives feedback
- Helpline added in summer 2016
- Email notification to all users by Dr. Paul Giboney in October 2016

162 eConsult referrals to the Helpline to date!

- July/Aug (4), Oct (8), Nov (78), Dec (41), Jan (31)

# Promoting Population Health



The screenshot shows the homepage of the California Department of Public Health's Health Information Exchange Gateway. The header includes the CDPH logo and navigation links: Home, Program-Specific Information, Resource Links, Help Desk, and FAQ. The main content area is titled "Public Health Specialized Registries" and contains a paragraph about the Centers for Medicare and Medicaid Services Electronic Health Record Incentive Program Stage 3 and Modifications to Meaningful Use in 2015 Through 2017. Below this, there are two tabs: "Public Health Specialized Registries" (selected) and "Other Specialized Registry Options". Under the selected tab, there are two sections: "Cancer Case Reporting" and "California Smokers' Helpline".

California Department of Public Health  
Health Information Exchange Gateway

Home Program-Specific Information Resource Links Help Desk FAQ

## Public Health Specialized Registries

The Centers for Medicare and Medicaid Services Electronic Health Record Incentive Program Stage 3 and [Modifications to Meaningful Use in 2015 Through 2017](#) ("Modified MU") includes Specialized Registry reporting. The eligible hospital or CAH is in active engagement to submit data to a specialized registry. Please view the following options for meeting this measure.

**Public Health Specialized Registries** Other Specialized Registry Options

### Cancer Case Reporting

[Cancer Case Reporting](#) now falls under the Specialized Registry Reporting measure under the Modified MU rules. Eligible Professionals who diagnose cancer can therefore meet the Specialized Registry Reporting measure.

EHs and CAHs currently are excluded from the existing [Cancer Case Reporting](#) measure in the Modified MU rules. California Department of Public Health (CDPH) is in discussion with federal authorities regarding the creation of a Cancer Reporting measure for EHs and CAHs. In the meantime, EHs and CAHs must still follow California law in submitting cancer data even though it does not satisfy a Meaningful Use measure.

For further instructions go to [Cancer Case Reporting](#) or for general cancer reporting questions, please email [MU2CCRHELP@cdph.ca.gov](mailto:MU2CCRHELP@cdph.ca.gov)

### California Smokers' Helpline

The California Department of Public Health determined that the California Smokers' Helpline, meets the Specialized Registry Reporting measure. The California Smokers' Helpline, funded primarily by the CDPH, California Tobacco Control Program, provides free tobacco cessation counseling in English, Spanish, Mandarin, Cantonese, Korean and

UCI requested having Helpline eReferral for a MU Specialized Registry.

Potential for:

- Tracking
- Re-engagement
- Nicotine patch mailed to home

Other ideas:

- Health Information Exchanges
- Patient registries and pathways
- Care coordination

# Engage Behavioral Health



CALL US TOLL-FREE:  
(877) 509-3786

NEWSLETTER SIGNUP  
Sign up for the Tobacco Free  
for Recovery Newsletter »

Search

About Us | Partnerships & Collaborations | Behavioral Health | Other Vulnerable Populations | Resources | Webinars | For Smokers

## Behavioral Health

Presentations

Publications

Toolkits

Curricula & Online Training

Fact Sheets & Reports

## Behavioral Health



Since behavioral health populations consume 44% of all cigarettes sold in this country, SCLC has dedicated part of our website to mental health and addictions resources

### Mental Health and Tobacco

Persons with mental illness smoke nearly half of all cigarettes produced, but they are only half as likely to quit as other smokers. More than 44% of adults with serious mental illness are smokers, compared with about 20% for society at large. Half of related deaths (200,000) are among people with mental illnesses. Persons with mental or substance use disorders die, on average, about 5 years prematurely than persons without these disorders. At the same time, this population experiences higher rates of disease, premature death, and reduced quality of life. Recognizing the importance of addressing this underserved population, SCLC is working with an array of partners to achieve norm change regarding smoking intervention for those with behavioral health issues, including mental illnesses and addictions.

### Other Addictions and Tobacco

Addictions afflict approximately 9% of Americans (age 12 or older, according to the National Survey on Drug Use and Health), and tobacco use is rampant in this population, compounding health and wellness woes. An array of studies indicates that alcohol abusers smoke at rates between 34 and 80%; people with other drug addictions smoke at between 49 and 98% prevalence. Tobacco use is a major cause of premature death. Studies show that participation in smoking cessation efforts while engaged in addiction treatment has been associated with a 25% greater likelihood of long-term abstinence. In addition, cessation in conjunction with other mental health or addictions treatment does not negatively affect abstinence from other substances. The benefits of smoking cessation may extend to opiate addiction as well.

SCLC is working with a growing list of partners in the addictions field to begin changing norms regarding tobacco cessation.

HOME | FREE SERVICES | FREE MATERIALS | FREE TRAINING | ABOUT US

1-800-NO-BUTTS

SIGN UP FOR: Telephone Counseling | Texting Program | Provider Referral | Chat Now

FOLLOW US: f | t | in | y | p

Behavioral Health Professionals | Common Myths

Tobacco Users

Friends and Family

Health Care Providers

Behavioral Health Professionals

Community Partners

Special Projects

Additional Resources

Ready to Start Referring Patients?

Order or download free materials now to help smokers quit.

Take a Minute. Help a Smoker.

Free Recorded Webinar & CE Credits

How to Talk with Patients About Smoking Cessation and Depression

1-800-NO-BUTTS

Get Started Now!

Common Myths

**Myth #1:** Persons with mental illness and substance use disorders don't want to quit.

**Fact:** The majority of persons with mental illness and substance use disorders want to quit smoking and want information on cessation services and resources.<sup>1,2,3</sup>

Research argues that the majority of persons with mental illness and substance use disorders want to quit smoking and want information on cessation services and resources.

**Myth #2:** Persons with mental illness and substance use disorders can't quit smoking.

**Fact:** Persons with mental illness and substance use disorders can successfully quit using tobacco.<sup>4</sup>

In a review of 24 studies, the recorded quit rates of patients with mental illness or addictive disorders were similar to those of the general population.

**Myth #3:** Smoking cessation worsens psychiatric symptoms

**Fact:** Smoking cessation can improve psychiatric symptoms.<sup>5,6</sup>

This myth has historical ties to the tobacco industry which has directly funded, or monitored, research supporting the idea that individuals with schizophrenia were less susceptible to the harms of tobacco and that they needed tobacco as self-medication. Unfortunately the bias behind the research was not commonly known, and therefore was believed for years. Fortunately new research is emerging to debunk this myth.

smokingcessationleadership.ucsf.edu

nobutts.org



# Engage PCPs & Cancer Specialists: Lung Cancer Screening

Annual low-dose CT x 3 years  
reduces mortality by 20%

(Aberle, NEJM 2012)

- Adults ages 55-80 yrs with 30 pack-yr smoking history who currently smoke or have quit within past 15 years
- USPSTF Grade B, Medicare pays

Unintended consequence of  
negative screening results

(Zeliadt, JAMA Int Med, 2014)

- 49% smokers report screening reduced motivation to quit





# Engage Hospital Patients



## Tobacco Treatment National Hospital Inpatient Quality Measures

Set Measure ID #	Measure Short Name
TOB-1	Tobacco Use Screening
TOB-2	Tobacco Use Treatment Provided or Offered
TOB-2a	Tobacco Use Treatment
TOB-3	Tobacco Use Treatment Provided or Offered at Discharge
TOB-3a	Tobacco Use Treatment at Discharge
TOB-4	Tobacco Use: Assessing Status After Discharge

- Reporting: Inpatient psychiatric hospitals, UC Irvine
- Quitline eReferral: ambulatory discharge order

# Engage All Providers



## Nursing

- Documents tobacco status intake
- Assist nicotine withdrawal during hospital stay



Linda Sarna, RN, PhD  
Dean, UCLA School of Nursing



Jyothi Marbin, MD  
UCSF Benioff Oakland

## Peds and obstetrics

- Passive smoking and helping household smoker

## Anesthesia and Surgery

- Access to pre-op clinic, pain clinic, peri-op for surgical lines
- “There is no sweet spot to quit before surgery”



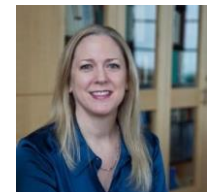
Maxime Cannesson, MD  
Vice-Chair Peri-op Med  
UCLA Anesthesia

## Psychiatry

- Behavioral health has high smoking rates



Tim Fong, MD  
UCLA Psychiatry



Lisa Kroon, PharmD  
Chair, UCSF Clinical  
Pharmacy

## Health Professional Team

- Pharmacists, Respiratory Therapists, Social Work

# Objectives

- Tobacco Cessation Evidence
- Assessment of Tobacco Status
- Counseling Tobacco Users
- Resources





# UC QUITs

*Every smoker. Every encounter.*

[Home](#)[Ask and Advise](#)[Refer to Quitline](#)[Medications](#)[Patient Resources](#)[Provider Training](#)[About Us](#)

Tobacco is the leading  
cause of preventable  
death and disability.

University of California is taking action to address tobacco use and exposure at every UC clinical encounter. You can find tools on this site to help our patients be tobacco-free with improved efficiency at UC. The California Smokers' Helpline at UCSD offers free counseling and follow-up services, and each UC will be linked through the electronic medical record.

## The UC Quits Network



# UC Quits' Brief Provider Training Webinars

Available for free CME/CEU credit for 3 years

- YouTube links on [www.ucquits.com/training](http://www.ucquits.com/training)

15-30 minutes on topics by UC experts

- Top 10 reasons to get your patient to quit smoking
- The 5As
- Overview of the California Smokers Helpline
- Pharmacotherapy in Smoking Cessation
- Addressing Secondhand Smoke Exposure
- Smoking Cessation in the Perioperative Period
- How Nurses at UC Can Address Tobacco



Lisa Tong, MD, MA  
Associate Professor of Medicine  
UC Davis



Linda Sams, PhD, RN, FAAN  
Interim Dean  
UCLA School of Nursing



Lisa Kipon, PharmD, COE  
Professor & Chair  
UCSF Department of Clinical Pharmacy



Chris Anderson  
California Smokers Helpline  
UCSF



Jyoti Mehta, MD  
Pediatrician  
UCSF

Full curriculum options: [www.rxforchange.ucsf.edu](http://www.rxforchange.ucsf.edu)





## CA QUILTS

aims to change the way health professionals  
address smoking with their patients

*Tobacco is the  
#1 preventable  
cause of death  
and disability.*



### THE INITIATIVE

CA Quits is a tobacco cessation learning collaborative for hospitals participating in the California Department of Health Care Services' Public Hospital Redesign and Incentives in the Medi-Cal (PRIME) program.

This learning collaborative is funded by the California Tobacco Control Program and builds off of the UC Quits project connecting the 5 UC health systems with the California Smokers' Helpline at UC San Diego through bi-directional e-referrals for smoking cessation.

### CA QUILTS PARTNERS

California Tobacco Control Program (CTCP), UC Davis, Smoking Cessation Leadership Center at UC San Francisco, California Smokers' Helpline, California Department of Healthcare Services.

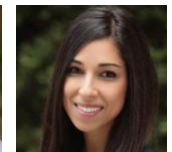
For more information, please contact Cynthia Vela at  
[Cynthia.Vela@dhcs.ca.gov](mailto:Cynthia.Vela@dhcs.ca.gov)



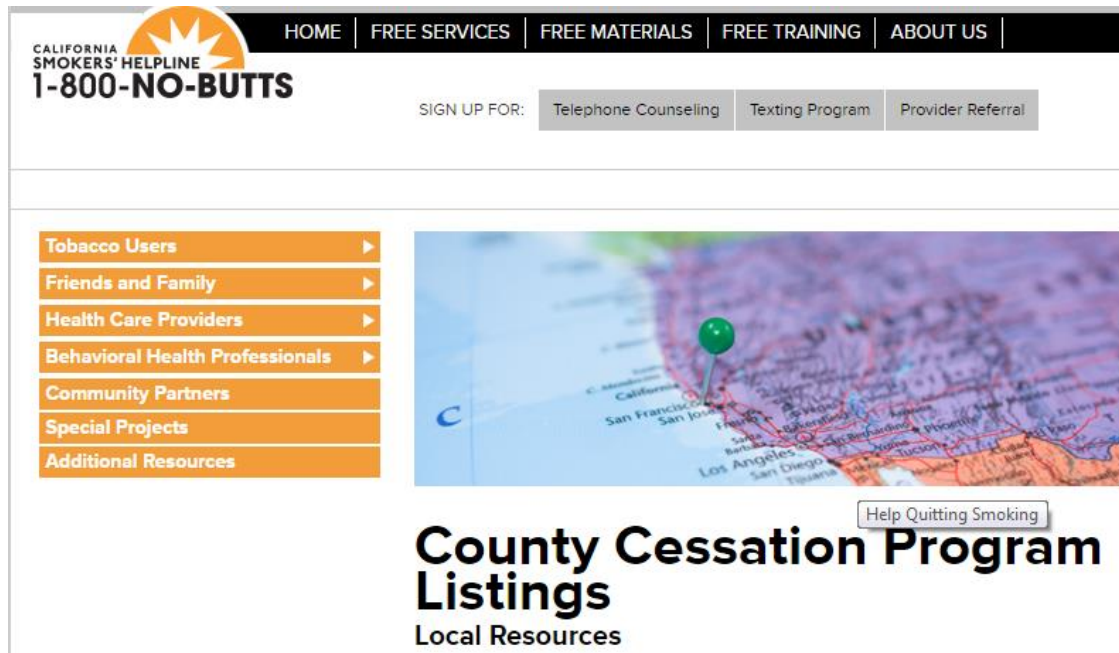
Cindy Vela  
CA Quits project manager  
[cynthia.vela@dhcs.ca.gov](mailto:cynthia.vela@dhcs.ca.gov)



SMOKING CESSATION  
LEADERSHIP CENTER



# Engage Local Resources



- Every county has a Local Lead Agency for tobacco
- Medi-Cal managed care plan health educators
- Listing of cessation classes in county [www.nobutts.org/county-listing](http://www.nobutts.org/county-listing)

# Action Steps

## 1) Join “CA Quits” tobacco cessation learning collaborative

- Cindy Vela: [cynthia.vela@dhcs.ca.gov](mailto:cynthia.vela@dhcs.ca.gov)



## 2) Connect with Helpline eReferral



## 3) Train providers with brief videos: [www.ucquits.com](http://www.ucquits.com)



Questions? Elisa Tong, [ektong@ucdavis.edu](mailto:ektong@ucdavis.edu)

More on California Tobacco Control Program: [tobaccofreeca.com](http://tobaccofreeca.com)

**TOBACCO  
FREE CA**



# ADDITIONAL RESOURCES



# Resources on SNI Link

Posted on [Project 1.1 page](#)

## Tobacco Cessation

- [UC Quits](#). (University of California Davis) – workflows and training for providers
- [County Cessation Program Listings](#) (California Smokers' Helpline) – lists local cessation resources

### PROJECT IMPLEMENTATION TOOLS

HOME » SNI LINK » PROJ

Posted here are:

- **Recommended resources:** key implementation tools referenced in [Attachment Q's PRIME Project Toolkit](#), arranged by project (\*required projects for DPHs)
- **Additional resources:** other tools identified by CAPH/SNI staff.

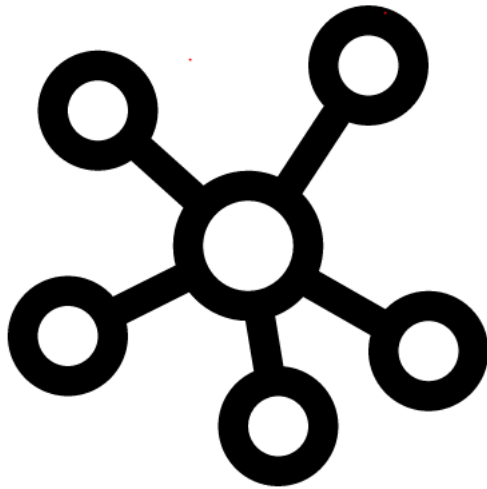
Any new resources will be added the first Tuesday of every month. To add a resource or give feedback on a posted tool, please email [Kristina Mody](#).

Project 1.1*	<b>*1.1-Integration of Physical and Behavioral Health</b>
Project 1.2 (inc. REAL/SOGI)*	<b>Recommended</b>



# Project Leads on SNI Link

- Posted on [PRIME Member Information](#)
- Includes email addresses



System Team Nomenclature	1.1 Integration of Behavioral Health and Primary Care	1.2 Ambulatory Care Redesign: Primary Care
<b>Alameda</b> Physician Lead & Ops Lead	Physician Lead Tim Gannon, tgannon@alamedahealthsystem.org  Ops Lead Lis Rosequist, Lisa lrosequist@alamedahealthsystem.org	Physician Lead Mark Maus, mamaus@alamedahealthsystem.org  Ops Lead Holly Garcia hgarcia@alamedahealthsystem.org
<b>Arrowhead</b> Contact PRIME Managers for project question		
<b>Contra Costa</b> Project Leads	Shannon Dickerson Shannon.Dickerson@hsd.cccounty.us	Rohan Radhakrishna Rohan.Radhakrishna@hsd.cccounty.us
<b>Kern</b> Project Leads & Co-Leads	Courtney Rayne (Lead): Courtney.Rayne@kernmedical.com • Petra Gil-Vigie (Co-Lead): Petra.Gil- Vigie@kernmedical.com	Marie Ruffin (Lead): Marie.Ruffin@kernmedical.com • Alicia Gaeta (Co-Lead): Alicia.Gaeta@kernmedical.com • Gabriel Barajas (Co-Lead): Gabriel.Barajas@kernmedical.com
<b>Los Angeles Measure Leads</b>	Tyler Seto	Tyler Seto
<b>Natividad</b>		

# PRIME Project Implementation Webinars

- Controlling Blood Pressure (Metric 1.2.5) – February 23, 2017 12-1:00pm ([REGISTER HERE](#))



*Stay tuned for dates and times*

- Comprehensive Diabetes Care (Metrics 1.1.3 and 1.2.4) Colorectal Cancer Screening (Metric 1.2.3)
- Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic (Metric 1.2.7)

Information on all these webinars, including presentations and recording links, will be posted on SNI link [here](#).

# CLOSING

*Take 2-3 minutes to let us know how we did in the post-event pop-up!*

*Thank you for joining us, and to our speaker!*

