



Tobacco Screening and Cessation Interventions

Indian Health Service

1. ASK about tobacco use and exposure

Do you smoke?

(e.g., cigarettes, cigar, pipe)

Documentation options:

- Never smoked
- Ceremonial use only
- Current smoker
- Current someday smoker
- Current everyday smoker
- Current heavy smoker
- Current light smoker
- Previous smoker

Do you use smokeless tobacco?

(i.e., snuff, chew, dip)

Documentation options:

- Never used smokeless tobacco
- Current smokeless
- Previous smokeless user

Document tobacco use and exposure as **health factors***

Do you use e-cigarettes?

(e.g., vaping, Electronic Nicotine Delivery Systems)

Documentation options:

- Never used e-cigarettes
- Current e-cigarette with nicotine user
- Current e-cigarette with other substance user
- Previous e-cigarette user

Are you exposed to tobacco smoke at home or work?

Documentation options:

- Smoker in the home
- Smoke free home
- Exposure to environmental tobacco smoke

2. ADVISE the patient to quit using tobacco

Quitting (or not using tobacco) is the most important thing that you can do for your health.

- Help motivate by promoting the benefit of tobacco cessation, or staying quit for non-users.
- Personalize the advice and insure it is nonjudgmental.
- Use 5 R's: **R**elevance, **R**isks, **R**ewards, **R**oadblocks, **R**epetition

Document as education: **Tobacco-Prevention** or **TO-QT**

3. ASSESS readiness to quit

Would you like to quit using tobacco?

If the patient is willing to quit:

- Set a quit date, ideally within 2 weeks.
- Discuss that personal motivation is a key component to abstaining from tobacco and quitting.
- Review the treatment, medication, and support options available.
- Make referrals as appropriate and give advice on successful quitting.
- Review the value of frequent follow up and support during the first six months of quitting.

Document the quit date as a **Patient Goal**

4. ASSIST with optimal therapy for success

There are treatment options that may help you quit. Let's find one that is right for you.

Nicotine Patch

≤10 cigarettes/day

- Weeks 1-6: 14mg/d
- Weeks 7-8: 7mg/d

Nicotine Patch

>10 cigarettes/day

- Weeks 1-6: 21mg/d
- Weeks 7-8: 14mg/d
- Weeks 9-10 7mg/d

Nicotine Nasal Spray

1-2 sprays/hour in each nostril; max: 80

Nicotine Gum and Lozenge 4mg

if smokes within 30 minutes of waking: 2mg otherwise:

- Week 1-6: 1 piece Q1-2 hours
- Week 7-9: 1 piece Q2-4 hours
- Week 10-12: 1 piece Q4-8 hours

Nicotine Inhaler

6-16 cartridges/day PRN; taper over 4-6 weeks

Varenicline

- 0.5mg daily x 3 days then
- 0.5mg BID x 4 days then
- 1mg BID x 11 weeks

Bupropion SR

- 150mg daily x 3 days then
- 150mg BID

5. ARRANGE for follow up and ongoing support

When can we follow up in the next few days/weeks to see how you are doing?

Provide ongoing follow up and support, especially during the first 6 months of quitting.

Billing Codes

Current Procedural Terminology (CPT)

99406 Intermediate counseling Smoking and tobacco use cessation counseling visit >3 minutes, but <10 minutes

99407 Intensive counseling Smoking and tobacco use cessation counseling visit is >10 minutes

99078 Provider educational services Group counseling for patients with symptoms or established illness

HCPCS

S9453 Smoking cessation classes, non-physician provider, per session

Dental Code

D1320 Tobacco counseling for the control and prevention of oral disease

Clinic Code

94 Tobacco cessation clinic

Quit Lines

American Lung Association

1 (800) 784-8937 or
1 (800) 548-8252

DHHS Counseling Quit Line

1 (800) 784-8669 or
1 (800) 332-8615 (TTY)

SmokeFree TXT

Text QUIT to 47848
<https://smokefree.gov>



Brief Intervention - AAR Model

1. ASK about tobacco use at every encounter

Do you currently use tobacco?

- What forms of tobacco do you use (cigarettes, cigars, chewing tobacco, snuff, e-cigarettes, hookah, etc)?
- How long have you smoked/used tobacco?
- How much do you smoke/use?
- Have you ever tried to quit even for just one day? If so, what has been your experience with quitting?
- What methods have you tried to quit?



Document tobacco use and exposure as **health factors*** and add to the integrated **problem list**.

2. ADVISE quitting smoking, using a clear, strong personalized message

Quitting smoking is the most important thing that you can do for your _____ (health, asthma, diabetes, blood pressure)

- Use of the 5 R's can guide the reluctant patient to make this important decision

- **Relevance** - Craft the conversation to meet the patient's circumstances (recent hospitalization, illness, chronic disease state and experienced complications)
- **Risks** - Focus on the risks that are important to the patient (i.e. bothersome complications, risks to family members).
- **Rewards** - Discuss improved health, saving money, improved taste and sense of smell, improved appearance (whiter teeth, reduced wrinkling/aging of skin), improved self-image, positive example for other family members, improved physical fitness and life expectancy.
- **Roadblocks** - Identify and address perceived barriers: weight gain, fear of failure, withdrawal symptoms, depression, mood swings, limited knowledge of cessation options, etc.
- **Repetition** - Consistently promote effective outcomes by encouraging cessation efforts. Let patients know that you will be addressing this at each visit because of the danger that tobacco use is to their health. Inform patients that quitting smoking is challenging and often takes multiple attempts before one is successful in conquering this challenging habit.

3. REFER if interested in quitting

1-800-QUIT NOW

- Become familiar with cessation resources in your area and utilize local quitlines (see below)
- Many quitlines offer a fax referral system
- Quit rates for quit lines are about the same as the rates for in-person classes
- Let patients know that these experts are available and excited to help them navigate through any challenges that may arise as they quit.

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