



Great Plains Quality Innovation Network Change Package

Break the Chain of Tobacco/Nicotine Dependence

Tobacco/nicotine use is the single greatest preventable cause of disease and premature death in America today.

The Great Plains Quality Innovation Network Change Package was developed to guide healthcare providers and staff to improve referrals to tobacco/nicotine treatment programs and assistance. The change package identifies barriers and challenges to addressing tobacco and nicotine use and provides interventions supported by evidence-based tools and resources to help individuals quit.

Tobacco/nicotine dependence is a chronic condition that should be included in the comprehensive care process and proactively managed like any other medical condition.

In this tool, “tobacco” refers to any commercial tobacco product which contains harmful chemicals that cause inflammation and oxidative stress in the body, ultimately resulting in chronic disease ([Smoking and Diabetes \(cdc.gov\)](https://www.cdc.gov/tobacco)). The terms “tobacco” and “nicotine” are used interchangeably when addressing dependence and treatment.

Nicotine and Pain. Chronic nicotine use can interfere with the normal functioning of pain receptors in the brain, leading to:

- Increased sensitivity to pain and decreased pain tolerance over time
- Development/exacerbation of chronic pain conditions
- Potential chronic opioid use

Nicotine and Behavioral Health. Regular nicotine use can lead to:

- Development of mental health disorders, such as anxiety, depression, and mood swings
- Increased risk of developing other psychiatric disorders
- Negative effects on social interactions, relationships, and social functioning, as individuals may prioritize nicotine use over other activities and relationships




“Starting today, every doctor, nurse, health plan, purchaser and medical school in America should make treating tobacco dependence a top priority.”

-David Satcher, MD, PhD, Former U.S. Surgeon General Director, National Center for Primary Care, Morehouse School of Medicine

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ASK.....

<p>In the last 30 days, have you used any nicotine products? [30 days denotes current use] Cigarettes, cigar, pipe, hookah, smokeless or chewing tobacco, e-cigarettes/vape products, nicotine pouches or other commercial products</p>		
Barriers/Challenges	Interventions	Tools & Resources
<ul style="list-style-type: none"> • Provider/staff uncomfortable asking patient about quitting • Resistance from patient 	<ul style="list-style-type: none"> • Use conversation starters (see tools & resources) • Incorporate motivational interviewing techniques (see tools & resources) 	<ul style="list-style-type: none"> <input type="checkbox"/> Open-Ended Questions to Use in Discussing Quitting Nicotine <input type="checkbox"/> Motivational Interviewing GPQIN <input type="checkbox"/> Video – Motivational Interviewing- Foundation for Patient-Centered Care <input type="checkbox"/> Quit Smoking Q&A American Lung Association <input type="checkbox"/> SD QuitLine: FAQs for Providers <input type="checkbox"/> Chronic Disease Management for Tobacco Dependence Natl Library of Medicine
<ul style="list-style-type: none"> • No established workflow or screening protocol in use • Electronic Health Records (EHR) may not screen for additional products or support treatment workflow 	<p>Adopt a tobacco/nicotine-use screening protocol</p> <ul style="list-style-type: none"> • Ask at every medical, dental or eye appointment • Ask what kind of tobacco/nicotine is used and how often • Identify and engage tobacco/nicotine treatment champions within your practice or organization • Work with the health system/organization to improve the EHR’s screening and documentation of interventions provided 	<ul style="list-style-type: none"> <input type="checkbox"/> Protocol for Identifying and Treating Patients Who use Nicotine <input type="checkbox"/> Smoking Cessation Interventions and Lung Cancer Screening American Lung Association <input type="checkbox"/> Quiz: How Strong is Your Nicotine Addiction? Smokefree.gov
<p>Interventions Into ACTION</p> 	<p>Choose a question to ask every visit, every time. Tell the patient you will ask them next time they return.</p> <ul style="list-style-type: none"> • What do you imagine it would be like if you were not smoking [using nicotine product] anymore? • What methods of quitting have you tried before? What do you know about nicotine replacement therapy? • What do you think you would need to successfully stop smoking [using nicotine product] anymore? <p>*Be sure to tailor the term “smoking” to match whatever tobacco/nicotine product the person is using</p>	

ADVISE....

The most important thing you can do to improve your health is to quit smoking/nicotine		
Barriers/Challenges	Interventions	Tools & Resources
<ul style="list-style-type: none"> • Resistance from patient • Patient has unsuccessfully tried to quit in the past 	<ul style="list-style-type: none"> • Advise in a clear, strong, and personalized manner for every tobacco/nicotine user to quit • Advise/encourage those who have tried - and failed - to try again • Incorporate Motivational Interviewing (see tools & resources) 	<ul style="list-style-type: none"> <input type="checkbox"/> Million Hearts Tobacco Cessation Change Package <input type="checkbox"/> Million Hearts Tobacco Cessation Protocol <input type="checkbox"/> Motivational Interviewing GPQIN <input type="checkbox"/> Video – Motivational Interviewing-Foundation for Patient-Centered Care
<ul style="list-style-type: none"> • Provider unsure how to begin conversation on the benefits of quitting 	<ul style="list-style-type: none"> • Be clear, personalized, explain benefits, use prompts. <p>“Quitting [type of product] is one of the most important things you can do to improve your health and...”</p> <ul style="list-style-type: none"> ✓ reduce your stress, anxiety, and depression (behavioral health) ✓ control your blood sugars better (prediabetic or diabetic) ✓ reduce the need for your rescue medications (respiratory conditions) ✓ reduce your blood pressure and heart rate (cardiac) ✓ improve healing and pain management (surgical) ✓ improve oral health (dental) 	<ul style="list-style-type: none"> <input type="checkbox"/> SD QuitLine FAQs for Providers <input type="checkbox"/> Open-Ended Questions to Use in Discussing Quitting Nicotine <input type="checkbox"/> A Practical Guide to Help Your Patients Quit Using Tobacco CDC
<ul style="list-style-type: none"> • Providers not treating tobacco/nicotine dependence as they do other chronic conditions 	<ul style="list-style-type: none"> • Include tobacco/nicotine dependence as a chronic condition diagnosis • Utilize ICD-10 coding for Nicotine Dependence • Link Nicotine dependence to Chronic Disease, Pain, and Opioid Use - Nicotine use ultimately leads to increased pain sensitivity 	<ul style="list-style-type: none"> <input type="checkbox"/> Consensus Statement on Smoking Cessation in Patients with Pain SpringerLink <input type="checkbox"/> ICD-10 coding for Nicotine Dependence

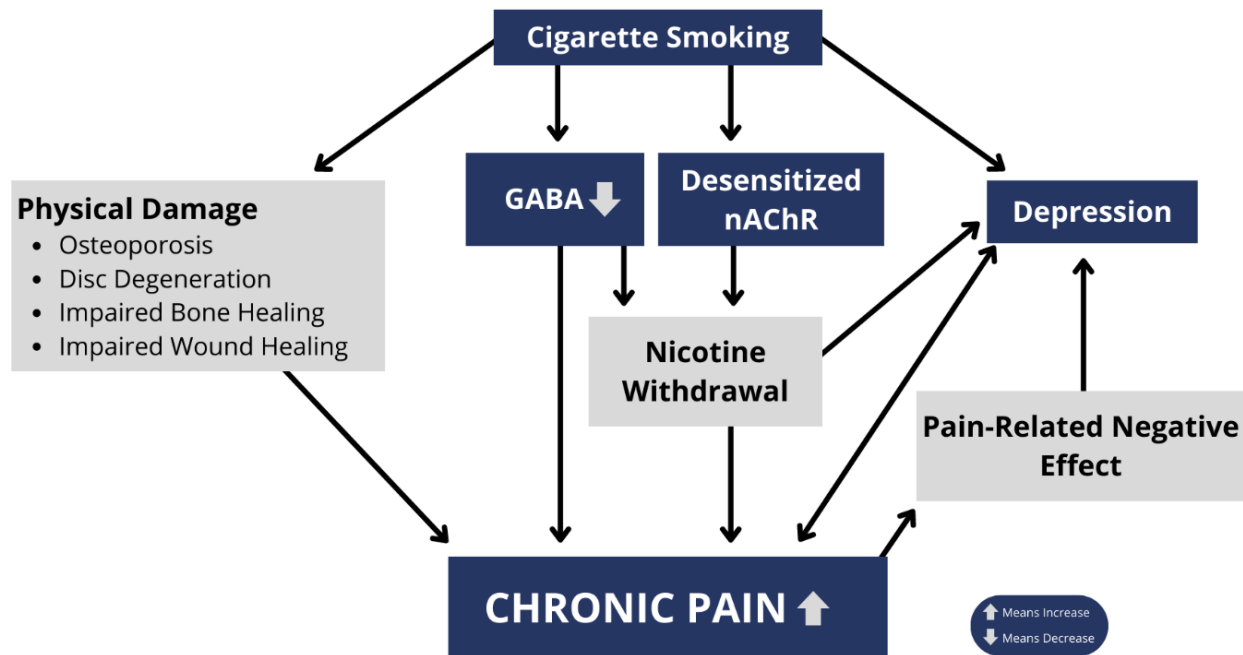
Interventions Into ACTION



A chronic disease management approach to tobacco/nicotine dependence increases both short- and long-term abstinence from smoking.

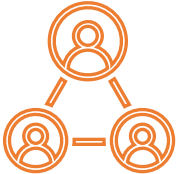


"Mrs. Smith, we will treat your nicotine dependence, just like we would treat your high blood pressure. We will discuss options and you choose what will work best for you. How do you feel about taking a step towards quitting?"

Chronic Effects of Cigarette Smoking




[Consensus statement on smoking cessation in patients with pain | SpringerLink](#)

REFER....

Begin the conversation to make a quit plan		
Barriers/Challenges	Interventions	Tools & Resources
<ul style="list-style-type: none"> No tobacco/nicotine treatment protocol or standard referral orders 	<ul style="list-style-type: none"> Set up direct referrals to internal and external resources by creating standard referral orders Create a clear internal process at the healthcare organization, define/assign roles to complete the referral connection 	<ul style="list-style-type: none"> <input type="checkbox"/> Integrating Tobacco Cessation into Electronic Health Records <input type="checkbox"/> Quit Connect Decision Alert Prompt <input type="checkbox"/> SD QuitLine: FAQs for Providers <input type="checkbox"/> NDQuits
<ul style="list-style-type: none"> Patient refusal Patient does not think the quitline will work for them 	<ul style="list-style-type: none"> Explain that with a quit plan and cessation medications, the chance of successfully quitting more than doubles 	<ul style="list-style-type: none"> <input type="checkbox"/> Tobacco Free Initiative <input type="checkbox"/> Smoke Free Initiative
<ul style="list-style-type: none"> Cost of cessation medications 	<ul style="list-style-type: none"> Explain the quitlines can help with providing these medications if the nicotine user does not have insurance or insurance doesn't cover cessation medications Ask how much money their nicotine products are costing them 	<ul style="list-style-type: none"> <input type="checkbox"/> NDQuits <input type="checkbox"/> SD QuitLine
<ul style="list-style-type: none"> Provider not aware of local/state programs and how to refer 	<ul style="list-style-type: none"> Check for internal health system tobacco/nicotine treatment services See Tools & Resources for state quitline information 	<ul style="list-style-type: none"> <input type="checkbox"/> NDQuits <input type="checkbox"/> SD QuitLine
<p>Interventions Into ACTION</p> 	 	

CONNECT...

Make the referral to a Quitline or other in-depth tobacco/nicotine cessation counseling		
Barriers/Challenges	Interventions	Tools & Resources
<ul style="list-style-type: none"> • Time constraints • Workflows have not been established • Need for follow-up phone calls • Health Equity and Social Determinants of Health 	<ul style="list-style-type: none"> • Refer to your state’s quitline – they can do the leg work after the referral is made by contacting the patient and doing follow-up coaching phone calls to reduce your time constraints • Set up direct referrals to internal and external resources by creating standard referral orders • Create a clear internal process at the healthcare organization, define/assign roles to complete the referral connection 	<ul style="list-style-type: none"> <input type="checkbox"/> Million Hearts Tobacco Cessation Action Guide <input type="checkbox"/> NDQuits <input type="checkbox"/> SD QuitLine <input type="checkbox"/> SD QuitLine FAQs for Providers
<p>Interventions Into ACTION</p> 	<p>A 60-year-old male, who smoked a pack of cigarettes a day, had been hospitalized with pneumonia. He was started on Chantix™ in the hospital with a referral to a quitline. At his one-month follow up appointment, he remained tobacco free.</p> <p>The patient contributes his success to the coaching and support that he received from the Quitline. He had cravings but has learned what to do to minimize those cravings. Since quitting, he has noticed his breathing is better and he is not using his inhaler as often. He is also motivated to stay on track with a promise he made to his family to never smoke again.</p>	



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