



**PREVENTIVE CARE GUIDELINE**

**Guideline Number:** DHMP\_DHMC\_PG1017

**Effective Date:** 9/2018

**Guideline Subject:** Smoking Cessation

**Revision Date:** 9/2019

**Pages:** 1 of 3

  
Quality Management Committee Chair

9-12-18  
Date

**I. PURPOSE:**

This guideline will address the assessment and treatment of tobacco abuse and nicotine addiction.

**II. POPULATION:**

This guideline applies to adults aged 18 years or older, including pregnant women. This guideline may apply to any form of nicotine/tobacco related substance/use.

**III. GUIDELINE:**

- A. Tobacco dependence is a chronic disease. It may require repeated intervention and continual assessment to increase long-term abstinence.
- B. Team Approach: Clinicians and other office/medical staff consistently identify and document tobacco use status and treat the tobacco user through the health care setting. Utilization of the 5 A's is an example of an effective intervention for office visits and team approach.
- C. The 5A's of Identification and Assessment:
  1. Ask: Ask about tobacco use and status (current or past) for every patient.
  2. Advise: advise all tobacco users to quit. Use strong, clear and a personalized manner to urge every tobacco user to quit.
  3. Assess: assess willingness to quit. If the patient is willing to make an attempt to quit, provide/offer assistance.
  4. Assist: For those willing to make an attempt to quit, assist them by setting goals for a quit date. Give advice on successful quitting, make referrals to counseling or additional treatment to help them quit, provide brief intervention that will motivate a future quite attempt, etc.
  5. Arrange: Arrange for follow up. Colorado QuitLine or DH Managed Care Health Coach are resources available to Denver Health Managed Care Members (see below). Patients should be contacted or congratulated on their abstinence. Patients who are unable to quit or who relapse should be reassessed. For those who relapse, encourage them to set a new quit date.
- D. Tobacco dependence treatments are effective across a broad range of populations. Clinicians should encourage every patient willing to make a quit attempt to use all resources available:
  1. Denver Health Medical Plan and Denver Health Medicaid members are eligible for smoking and tobacco chewing cessation counseling and have access to medications to help them quit. All members can receive smoking cessation counseling from Colorado Quit Line (1-800-QUIT-NOW), from DHMP Managed Care Health Coaches (303-602-2136), and from ACS Clinic based Certified Addictions Counselors.
  2. Medications are available to assist with cessation and abstinence but may differ depending on plan coverage. Please refer to member services for further information.

**NOTE:**

*This guideline is designed to assist providers by providing an analytical framework for the evaluation and treatment of patients, and is not intended either to replace a clinicians judgment or to establish a protocol for all patients with a particular condition.*



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E. Pharmacological/Behavioral Interventions are effective. DHMP provides a variety of both behavioral and pharmacological resources (by service line as follows):

1. Medicaid/CHP+

- OTC nicotine replacement therapy: Available with a prescription at any pharmacy for \$0
- Zyban (bupropion): Available with a prescription at any pharmacy for \$0 copay
- Chantix: Available for \$0 copay (must be filled at a DH pharmacy if written by a DH provider\*\*)
- Free Counseling from DHMP Health Coaches

\*\*PAR requests can be sent to [ManagedCarePAR@dhha.org](mailto:ManagedCarePAR@dhha.org) or by phone at 303-602-2070 (M-F, 8am-5pm).

2. DH Medical Plan/City and County of Denver/DERP/Denver Police

- OTC nicotine replacement therapy: Available with a prescription at any pharmacy for \$0
- Zyban (bupropion): Available with a prescription at any pharmacy for \$0 copay
- Chantix: : Available with a prescription at any pharmacy for \$0 copay
- Free Counseling from the Colorado QuitLine
- Free Counseling from DHMP Health Coaches

3. Elevate

- OTC nicotine replacement therapy: Available with a prescription at any pharmacy for \$0
- Zyban (bupropion): Available with a prescription at any pharmacy for \$0 copay
- Chantix: Available with a prescription at any pharmacy for \$0 copay
- Nicotrol: Available with a prescription at any pharmacy for \$0 copay (requires a previous trial of nicotine patch, gum or lozenge)

4. DH Medicare

- OTC nicotine replacement therapy: Available through the Colorado Quit Line only
- Zyban (bupropion): Available with applicable copay
- Chantix: Available with applicable copay
- Nicotrol Inhaler: Available with applicable copay
- Free Counseling from the Colorado QuitLine
- Free Counseling from DHMP Health Coaches

\*DHHA providers may make a referral to DHMP Managed Care Health Coaches at <http://pulseapp/PatientWaitList/Default.aspx> by clicking “Create Entry” – “Specialty Appointment”- and select “Managed Care –Care Coordinators” from the provider appointed drop down menu.

F. If the tobacco user is currently unwilling to make an attempt to quit, clinicians should utilize motivational treatments that have shown to be effective in future attempts. Clinicians and the healthcare team should continue to assess use and readiness to quit at future office visits.

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**IV. Additional Resources:**

- A. National QuitLine Network: 1800-QUIT-NOW
- B. Affordable Care Act Tobacco Cessation Guidance Toolkit: American Lung Association  
<http://www.lung.org/our-initiatives/tobacco/cessation-and-prevention/affordable-care-act-tobacco.html>
- C. Freedom From Smoking: American Lung Association’s smoking cessation program  
<http://www.lung.org/stop-smoking/join-freedom-from-smoking/>
- D. Federal Online Program: USDHHS (NIH, CDC, NCI) sponsored online cessation program  
<https://www.smokefree.gov/>
- E. Fax-to-Quit Referral Form – Colorado QuitLine (ATTACHED)

**V. REFERENCES:**

Agency for Healthcare Research and Quality (AHRQ) Clinical Guidelines for Prescribing Pharmacotherapy for Smoking Cessation. December, 2012. [Hhttp://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/prescrib/html](http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/prescrib/html)

American Cancer Society. (n.d.). Retrieved from [www.cancer.org](http://www.cancer.org)

Larzelere, M. M. (2012, March 15). Promoting Smoking Cessation. *American Family Physician*, 591-598. Retrieved July 2017, from [www.aafp.org/afp/2012/0315/p591.html](http://www.aafp.org/afp/2012/0315/p591.html)

National Institutes for Health. (2017). *Drug Facts: Cigarettes and Other Tobacco Products*. Retrieved July 2017, from <http://www.drugabuse.gov/publications/drugfacts/cigarettes-other-tobacco-products>

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# Sick of Smoking?

Sick of smoking and trying to quit? Call the Colorado QuitLine for free support from a Quit Coach and free nicotine patches.

## Free support and quit plan

This includes a personal quit plan from a Quit Coach, plus tips and support that improves your chances of quitting for good.

## Free nicotine patches

A free supply of nicotine patches that helps control your cravings will be mailed to you. In order to receive nicotine patches, you must participate in the Colorado QuitLine program and be at least 18 years old.

## Free self-help guide with quit tools to help you

You will be given lots of information, tips, and tools used by many tobacco users who have quit. This includes great ways to cope with stress and create a happy, healthy lifestyle while you are quitting and after you quit.

## The QuitLine works!

You are seven times more likely to quit with the QuitLine than if you try to quit on your own. Call the QuitLine for a great start to your new life without tobacco.

## What happens when I call the Colorado QuitLine?

1. Your call will be answered by a QuitLine Customer Representative. You will be asked for information such as your name, address, telephone number, etc. All information is kept strictly confidential.
2. You will then talk to your Quit Coach who will explain how the QuitLine works. Next they will ask some questions about tobacco history. All information is kept strictly confidential.
3. Your Quit Coach will help you to create a quit plan, including a quit date and ways to make quitting easier.
4. Your Quit Coach will explain the different kinds of products that can help you quit. If you want to use the nicotine patches, your Quit Coach will ask you a few health questions. Your doctor may need to write a medical consent. Your coach will explain how to use the patches and how to order a free supply, which will be mailed to you.

**If you prefer you can speak with your provider first about the medicines to help you quit. You can also use the QuitLine services to help you quit!**

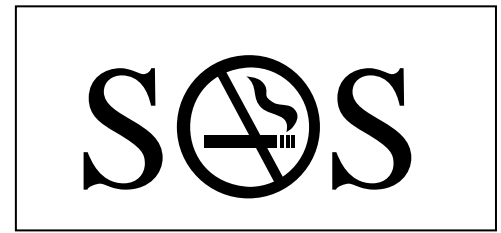
**1-800-QUITNOW (1-800-784-8669) / [www.coquitline.org](http://www.coquitline.org)**

## YOU won't regret it!

The benefits begin when you quit, even if you have smoked for decades:

- 20 minutes:** Blood pressure and pulse rate decrease
- 8 hours:** Carbon monoxide and oxygen levels in blood return to normal
- 2 weeks:** Circulation improves and lung function increases
- 1-9 months:** Coughing, sinus congestion, fatigue and shortness of breath decrease
- 1 year:** Likelihood of a heart attack is cut in half
- 5 years:** Risk of stroke is reduced
- 10 years:** Risk of dying of lung cancer reduced
- 15 years:** Risk of heart disease and death is the same as someone who never smoked

**DENVER HEALTH - Sick of Smoking? PATIENT INFORMATION**



# ¿Harto de Fumar?

¿Está harto de fumar y de tratar de dejar de hacerlo? Llame a la QuitLine de Colorado para obtener apoyo gratuito de un instructor para dejar de fumar y parches gratuitos de nicotina.

## Apoyo gratuito y plan para dejar de fumar

Esto incluye un plan personal para dejar de fumar por un instructor, más consejos y apoyo que mejoren sus oportunidades de dejarlo para siempre.

## Parches gratuitos de nicotina

Un suministro gratuito de parches de nicotina que le ayuden a controlar su deseo de fumar le será enviado por correo. Para recibir los parches de nicotina, Ud. debe participar en el programa QuitLine de Colorado y tener por lo menos 18 años de edad.

## Guía gratuita de autoayuda con instrumentos para ayudarle a dejar de fumar

Se le dará mucha información, consejos e instrumentos utilizados por muchos consumidores de tabaco que lo han dejado. Esto incluye grandes maneras de enfrentarse al estrés y crear un estilo de vida feliz y sano mientras Ud. deja de fumar y después de dejarlo.

## ¡La QuitLine funciona!

Ud. tiene siete veces más posibilidades de dejar de fumar con la QuitLine que si trata de dejarlo solo. Llame a la QuitLine para un gran comienzo de su nueva vida sin tabaco.

## ¿Qué pasa cuando llamo a la QuitLine de Colorado?

1. Su llamada será contestada por un Representante de Clientes de la QuitLine. Se le pedirá información, tal como su nombre, dirección, número de teléfono, etc. Toda información se mantiene estrictamente confidencial.
2. Luego, Ud. hablará con su instructor para dejar de fumar quien le explicará cómo funciona la QuitLine. Después, le harán algunas preguntas sobre su historial de consumo de tabaco. Toda información se mantiene estrictamente confidencial.
3. Su instructor le ayudará a crear un plan para dejar de fumar, incluyendo una fecha para dejarlo y maneras de hacerlo más fácilmente.
4. Su instructor le explicará las diferentes clases de productos que pueden ayudarle a dejar de fumar. Si Ud. quiere utilizar los parches de nicotina, su instructor le hará unas pocas preguntas sobre su salud. Tal vez su doctor necesite escribir un consentimiento médico. Su instructor le explicará cómo utilizar los parches y cómo ordenar un suministro gratuito, que le será enviado por correo.

**Si prefiere, puede hablar primero con un proveedor sobre las medicinas que le ayuden a dejarlo. ¡También puede usar los servicios de la QuitLine para ayudarle a dejarlo!**

**1-800-QUITNOW (1-800-784-8669) / [www.coquitline.org](http://www.coquitline.org)**

## ¡Ud. no se arrepentirá!

Los beneficios empiezan cuando Ud. deja de fumar, incluso si ha fumado por décadas:

**20 minutos:** La tensión arterial y la frecuencia del pulso disminuyen

**8 horas:** Los niveles de monóxido de carbono y oxígeno en sangre regresan a lo normal

**2 semanas:** La circulación mejora y aumenta la función pulmonar

**1-9 meses:** Disminuyen la tos, congestión de senos nasales, fatiga y falta de aliento

**1 año:** La probabilidad de un infarto se disminuye a la mitad

**5 años:** Se reduce el riesgo de derrame

**10 años:** Se reduce el riesgo de morir por cáncer de pulmón

**15 años:** El riesgo de enfermedad cardíaca y muerte es igual al de alguien que nunca ha fumado

# FAX-TO-QUIT REFERRAL FORM

Date \_\_\_\_\_



Use this form to refer patients who are ready to quit tobacco in the next 30 days to the Colorado QuitLine.

## PROVIDER(S): Complete this section

Provider name _____	Contact name _____
Clinic/Hosp/Dept _____	E-mail _____
Address _____	Phone ( ) - _____
City/State/Zip _____	Fax ( ) - _____

**PLEASE INDICATE IF THE PATIENT HAS MEDICAID:**  YES  NO

If yes, and you are prescribing tobacco cessation medication, please complete the Medicaid prior-authorization form on the back of this form and provide patient with a prescription. All FDA-approved tobacco cessation medications are available.

Does patient have any of the following conditions?

pregnant  uncontrolled high blood pressure  heart disease

**YES**, I authorize the QuitLine to send the patient over-the-counter nicotine replacement therapy.

### Provider signature

A provider signature is required to authorize the QuitLine to dispense nicotine replacement therapy for patients with any of the above conditions.

Comments \_\_\_\_\_

## PATIENT: Complete this section

\_\_\_\_\_  
*Initial* Yes, I am ready to quit and ask that a QuitLine coach call me. I understand that the Colorado QuitLine will inform my provider about my participation.

Best times to call?  morning  afternoon  evening  weekend

May we leave a message?  Yes  No

Are you hearing impaired and need assistance?  Yes  No

Insurance?  Yes  No

Insurance carrier: \_\_\_\_\_

Member ID: \_\_\_\_\_

Medicaid?  Yes  No

Date of birth: / / Gender  M  F

Patient name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ CO \_\_\_\_\_

Zip code \_\_\_\_\_ E-mail \_\_\_\_\_

Phone #1 ( ) - \_\_\_\_\_ Phone #2 ( ) - \_\_\_\_\_

Language  English  Spanish  Other \_\_\_\_\_

**Patient signature** \_\_\_\_\_

Date \_\_\_\_\_

## PLEASE FAX THIS PATIENT FAX REFERRAL FORM TO: 1-800-261-6259

Or mail to: Colorado QuitLine, National Jewish Health, 1400 Jackson St., M305, Denver, CO 80206

**Confidentiality Notice:** This facsimile contains confidential information. If you have received this in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, disclose, copy or distribute.

