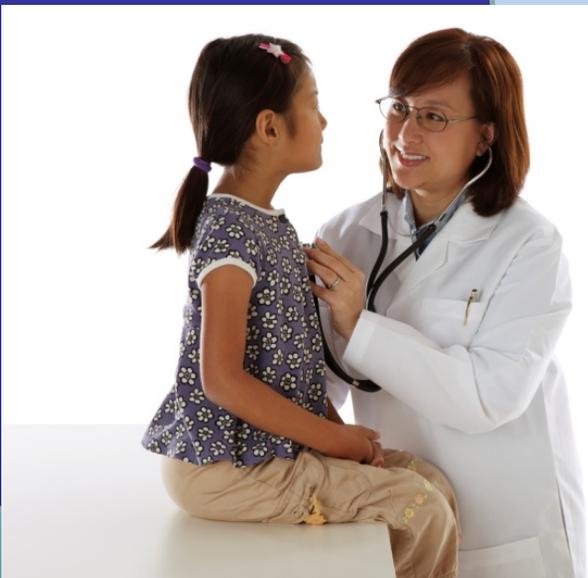


CEASE Training Manual

CEASE in Your Practice



A Step-by-Step Guide



Welcome to CEASE

❖ Welcome to the CEASE program: The Clinical Effort Against Secondhand Smoke Exposure. Years of research went into developing CEASE so that child healthcare clinicians could address family tobacco use in a routine and effective manner. This training manual will outline how to use CEASE in your office.

❖ Your feedback on the entire process is very important to us. Feel free to contact the MGH CEASE team members with any feedback that may help you or another practice implement the CEASE more easily.

Contact Information:

Massachusetts General Hospital
ceasetobacco@partners.org

Introduction to CEASE

❖ **The CEASE intervention** has been developed for your practice to integrate into your office systems. It is our hope that your practice will continue to use CEASE. The three steps of CEASE are demonstrated in the video and outlined in this training manual.

A Need for CEASE

The reasons for CEASE are simple and clear:

- ❖ **34% of all children in the U.S.** live with a household member who is a smoker, and children who live with a smoking parent are more likely to start smoking themselves.
- ❖ **Tobacco smoke lingers long after the cigarette is extinguished and coats every surface inside the home with toxins.** Secondhand smoke and thirdhand tobacco smoke are deadly. They kill three times more children than all childhood cancers combined. While laws protect adults in the workplace, very few laws protect children from secondhand and thirdhand smoke in their own homes and cars.
- ❖ **Our research shows that while a majority of parents would accept medications from their child's doctor to help them quit smoking, only 15% get that help.** A majority of parents want to be enrolled in a telephone Quitline, but only 7% get enrolled. Additionally, a majority of parents would be more satisfied with their doctors visit if their child's doctor addressed their smoking.

CEASE at Check-In

Three critical steps of the CEASE intervention happen at check-in before the family enters the exam room:

- 1. Every parent** at every visit is screened upon checking in at the front desk using the CEASE Action Sheet to identify tobacco use and exposure in the household.
- 2. The CEASE Action Sheet, Step 1,** is completed by the family and taken into the exam room with them.
- 3. A Fax-to-Quit enrollment form** is distributed along with the CEASE Action Sheet to parents who are interested in enrolling in your state's free Tobacco Quitline. The form is completed and handed back to the staff, who will fax it to the Quitline.

CEASE Action Sheet Step One: ASK

❖ Step 1 of the CEASE Action Sheet (CAS) should be completed at every visit by parents.

- ✓ Establish a routine plan to ensure the CAS gets to the parent and into the exam room for review at the clinical visit.

The CEASE Action Sheet: Step 1 asks families about current tobacco use and the free resources and assistance smokers want to receive.



Please bring to the exam room to review with the doctor

| Step 1: For the parent/patient to fill out | | |
|--|----|----------|
| Have you smoked a cigarette, even a puff, in the last 30 days? | | |
| Yes | No | |
| Would you like to receive FREE resources from the Tobacco Quitline? | | |
| Yes | No | Not sure |
| Would you like nicotine patch and gum to help you cut down or quit smoking? | | |
| Yes | No | Not sure |

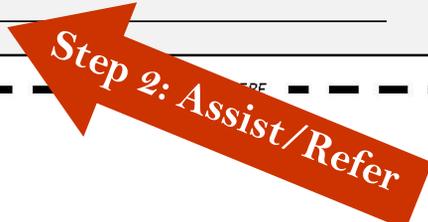
✓ Clinicians should **review** parents' responses to the Step 1 questions on the CEASE Action Sheet in the exam room at every visit.

CEASE Action Sheet Step Two: ASSIST

- ❖ The CEASE Action Sheet: Step 2 guides you to ask key questions and provide **assistance**, based on what the parents indicated they wanted in Step 1.
- ❖ Step 2 also provides cues to ensure tobacco use/exposure and assistance provided are **documented** in the electronic medical record.



| Step 2: | | For office use (EMR Entry) | | | |
|--|--|----------------------------|--------|---------|-------|
| Document Tobacco Use/Exposure | | | | | |
|  | <input type="checkbox"/> Tobacco users: | Mother | Father | Patient | Other |
| | <input type="checkbox"/> Smoke-free home rule: | Yes | No | | |
|  | <input type="checkbox"/> Smoke-free car rule: | Yes | No | No car | |
| Document Services Provided | | | | | |
|  | <input type="checkbox"/> Prescription given for patch and/or gum | | | | |
| | <input type="checkbox"/> Enrolled in the Quitline | | | | |
|  | <input type="checkbox"/> Enrolled in SmokefreeTXT | | | | |
|  | <input type="checkbox"/> Set a quit date for _____ | | | | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p><u>Code 989.84</u> to document parental tobacco use/assistance (Toxic effect of tobacco)</p> <p><u>Code 305.1</u> to document teen tobacco use/assistance (Tobacco use or dependence)</p> </div> | | | | | |



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Step Two: ASSIST

- ❖ Step 2 should be used by clinicians to assist families in becoming tobacco-free. **Clinicians will assist parents in setting a quit date, prescribing NRT, connecting parents to the state Quitline and the SmokefreeTXT text messaging service, and setting smoke-free home and car rules.**
- ❖ Document household tobacco users, home and car no-smoking rules, and any additional services delivered.
- ❖ Document in the Problem List section of the child's electronic medical record. This will enable all clinicians who see the family to easily identify those in need of tobacco assistance.



| Step 2: For office use (EMR Entry) | | | | |
|---|--------------------------|--------|--------|--|
| Document Tobacco Use/Exposure | | | | |
|  Tobacco users: | <input type="checkbox"/> | Mother | Father | Patient Other |
| <input type="checkbox"/> Smoke-free home rule: | <input type="checkbox"/> | Yes | No | |
|  Smoke-free car rule: | <input type="checkbox"/> | Yes | No | No car |
| Document Services Provided | | | | |
|  Prescription given for patch and/or gum | <input type="checkbox"/> | | | |
| <input type="checkbox"/> Enrolled in the Quitline | <input type="checkbox"/> | | | |
| <input type="checkbox"/> Enrolled in SmokefreeTXT | <input type="checkbox"/> | | | |
|  Set a quit date for | <input type="checkbox"/> | _____ | | |
| | | | | <p>Code 989.84 to document parental tobacco use/assistance (Toxic effect of tobacco)</p> <p>Code 305.1 to document teen tobacco use/assistance (Tobacco use or dependence)</p> |

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Step Two: ASSIST Steps for Success

- ❖ Use the presence of the **CEASE Action Sheet** in the clinical visit as a cue to learn which household members use tobacco and document this information in the electronic medical record.
- ❖ Step 1 of the **CEASE Action Sheet identifies current smokers** and what assistance families would like to receive.
- ❖ Use Step 2 as a guide to inform your questions and conversation, and **assist parents in quitting smoking** by helping them set a quit date and establish completely smoke-free home and car rules to protect children from the harms of secondhand smoke exposure.
- ❖ **Discuss the benefits of using nicotine replacement therapy** and encourage parents to use the pre-printed nicotine replacement therapy prescriptions to obtain the medications.
- ❖ **Offer enrollment** into the free telephone Quitline and text messaging services. Encourage parents to complete the Fax-to-Quit enrollment form and sign up for the SmokefreeTXT text messaging service during the child's visit.
- ❖ Document the tobacco use and exposure in the child's household on the **Problems List** in the electronic medical record. Use the **notes section** to document services you provide and updates on the family's tobacco use.

Using the Pre-Printed NRT Prescriptions

- ❖ Parents are **3 times more likely to quit** smoking when using a form of Nicotine Replacement Therapy (NRT).
- ✓ Share with parents the benefits of using NRT to support them in successfully quitting.
- ✓ Make sure to sign the prescriptions and hand them to **every smoker** present at the visit.
- ✓ Encourage parents to bring the prescriptions to their local pharmacy and fill them as soon as possible.

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| | |
|---|---|
| <p style="text-align: center;">Call 1-800-784-8669 for free help quitting OR Text the word "QUIT" (7848) to IQUIT (47848) for free help.</p> | <p style="text-align: center;">Text the word "QUIT" (7848) to IQUIT (47848) for free help OR Call 1-800-784-8669 for free help quitting.</p> |
|---|---|

Name _____ Date _____

Address _____ D.O.B. _____

Nicotine patch (check strength)

21mg 14mg 7mg

Apply 1 patch for 16-24 hours each day

Dispense 2 months supply

Refill NR 1 2 3 4 5

Prescription is void if more than one (1) prescription is written per blank.

May substitute

Name _____ Date _____

Address _____ D.O.B. _____

Nicotine gum

4mg

Chew one piece every 1-2 hours

Dispense 2 months supply

Refill NR 1 2 3 4 5

Prescription is void if more than one (1) prescription is written per blank.

May substitute

Step Three: REFER

The CEASE Action Sheet has information on smoking cessation resources located above the tear off prescriptions.



--- TEAR HERE ---

Call 1-800-784-8669 for free help quitting
OR
Text the word "QUIT" (7848) to IQUIT (47848) for free help.

Text the word "QUIT" (7848) to IQUIT (47848) for free help
OR
Call 1-800-784-8669 for free help quitting.

❖ Information about signing up for the SmokefreeTXT text messaging service is located above the tear off prescriptions. Encourage parents to sign up for this resource while in the office with you.

❖ Every person who indicates interest in enrolling in the free Tobacco Quitline should receive a Tobacco Quitline Fax-to-Quit form upon checking in at the front desk. This form can be filled out in the waiting room and returned to the front desk staff or brought into the exam room. If a tobacco user identifies interest in enrolling, ensure the form is collected before the person leaves your practice.

- ✓ It is important that your office determine a procedure for collecting and faxing enrollment forms.

❖ Arrange **follow-up** with tobacco users. This can be by phone, at a special follow-up visit, or the next time you see the family. You may see families many times in the course of a year and will have several opportunities to address tobacco use and exposure. Be sure to **document** follow-up plans in the electronic medical record.

Example Quitline Fax-To-Quit Enrollment Form

QUITWORKSSM

A Service of the Massachusetts Smokers' Helpline

In Collaboration with the Massachusetts Department of Public Health and Massachusetts Health Plans

Patient Stamp, Label or Info (Name, Record Number/DOB, Date)

- If a patient is interested in quitting smoking, fill out this form with them.
- Fax completed form to 1-866-560-9113.
- The Massachusetts Smokers' Helpline will contact the patient, offer free cessation services, and send feedback reports to the provider listed below.
- This program is free for all Massachusetts residents regardless of insurance status.

QuitWorks is moving to e-news updates. Health care providers, please enter your email to receive QuitWorks updates and

smiller@greenpedsorg
Provider Email Address

Massachusetts Referral Form

Patients: Complete this section

Janie **Brown**
 First Name Last Name

Are you 18 or older? Yes No

15 Elm Terrace Apt 15 **Fitchburg** **MA** **01420**
 Mailing Address City State Zip

(617) 233-5555
 Phone Number

When should we call? (check all that apply) Morning Afternoon Evening No preference

Language Preference: English Spanish Other (specify) _____

May we leave a message? Yes No

Primary Insurance: Blue Cross Blue Shield MA Tufts Health Plan Harvard Pilgrim
 of Tobacco User: MassHealth/Medicaid Other None

I authorize this provider to release the information on this referral form to QuitWorks so that I may be contacted and participate in the QuitWorks program. I also authorize QuitWorks to disclose information about my progress in attempting to quit smoking to the health care provider listed on this form.

Janie Brown **Nov 8, 2013**
 Patient Signature Date

Health Care Providers: Complete this section

Referring Provider: **Dr. Susan Miller** **(978) 333 5555**
 Phone Number

Facility: **Green Street Pediatrics** **(978) 333 7777**
 Fax Number

Address: **37 Green Street**

Send feedback report to:
 Same as above or _____
 Name Phone Number Fax Number

PEDIATRICS ONLY:
 Patient's relationship to child: Mother Father Other (specify) _____

Child/Children's name: (to help with recordkeeping) _____

This form can be downloaded from WWW.QUITWORKS.ORG

Fax this form toll-free to 1-866-560-9113

Highlights: During the Visit



Encourage parents to **set a quit date** for the near future and set a follow-up plan.



Offer combined **therapy for NRT** and encourage parents to use the pre-printed prescriptions.



Assist parents in connecting to **free tobacco cessation resources** such as the Tobacco Quitline and SmokefreeTXT text messaging service.

A screenshot of an electronic medical record (EMR) form titled 'Step 2: For office use (EMR Entry)'. The form is divided into sections: 'Document Tobacco Use/Exposure' with checkboxes for 'Tobacco use/Exposure' and 'Smoke-free home rules', and 'Document Services Provided' with checkboxes for 'Prescription given for patch and/or gum', 'Enrolled in the Quitline', and 'Enrolled in SmokefreeTXT'. There are also fields for 'Set a quit date for'. A small box on the right contains instructions: 'Click [X] to document current tobacco use/dependence', 'Click [X] to document non-tobacco use/dependence', and 'Click [X] to document tobacco use or abstinence'. The form is for documenting tobacco use and exposure by Mother, Father, Patient, or Other.

Document household tobacco use and exposure, smoke-free home and car rules, and services provided in the patient's electronic medical record.

Working as a team on CEASE: Steps to Success

- ❑ First, review the CEASE Action Sheet as a group. Correctly using this sheet allows your office to follow the evidence-based guidelines to address smoking.
- ❑ Second, decide as a team where the CEASE Action Sheets and Fax-to-Quit forms located at the front desk area.
- ❑ Third, as a group test the CEASE process so everyone is aware of their roles.

Remember:

- ✓ Work together to develop measurable benchmarks for success.
- ✓ Work together to identify roadblocks that may be keeping you from your benchmarks.



The CEASE Implementation Guide

❖ Use the following CEASE Implementation Guide to learn and practice how to incorporate the CEASE Action Sheet into your tobacco control assistance with parents.

| CEASE Implementation Guide Three Easy Steps | | | |
|--|---|--|--|
| What | When | Who | How |
| <p>Step 1</p> <p>ASK Does any member of your household use tobacco?</p> <p>Use:</p> <ul style="list-style-type: none"> • iPad Intake Survey | Distribute iPad Intake Survey at front desk | <p>Front office staff:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <ul style="list-style-type: none"> • At every visit, give each parent the iPad to screen for tobacco use. <ul style="list-style-type: none"> ○ Parent answers survey and iPad prompts distribution of the Fax-to-Quit form and CEASE Action Sheet to parent. ○ Parent fills out Fax-to-Quit form and returns it to the front desk. ○ Parent brings CEASE Action Sheet to exam room. |
| <p>Step 2</p> <p>ASSIST in helping smokers quit and establishing a completely smoke-free home and car.</p> <p>Use:</p> <ul style="list-style-type: none"> • CEASE Action Sheet • Prescriptions | During the exam | <p>Physician, nurse, or health educator:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <ul style="list-style-type: none"> • Use the responses on Step 1 of the CEASE Action Sheet to guide how you will assist in addressing tobacco use in Step 2. <ul style="list-style-type: none"> ○ Assist families with setting a smoke-free home and car rule and document these rules in the electronic medical record. ○ Complete the pre-printed prescriptions on the bottom of the CEASE Action Sheet and give them to those who use tobacco. ○ Assist tobacco users with setting a quit date and document the date in the electronic medical record. |
| <p>Step 3</p> <p>REFER those who smoke to the quitline and free text messaging program (SmokefreeTXT). Make a follow-up plan.</p> <p>Use:</p> <ul style="list-style-type: none"> • Fax-to-Quit form • CEASE Action Sheet | <p>At the front desk</p> <p>During the exam</p> | <p>Front office staff, physician or nurse:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <ul style="list-style-type: none"> • Completed Fax-to-Quit forms should be faxed to the quitline. • Refer tobacco users to SmokefreeTXT as listed on the CEASE Action Sheet. • Arrange follow-up with tobacco users. • Document referrals in the electronic medical record. |

❖ The Implementation Guides focuses on 4 key areas that will help your practice implement the CEASE intervention:

What – Step 1 (Ask), Step 2 (Assist), or Step 3 (Refer)

When – When and where does this step take place?

Who – Who is responsible for carrying out the step?

How – The actions necessary to complete each step and provide appropriate tobacco control assistance to parents.

Creating a Tobacco Disease Registry

- ❖ Your practice will designate a **Tobacco Control Coordinator** who will be the point person for creating and maintaining your practice's Tobacco Disease Registry.

The following is a general overview:

- ✓ The Coordinator will **distribute the reports** to the appropriate staff members. Each clinician's report is a list of their patients that have recently been identified as having tobacco users in their household.
 - ✓ The Coordinator may work in collaboration with the practice clinicians to offer additional tobacco control services and resources by using the electronic medical record problem list and detailed notes to inform his/her conversations with parents.
 - ✓ The Coordinator **may also follow-up with families** where tobacco use has been identified to offer help with smoking cessation.
- ❖ The registry is a useful tool for your practice to establish routine screening, documentation, assistance, and follow-up for high-risk patients with identified tobacco use and exposure in the household.

Electronic Medical Record Review: Meeting Benchmarks

- ❖ For best implementation, your practice should meet a minimum benchmark that 60% of the patients listed on the combined Disease Registry Report have a corresponding entry documenting household tobacco use and exposure in their electronic health record.
- ❖ Meeting this benchmark is very important, as it shows that your practice is ready to move on to the next stage of implementing CEASE.
- ❖ Your office should use the CEASE Medical Record Review Sheet to determine whether you are meeting the 60% benchmark of documenting household tobacco use and exposure.
- ❖ Using the form is simple. Randomly select 10 names from the Disease Registry Reports. Look to see if the patient's electronic health record indicates household tobacco use and exposure. You should find these notations on the problem list and/or notes sections. Mark the Medical Record Review Sheet as you review the patients' medical records. If you have not met the benchmark, check off the reasons why, so your practice can troubleshoot and improve.

CEASE Medical Records Review Sheet

Medical Records Review Sheet: Meeting Benchmarks

Please select 10 names from the Disease Registry and review the patients' electronic medical records. Please indicate whether or not household tobacco use is documented in the record and the CEASE Action Sheet was used during the visit.

| Patient # | Is tobacco use in the household documented? | |
|-----------|---|--------------------------|
| | Yes | No |
| 1 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | <input type="checkbox"/> | <input type="checkbox"/> |

If you have any questions or comments about this activity, please specify below:

Printed Name and Signature of
person completing chart review

Date of Review

Contact Us

- ❖ **We want to hear from you!** Your feedback is critical to improving CEASE and helping other practices like yours be successful. You may use the following contact information to reach out to us with any questions, comments, or concerns:

Massachusetts General Hospital CEASE team:

- ❖ ceasetobacco@partners.org