

# 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 CEASE team with any information that may help you or another practice implement CEASE more easily.

# 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 (SHS) and thirdhand tobacco smoke (THS) 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 SHS and THS 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 family at every visit is screened upon checking in at the front desk using the iPad survey to identify tobacco use and exposure in the household.
- 2.** The CEASE Action Sheet is given to the families identified with tobacco use and exposure. Step 1 of the sheet is completed by the family and taken in to the exam room with them.
- 3.** A Fax-to-Quit enrollment form is distributed along with the CEASE Action Sheet to families who are interested in enrolling in the free State Tobacco Quitline. The form is filled out and signed in the waiting room/exam room and handed back to the staff, who will fax it to the Quitline.

# Tobacco Screening and the CEASE Action Sheet

- ❖ Your practice will be supplied with an iPad to be kept at the front desk.
- ❖ Front desk staff should ask every family checking in to complete a brief Intake Survey on the iPad.
- ❖ Parents/adolescent patients will answer one screener question that asks, “Does any member of your household use tobacco?”

**If the answer is ‘no’: the survey will automatically prompt the person filling it out to return it to the front desk and the survey will end.**

**If the answer is ‘yes’:**

- ✓ The survey will automatically ask additional questions of the parent/patient completing the survey. Once they are done completing the additional questions, respondents will be prompted to return the iPad to the front desk.
- ✓ Every person who answers ‘yes’ to the initial screener question should receive the CEASE Action Sheet from front desk staff.
- ✓ Families will be instructed to fill out Step 1 of the “CEASE Action Sheet.”
- ✓ Every person who is interested in enrolling in the Tobacco Quitline should receive the State Quitline Fax-to-Quit referral form to complete and return to the front desk.
- ✓ Front desk staff will be prompted to click ‘yes’ or ‘no’ to confirm if the CEASE Action Sheet was distributed.

## Using the CEASE iPad Intake Survey

- ❖ Be sure to have the CEASE Action Sheets stored in an easy- to-reach, central location at the front desk.
- ❖ The staff member who receives the iPad from the family will need to click on 'yes' or 'no' to confirm that the CEASE Action Sheet was distributed in order to complete the survey, and then hand out the CEASE Action Sheet **and** Fax-to-Quit form to the family.
- ❖ If there is more than one person checking in at the same time, give the iPad to the first person, and then ensure the next person completes the survey prior to seeing the clinician.
- ❖ At first, it may feel uncomfortable for you to hand out the iPad survey to families because you know them well. Your role is essential to the success of the entire intervention, and by routinely handing out the iPad survey you are ensuring every family has the opportunity to receive the specialized services and support necessary for a 100% smoke-free environment for your patients.
- ❖ Don't give up! You may get 10 or 15 'no's on the survey before you get a 'yes.' Identifying that 'yes' is critical to the intervention. The goal is to reduce tobacco use and exposure in families and we must first identify who those families are.

# Using the CEASE Action Sheet (CAS)

Using the CEASE Action Sheet during the clinical visit is the key to success. The CEASE Action Sheet serves as a guide to accomplishing the three steps: **Ask**, **Assist**, and **Refer**.

❖ Step One of the CAS **asks** about current smoking status and a smoker's interest in additional quit smoking resources such as the Tobacco Quitline and nicotine patch and gum. This is completed by the parent in the office waiting area.

❖ Step Two of the CAS combines three parts: **documentation, assistance, and referral**. Step Two serves as a guide for documenting the tobacco cessation services provided, including **referral** to free resources. **Document** household tobacco users, smoke-free home and car rules, and **assist** families with what they want to quit smoking. **Refer** families to the Quitline and text messaging services and **fill out the prescriptions** for every smoker.

Please bring to the exam room to review with the doctor	
<b>Step 1: For the parent/patient to fill out</b>	
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	
<b>Step 2: For office use (EMR Entry)</b>	
<b>Document Tobacco Use/Exposure</b>	
<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
<b>Document Services Provided</b>	
<input type="checkbox"/> Prescription given for patch and/or gum	<b>Code 989.84 to document parental tobacco use/assistance (Toxic effect of tobacco)</b>  <b>Code 305.1 to document teen tobacco use/assistance (Tobacco use or dependence)</b>
<input type="checkbox"/> Enrolled in the Quitline	
<input type="checkbox"/> Enrolled in Text2Quit	
<input type="checkbox"/> Set a quit date for _____	
TEAR HERE TEAR HERE TEAR HERE TEAR HERE TEAR HERE	
<b>Call 1-800-784-8669 for free help quitting</b> OR <b>Text the word "QUIT" (7848) to iQUIT (47848) for free help.</b>	
<b>Text the word "QUIT" (7848) to iQUIT (47848) for free help</b> OR <b>Call 1-800-784-8669 for free help quitting.</b>	
<b>Pediatric Associates</b> 500 Prospect Street Boston, MA	<b>Pediatric Associates</b> 500 Prospect Street Boston, MA
Name _____ Date _____	Name _____ Date _____
Address _____ D.O.B. _____	Address _____ D.O.B. _____
Nicotine patch (check strength) <input type="checkbox"/> 21mg <input type="checkbox"/> 14mg <input type="checkbox"/> 7mg Apply 1 patch for 16-24 hours each day Dispense 2 months supply Refill NR 1 2 3 4 5	Nicotine gum <input type="checkbox"/> 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.	Prescription is void if more than one (1) prescription is written per blank.
May substitute	May substitute

Step 1: Ask

Step 2: Assist/Refer



# CEASE Action Sheet Step One: ASK

- ❖ Step One of the CEASE Action Sheet (CAS) should be completed at every visit by families who indicate there is a tobacco user living in the child's household.
- ❖ After parents complete the questions on the iPad, the survey will automatically prompt office staff to distribute the paper CAS when appropriate.
  - ✓ Establish a routine plan to ensure the CAS gets from the parent into the exam room for review at the clinical visit.

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

Step 1: Ask







<u>Please bring to the exam room to review with the doctor</u>			
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

- ✓ At every visit with families who bring in a CEASE Action Sheet, clinicians should review parents' responses to the Step One questions.

# CEASE Action Sheet Step Two: ASSIST

- ❖ The CEASE Action Sheet: Step Two guides you to ask key questions and provide assistance, based on what the parents indicate they want and need.
- ❖ Step two also provides cues to ensure tobacco use/exposure and assistance provided are documented in the electronic health record.

Step 2: Document







Step 2: For office use (EMR Entry)	
<b>Document Tobacco Use/Exposure</b>	
	<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
<b>Document Services Provided</b>	
	<input type="checkbox"/> Prescription given for patch and/or gum
	<input type="checkbox"/> Enrolled in the Quitline
	<input type="checkbox"/> Enrolled in Text2Quit
	<input type="checkbox"/> Set a quit date for _____
<div style="border: 1px solid black; padding: 5px;"> <p><b>Code 989.84</b> to document parental tobacco use/assistance (Toxic effect of tobacco)</p> <p><b>Code 305.1</b> to document teen tobacco use/assistance (Tobacco use or dependence)</p> </div>	
<div style="display: flex; justify-content: space-between;"> <span>TEAR HERE</span> <span>TEAR HERE</span> <span>TEAR HERE</span> <span>TEAR HERE</span> </div>	

Step 2: Assist/Refer

## Step Two: ASSIST

- ❖ Step Two should be used by clinicians to assist families in becoming tobacco-free. Clinicians will assist parents in setting a quit date, prescribe NRT, connect parents to free resources including the state Quitline and text messaging service, and set 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.

Electronic Documentation

Step 2: For office use (EMR Entry)				
<b>Document Tobacco Use/Exposure</b>				
	<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
<b>Document Services Provided</b>				
	<input type="checkbox"/> Prescription given for patch and/or gum			
	<input type="checkbox"/> Enrolled in the Quitline			
	<input type="checkbox"/> Set a quit date for _____			
<div><b>Code 989.84</b> to document parental tobacco use/assistance (Toxic effect of tobacco) <b>Code 305.1</b> to document teen tobacco use/assistance (Tobacco use or dependence)</div>				

## 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 health 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.
- ❖ Offer enrollment into the free telephone Quitline and text messaging services. Encourage parents to complete the fax enrollment form and sign up for the 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

- ✓ Share with parents the benefits of using NRT to support them in successfully quitting.

- ✓ Encourage parents to bring the prescriptions to their local pharmacy and fill them as soon as possible.

TEAR HERE   ■   TEAR HERE   ■   TEAR HERE   ■   TEAR HERE	
<p align="center"><b>Call 1-800-784-8669</b> for free help quitting OR Text the word <b>"QUIT"</b> (7848) <b>to IQUIT</b> (47848) for free help.</p>	<p align="center"><b>Text</b> the word <b>"QUIT"</b> (7848) <b>to IQUIT</b> (47848) for free help OR <b>Call 1-800-784-8669</b> for free help quitting.</p>
<p align="center">Pediatric Associates 500 Prospect Street Boston, MA</p> <p>Name _____ Date _____</p> <p>Address _____ D.O.B. _____</p> <p>Nicotine patch (check strength)</p> <p><input type="checkbox"/> 21mg      <input type="checkbox"/> 14mg      <input type="checkbox"/> 7mg</p> <p>Apply 1 patch for 16-24 hours each day</p> <p>Dispense 2 months supply</p> <p>Refill NR   1   2   3   4   5</p> <p>Prescription is void if more than one (1) prescription is written per blank.</p> <p align="right">_____ May substitute</p>	<p align="center">Pediatric Associates 500 Prospect Street Boston, MA</p> <p>Name _____ Date _____</p> <p>Address _____ D.O.B. _____</p> <p>Nicotine gum</p> <p><input type="checkbox"/> 4mg</p> <p>Chew one piece every 1-2 hours</p> <p>Dispense 2 months supply</p> <p>Refill NR   1   2   3   4   5</p> <p>Prescription is void if more than one (1) prescription is written per blank.</p> <p align="right">_____ May substitute</p>

## Step Three: REFER

The CEASE Action Sheet has smoking cessation resources located above the tear off prescriptions and on the accompanying Tobacco Quitline Fax-to-Quit referral form.

A form titled "QUITWORKS" with a starburst graphic. It contains fields for patient information, a section for "Massachusetts Referral Form" with checkboxes for various services, and a section for provider information. At the bottom, it says "Fax this form toll-free to 1-800-500-9113".

REFER

TEAR HERE	TEAR HERE	TEAR HERE	TEAR HERE	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 text messaging quit smoking 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 process occurs 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 health record.



# Example Quitline Fax-To-Quit Enrollment Form

## QUITWORKS<sup>SM</sup>

A Service of the Massachusetts Smokers' Helpline

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

- 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.

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

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

**smiller@greenpeds.org**  
Provider Email Address

## Massachusetts Referral Form

### Patients: Complete this section

Jamie Brown Are you 18 or older? ☒ Yes ☐ No  
First Name Last Name  
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.

Jamie 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](http://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 the Tobacco Quitline and Smokefree TXT text messaging service.

A screenshot of a medical record form titled 'Step 2: For office use (EMR Entry)'. It contains sections for 'Document Tobacco Use/Exposure' with checkboxes for tobacco users and smoke-free rules, and 'Document Services Provided' with checkboxes for prescriptions, quitline enrollment, and quit date setting. A 'Save/Submit' button is visible on the right.

Document household tobacco use and exposure, smoke-free home and car rules, and additional 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, once you have reviewed the CEASE Action Sheet, fill out the Implementation Guide, noting who is responsible for the CEASE Action Sheet and Fax-to-Quit form at every juncture. Put the completed Implementation Guide in a public space so all staff can review it.
- ❑ Third, decide as a team where the CEASE Action Sheets, Fax-to-Quit forms, and iPad will be located at the front desk area and where any additional CEASE materials will be stocked.
- ❑ Fourth, as a group test the CEASE process with a role-play and revise the Implementation Guide as needed.

## 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 Action Sheet 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
<b>Step 1</b>  <b>ASK</b> about tobacco use in the patient's household and household smoking rules. With leadership support, use: • Tobacco exposure screening question • CEASE Action Sheet, Step One	<input checked="" type="checkbox"/> At the front desk <input type="checkbox"/> During vital signs <input type="checkbox"/> During the visit <input type="checkbox"/> Through a mailing	Primary: The receptionist, medical assistant, or nurse <i>Mary - receptionist</i>  Facilitators: <i>Alice - office manager</i>	<ul style="list-style-type: none"> <li>At every visit, give families a <b>CEASE Action Sheet</b> to ask about household members' tobacco use and interest in cessation services.</li> <li>Use the guides on the <b>CEASE Action Sheet</b> to document tobacco use and smoke-free home and car rules on the Problem List in the patient's electronic health record.</li> </ul>
<b>Step 2</b>  <b>ASSIST</b> in quitting smoking and establishing a completely smoke-free home and car. Sign and encourage users to fill the preprinted prescriptions when appropriate. With leadership support, use: • CEASE Action Sheet, Step Two	<input checked="" type="checkbox"/> During the visit	Primary: A physician, nurse, or health educator: <i>Dr. Winickoff</i>  Facilitators: <i>Jeanette - NP</i>	<ul style="list-style-type: none"> <li>In households where tobacco use occurs, address tobacco use and SHS exposure at every visit using the <b>CEASE Action Sheet</b>.</li> <li>Use the responses on Step One of the <b>CEASE Action Sheet</b> to guide how you assist in addressing tobacco use.</li> <li>Document services delivered on Step Two of the <b>CEASE Action Sheet</b> in the patient's electronic health record.</li> </ul>
<b>Step 3</b>  <b>REFER</b> those who smoke to the Quitline and free text messaging service. Make a follow-up plan. With leadership support, use: • CEASE Action Sheet, Step Three	<input checked="" type="checkbox"/> During the visit <input type="checkbox"/> In consultation with a nurse or health educator	Primary: A physician or nurse practitioner: <i>Dr. Winickoff</i>  Facilitators: <i>Jeanette - NP</i>	<ul style="list-style-type: none"> <li>Using Step Three of the <b>CEASE Action Sheet</b>, refer tobacco users to the Quitline and text messaging services.</li> <li>Fax the completed Step Three of the <b>CEASE Action Sheet</b> to QuitWorks at 1-866-560-9113.</li> <li>Arrange follow-up with tobacco users.</li> <li>Document referrals made in the patient's electronic health record.</li> </ul>

Ask	Assist	Refer
<b>How do we start CEASE?</b> <i>Develop a plan for routinely asking every family at check-in, "Does any member of the household use tobacco?" to determine who will need a CEASE Action Sheet.</i>  <b>When do we ask?</b> <i>Every family will be asked at every office visit. For children who are exposed to tobacco use in their household, clinicians should discuss tobacco use every time the parent brings in a CEASE Action Sheet.</i>  <b>What do we ask?</b> <i>Step One of the CEASE Action Sheet contains questions needed to identify tobacco use and interest in resources. Use the parent's responses to guide your discussion. Ask about setting a quit date, using medication and free resources, and setting smoke-free home and car rules.</i>  <b>When do we ask?</b> <i>Ask parents, guardians, and teens about tobacco use and smoking.</i>  <b>How do we ask?</b> <i>Use the CEASE Action Sheet as a guide to ask the necessary questions to help families address tobacco use. In your electronic medical record system, work together to add the questions from the CEASE Action Sheet to your current templates. Remember, ask, don't tell!</i>  <b>How do we know if we are doing it right?</b> <i>Work together to develop measurable benchmarks for success. One of the best ways to benchmark your success as a practice is through a medical records review. Your benchmark of success could be as simple as 75% of records have household smoking status documented in a standard location. Work together to identify roadblocks that may be keeping you from your benchmarks.</i>	<b>How do we assist families who are affected by tobacco use and exposure?</b> <i>Each clinician should offer consistent advice about quitting smoking and establishing a smoke-free home and car. The CEASE Action Sheet identifies which household members use tobacco and the specific services they want to help them quit. Work with smokers to develop a plan for becoming smoke-free. Help tobacco users set a quit date and prepare to quit. Talk to families about becoming 100% smoke-free to protect them from the medical consequences of secondhand smoke exposure.</i>  <b>What materials are available to help families who smoke?</b> <i>The CEASE Action Sheet guides and supports you in helping families become smoke-free and documenting tobacco assistance in the child's health record. The CEASE Action Sheet also serves as the fax referral form for the state quitline and as a resource for the free text messaging service.</i>  <b>How can we help teen patients who smoke?</b> <i>Learn which teens smoke by using the CEASE Action Sheet. At every visit, advise teens to quit smoking. Offer teens the same assistance that you offer adults. Refer teens to the quitline and encourage them to sign up for the text messaging service while in the office with you.</i>  <b>How do we use prescriptions for NRT to help families quit smoking?</b> <i>Medications can triple a person's chances of quitting smoking. The American Medical Association supports any appropriately licensed health care professional to identify and treat tobacco dependence in any individual, in the various clinical contexts in which they are encountered. Use the preprinted prescriptions on the CEASE Action Sheet for every individual for whom medication is appropriate.</i>	<b>Where can we refer smoking family members for more assistance?</b> <i>QuitWorks, Massachusetts' smoker's quitline, offers free telephone counseling to any smoker. Offer enrollment into the quitline to any tobacco user who is ready to quit smoking. The American Legacy Foundation offers an online program for smokers at <a href="http://www.becomesmokers.com">www.becomesmokers.com</a>. Contact information for the quitline and online services is on the hallflets for parents.</i>  <b>How do we refer smokers to the quitline?</b> <i>Use the fax referral form on the back of the CEASE Action Sheet. With the smoker, complete the form. Make sure that the form is signed. Fax the form to the quitline. Document in the child's medical record that the referral was made. You may choose to scan the form into the electronic record. The quitline will take over from there.</i>  <b>What happens when we refer a smoker to the quitline?</b> <i>A quit coach from the quitline will call the smoker and support them through every step of quitting smoking. Together, the coach and the smoker will formulate a plan for quitting and talk about ways that the coach can help. The smoker and the coach can have multiple conversations about quitting.</i>  <b>How can we learn more about smoking and the harms of secondhand smoke exposure?</b> <i>The Surgeon General's report on children and secondhand smoke is available at <a href="http://www.surgeongeneral.gov/tobacco">www.surgeongeneral.gov/tobacco</a>. The QuitWorks website has more information for clinicians at <a href="http://www.quitworks.org">www.quitworks.org</a>. The CEASE website has more information about CEASE at <a href="http://www.ceasetobacco.org">www.ceasetobacco.org</a>.</i>

❖ 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.

# CEASE Implementation Guide

## Three Easy Steps

What	When	Who	How
<b>Step 1</b>  <b>ASK</b> about tobacco use in the patient's household and household smoking rules. With leadership support, use: <ul style="list-style-type: none"> <li>CEASE Action Sheet, Step One</li> </ul>	<input checked="" type="checkbox"/> At the front desk <input type="checkbox"/> During vital signs <input type="checkbox"/> During the visit <input type="checkbox"/> Through a mailing	<i>Primary:</i> The receptionist, medical assistant, or nurse: <u>Mary – receptionist</u>  <i>Facilitators:</i> <u>Alice- office manager</u>	<ul style="list-style-type: none"> <li>At every visit, give families a <u>CEASE Action Sheet</u> to ask about household members' tobacco use and interest in cessation services.</li> <li>Use the guides on <u>the CEASE Action Sheet</u> to document tobacco use and smoke-free home and car rules on the Problem List in the patient's electronic health record.</li> </ul>
<b>Step 2</b>  <b>ASSIST</b> in quitting smoking and establishing a completely smoke-free home and car. Sign and encourage users to fill the preprinted prescriptions when appropriate. With leadership support, use: <ul style="list-style-type: none"> <li>CEASE Action Sheet, Step Two</li> </ul>	<input checked="" type="checkbox"/> During the visit	<i>Primary:</i> A physician, nurse, or health educator: <u>Dr. Winickoff</u>  <i>Facilitators:</i> <u>Jeannette - NP</u>	<ul style="list-style-type: none"> <li>In households where tobacco use occurs, address tobacco use and SHS exposure at every visit using the <u>CEASE Action Sheet</u>.</li> <li>Use the responses on Step One of the <u>CEASE Action Sheet</u> to guide how you assist in addressing tobacco use.</li> <li>Document services delivered on Step Two of the <u>CEASE Action Sheet</u> in the Notes Section.</li> </ul>
<b>Step 3</b>  <b>REFER</b> those who smoke to the Quitline and free text messaging service. Make a follow-up plan. With leadership support, use: <ul style="list-style-type: none"> <li>CEASE Action Sheet, Step Three</li> </ul>	<input checked="" type="checkbox"/> During the visit <input type="checkbox"/> In consultation with a nurse or health educator	<i>Primary:</i> A physician or nurse practitioner: <u>Dr. Winickoff</u>  <i>Facilitators:</i> <u>Jeannette - NP</u>	<ul style="list-style-type: none"> <li>Using Step Three of the <u>CEASE Action Sheet</u>, refer tobacco users to the Quitline and text messaging service.</li> <li>Fax the completed Step Three of the <u>CEASE Action Sheet</u> to QuitWorks at 1-866-560-9113.</li> <li>Arrange follow-up with tobacco users</li> <li>Document referrals made in the Notes section of the electronic health record.</li> </ul>

## Ask

### **How do we start CEASE?**

*Develop a plan for routinely asking every family at check-in, "Does any member of the household use tobacco?" to determine who will need a CEASE Action Sheet.*

### **When do we ask?**

*Every family will be asked at every office visit. For children who are exposed to tobacco use in their household, clinicians should discuss tobacco use every time the parent brings in a CEASE Action Sheet.*

### **What do we ask?**

*Step One of the CEASE Action Sheet contains questions needed to identify tobacco use and interest in resources. Use the parent's responses to guide your discussion. Ask about setting a quit date, using medication and free resources, and setting smoke-free home and car rules.*

### **Whom do we ask?**

*Ask parents, guardians, and teens about tobacco use and smoking.*

### **How do we ask?**

*Use the CEASE Action Sheet as a guide to ask the necessary questions to help families address tobacco use. In your electronic medical record system, work together to add the questions from the CEASE Action Sheet to your current templates. Remember, ask, don't tell!*

### **How do we know if we are doing it right?**

*Work together to develop measurable benchmarks for success. One of the best ways to benchmark your success as a practice is through a medical records review. Your benchmark of success could be as simple as 75% of records have household smoking status documented in a standard location. Work together to identify roadblocks that may be keeping you from your benchmarks.*

## Assist

### **How do we assist families who are affected by tobacco use and exposure?**

*Each clinician should offer consistent advice about quitting smoking and establishing a smoke-free home and car. The CEASE Action Sheet identifies which household members use tobacco and the specific services they want to help them quit. Work with smokers to develop a plan for becoming smoke-free. Help tobacco users set a quit date and prepare to quit. Talk to families about becoming 100% smoke-free to protect them from the medical consequences of secondhand smoke exposure.*

### **What materials are available to help families who smoke?**

*The CEASE Action Sheet guides and supports you in helping families become smoke-free and documenting tobacco assistance in the child's health record. The CEASE Action sheet also serves as the fax referral form for the state quitline and as a resource for the free text messaging service.*

### **How can we help teen patients who smoke?**

*Learn which teens smoke by using the CEASE Action Sheet. At every visit, advise teens to quit smoking. Offer teens the same assistance that you offer adults. Refer teens to the quitline and encourage them to sign up for the text messaging service while in the office with you.*

### **How do we use prescriptions for NRT to help families quit smoking?**

*Medications can triple a person's chances of quitting smoking. The American Medical Association supports any appropriately licensed health care professional to identify and treat tobacco dependence in any individual, in the various clinical contexts in which they are encountered. Use the preprinted prescriptions on the CEASE Action Sheet for every individual for whom medication is appropriate.*

## Refer

### **Where can we refer smoking family members for more assistance?**

*QuitWorks, Massachusetts' smoker's quitline, offers free telephone counseling to any smoker. Offer enrollment into the quitline to any tobacco user who is ready to quit smoking.*

*The American Legacy Foundation offers an online program for smokers at [www.becomeanex.org](http://www.becomeanex.org)*

*Contact information for the quitline and online services is on the halflets for parents.*

### **How do we refer smokers to the quitline?**

*Use the fax referral form on the back of the CEASE Action Sheet. With the smoker, complete the form. Make sure that the form is signed. Fax the form to the quitline. Document in the child's medical record that the referral was made. You may choose to scan the form into the electronic record. The quitline will take over from there.*

### **What happens when we refer a smoker to the quitline?**

*A quit coach from the quitline will call the smoker and support them through every step of quitting smoking. Together, the coach and the smoker will formulate a plan for quitting and talk about ways that the coach can help. The smoker and the coach can have multiple conversations about quitting.*

### **How can we learn more about smoking and the harms of secondhand smoke exposure?**

*The Surgeon General's report on children and secondhand smoke is available at [www.surgeongeneral.gov/tobacco](http://www.surgeongeneral.gov/tobacco)*

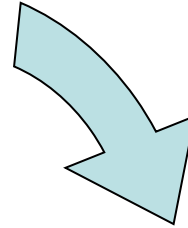
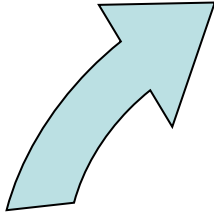
*The Quitworks website has more information for clinicians at [www.quitworks.org](http://www.quitworks.org)*

*The CEASE website has more information about CEASE at [www.ceasetobacco.org](http://www.ceasetobacco.org)*



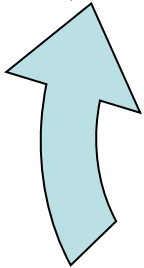
# Basic Operations: Overview

The front desk houses the CEASE Action Sheet, Fax-to-Quit Form, and the iPad. Upon checking in, all parents are asked to complete the initial Intake Survey on the iPad.

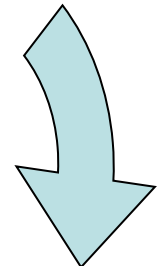


Clinicians follow-up with high risk families using the electronic health record problems list and notes sections, and the Tobacco Disease Registry Reports (pg. 24)

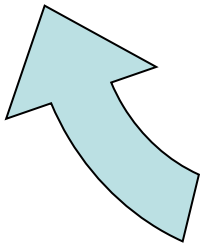
Families identified with tobacco use and exposure receive the CEASE Action Sheet (CAS) and Fax-to-Quit form at the front desk. Families complete Step 1 of the CAS before entering the exam room.



Practice staff fax enrollment forms to enroll interested smokers in the telephone state Tobacco Quitline.



During the child's visit, clinicians offer assistance (1 to 3 minutes) and refer (1 to 2 minutes) interested smokers to the Tobacco Quitline and text messaging services.



Clinicians encourage smoking parents to set a quit date and use the preprinted NRT prescriptions on the bottom of the CAS. Clinicians discuss setting smoke-free home and car rules.




# 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 health 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.
  - ❖ Review the accompanying **CEASE Tobacco Disease Registry Guide** for additional information about how to develop a Tobacco Disease Registry in your practice.

# 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:

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\_\_\_\_\_  
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](mailto:ceasetobacco@partners.org)