

The Role of All Healthcare Professionals in Cessation



September 22, 2021

Speakers



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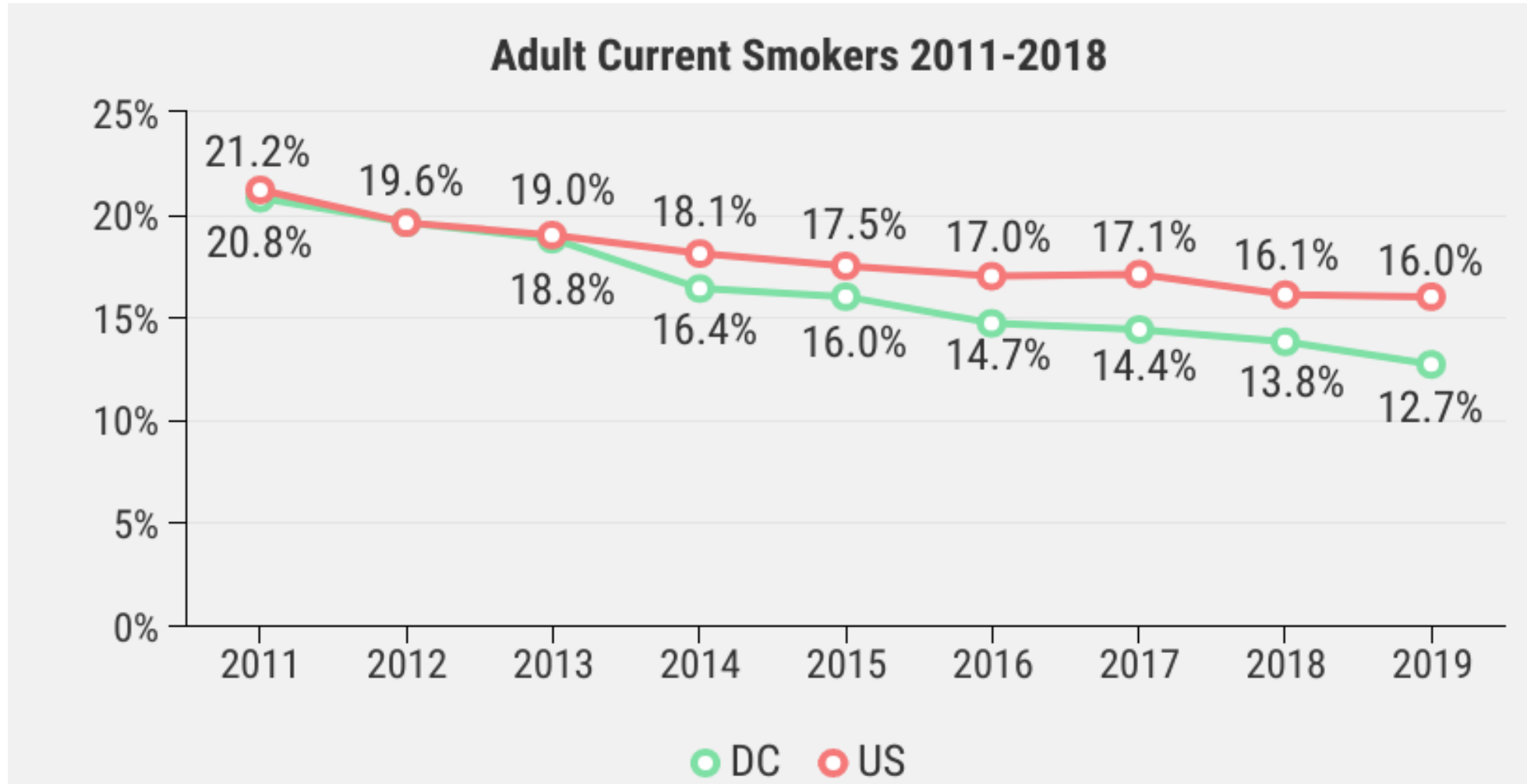
THE TOBACCO LANDSCAPE IN THE DISTRICT OF COLUMBIA

Jazmin Devonish | September 22, 2021

TOBACCO USE IN DC

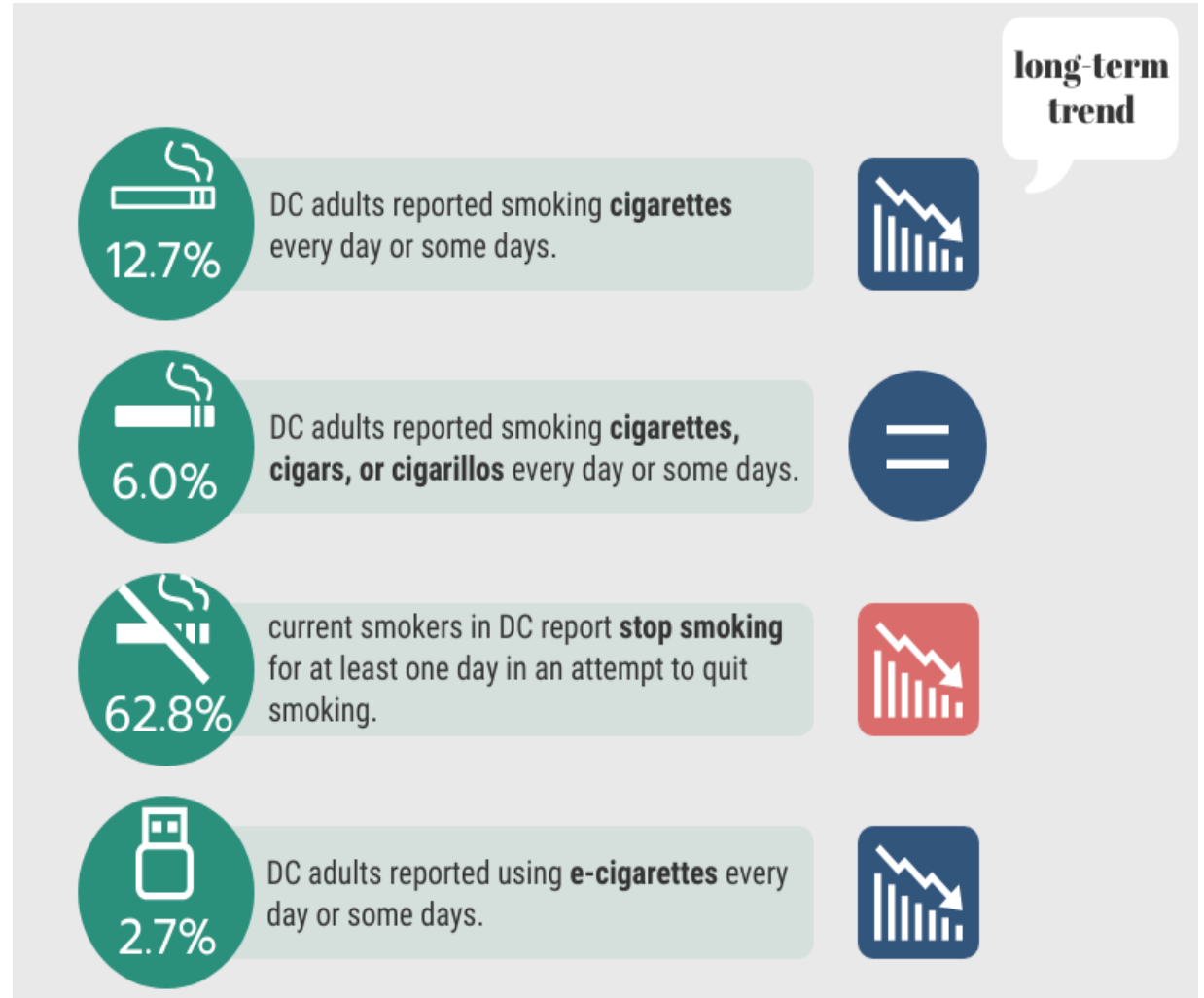
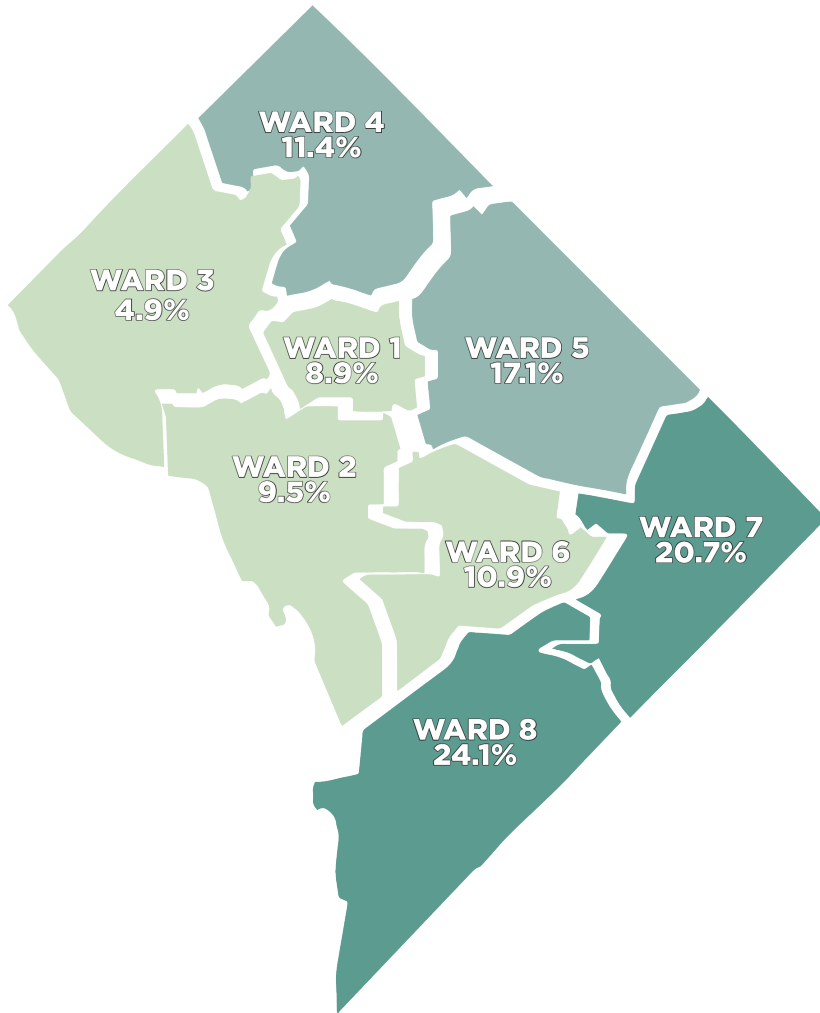
By the Numbers

TOBACCO USE IN DC



Data Source: Center for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance Systems (BRFSS), 2011-2019

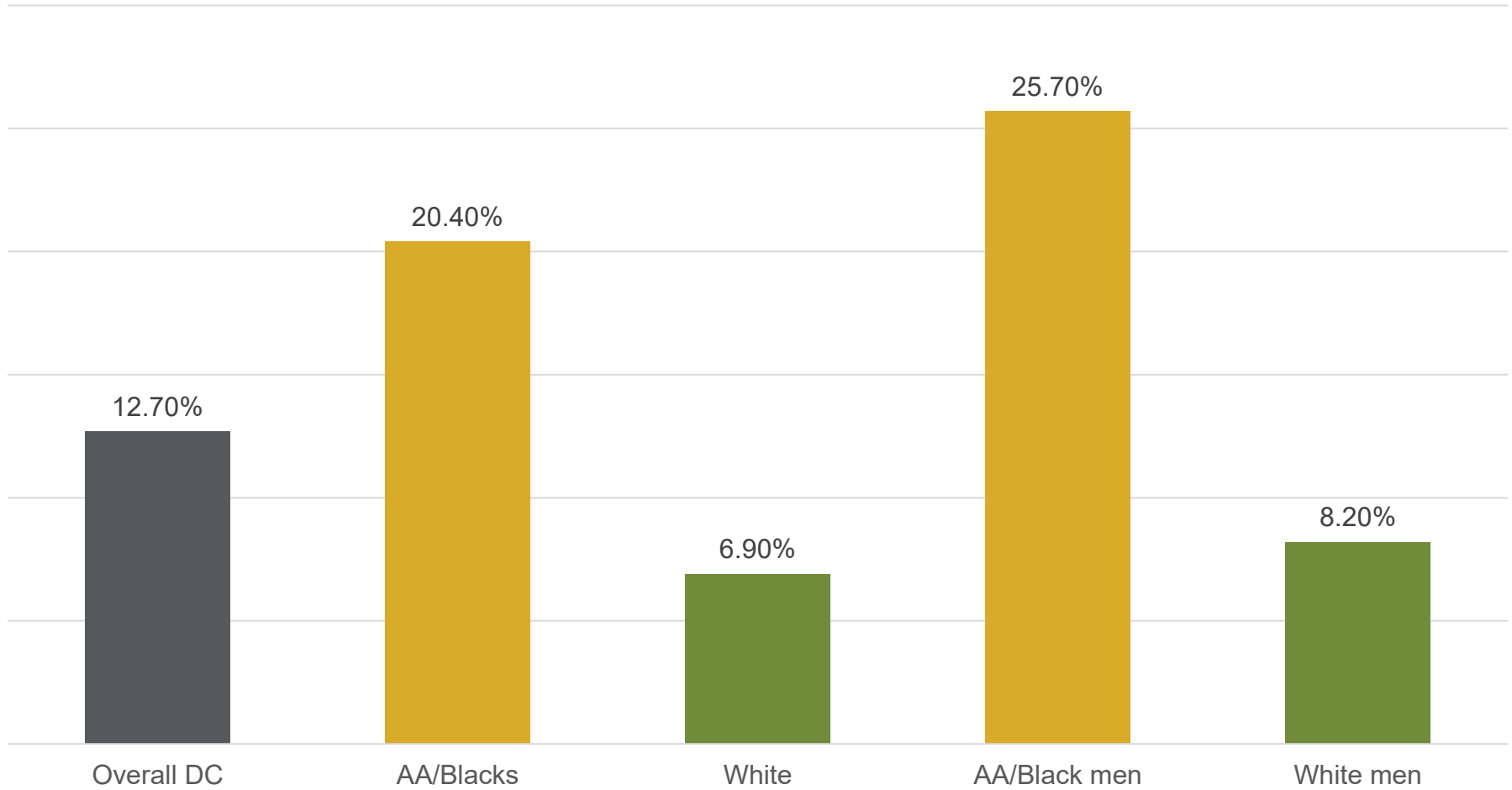
TOBACCO USE IN DC



THE BURDEN OF TOBACCO

Tobacco Use Disparities

TOBACCO USE PREVALENCE



Predatory Marketing to Vulnerable Populations



Marketing tactics disproportionately target low-income residents & African-Americans/blacks



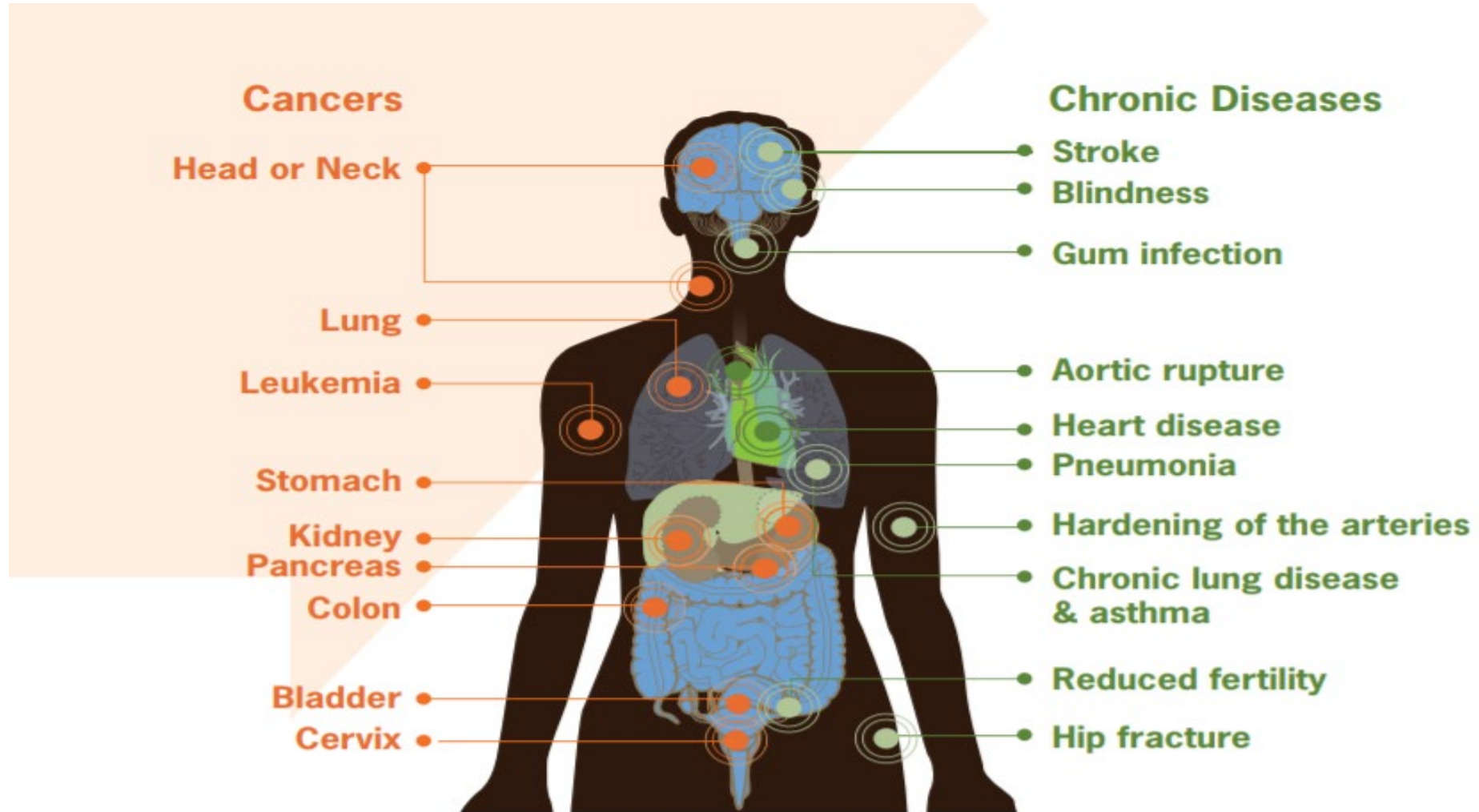
Menthol marketed to African-Americans/blacks due to its cooling properties and “less harsh” effects

Menthol smokers less successful in quit attempts



62.8% of smokers want to quit and be tobacco-free!

ASSOCIATED RISKS OF SMOKING



SECONDHAND SMOKE

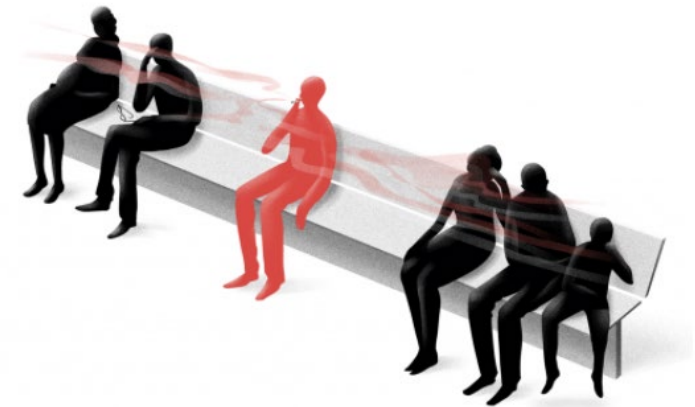
Annually, about **41,000** deaths among nonsmoking adults and **400** infant deaths are caused by secondhand smoke

Exposure in adults can cause:

- Stroke
- Lung Cancer
- Coronary heart disease

Exposure in children increases risk of:

- Sudden Infant Death Syndrome
- Acute respiratory infections
- Slowed lung growth



Graphic Source: The Tobacco Atlas

Source: Centers for Disease Control & Prevention

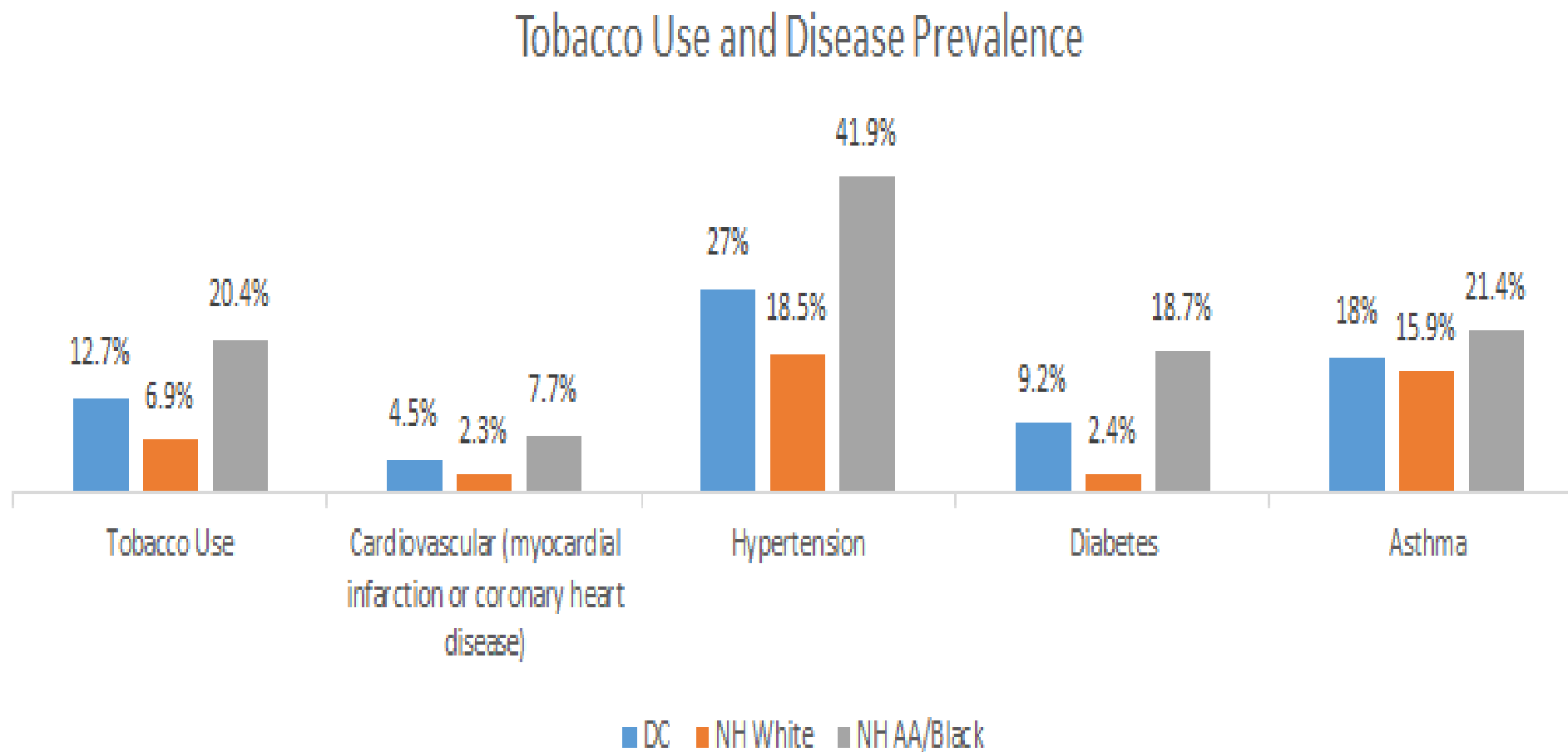
PREGNANCY AND SMOKING

Increased risk of:

- Reduced fertility
- Preterm birth
- Low birth weight
- Damage to baby's lungs and brain development
- Birth defects
- Sudden infant death syndrome



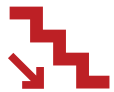
HEALTH OUTCOMES DISPARITIES RELATED TO TOBACCO



BENEFITS OF CESSATION



Improves overall health immediately



Reduces risk of harmful health effects (i.e., cancer, cardiovascular disease, respiratory diseases)



Improves the health of those around you who were exposed to secondhand smoke.



Reduces risk of preterm birth, low birth weight, birth defects, SIDS

Long-term and short-term benefits to quitting smoking

After quitting for:

20 minutes

An individual's heart and blood pressure decrease.

2-3 weeks

Circulation and lung functionality improve.

1 year

The risk of coronary heart disease and heart attack is reduced.

10 years

The risk of mortality from lung cancer is 50% less likely compared with a current smoker's risk. Pancreas and larynx cancer risks are also decreased.

12 hours

The body's carbon monoxide levels return to healthy levels.

1-9 months

Lungs continue to improve and heal, reducing coughing and shortness of breath.

5 years

The risk of mouth, throat, esophagus and bladder cancer are decreased by half. The risk of cervical cancer and stroke decline to that of a nonsmoker.

15 years

The risk of coronary disease equates to that of a nonsmoker's.

Sources: Centers for Disease Control & Prevention; Truth Initiative

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

899 North Capitol Street NE, 5th Fl, Washington, DC 20002

 dchealth.dc.gov



@_DCHealth



dchealth



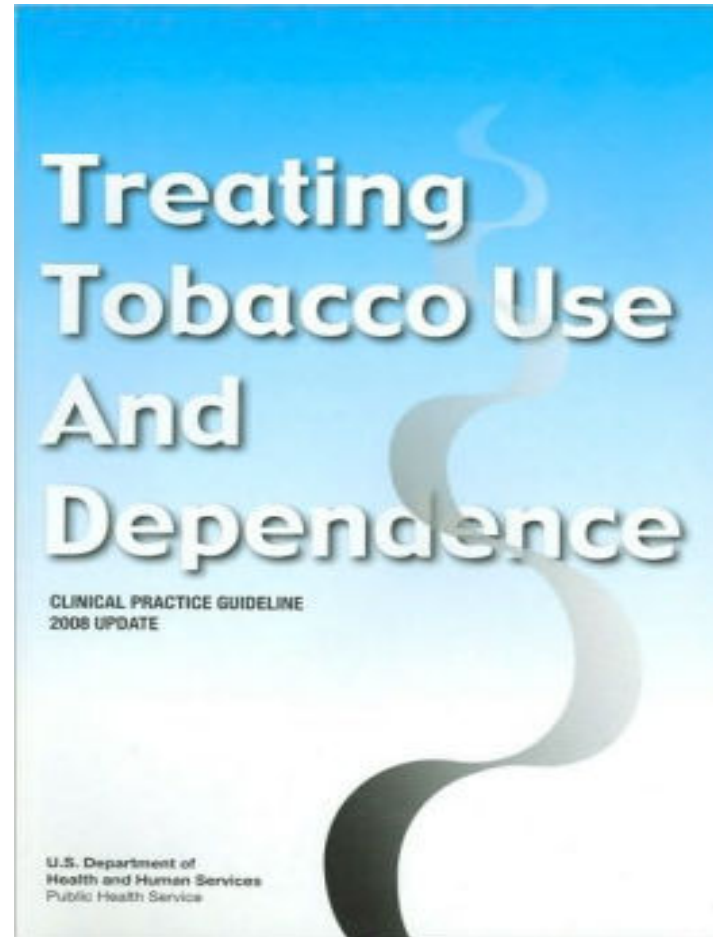
DC Health

Tobacco Cessation Support *Ask, Advise and Refer (AAR)*

Presenter: Charles Debnam, BA, MCHES, CTTS, CACII

Ask, Advise and Refer Provider Training

*Helping Your Clients
Quit Tobacco:
Public Health Service
Guidelines*



The Truth About Quitting

MYTH

Smokers don't want to quit

7 out of 10 smokers want to quit

MYTH

Health care professionals can't help

Patients advised by their doctors to quit are more likely to make a quit attempt

MYTH

Treatments don't work

Well-designed smoking cessation programs that include NRT can achieve 20% to 40% success rates

Treating Nicotine Dependence in Medical Settings

Key role of physicians and other providers

- 70% of smokers visit their physician yearly
- Opportunities for education and intervention
- Majority of smokers report they have never been advised to quit
- Most smokers will make a quit attempt upon advice from their physician

Other health professionals

- Nurses, PA's, pharmacists, dentists, outreach workers, community health workers, case managers

In fact...

TV commercials are the #1 reason a smoker calls the Quitline. Healthcare provider referral is the #2 reason.⁽⁵⁾

- *Up to 46% of calls to the Quitline have been healthcare provider referrals since*
 - *the Quitline began in DC.*



A Look at the Numbers

THE GOOD NEWS

- 35% quit for at least 1 day per year (1)
- In the District, 62.8% of residents stopped smoking for one day (4)
- More than 50% of people who have ever smoked have quit (1)
- Well-designed smoking cessation programs that include NRT can achieve 20% to 40% success rates (1)

THE BAD NEWS

- Less than 10% achieve abstinence for one year

DC Quitline Can Help

- Provide free programs, Quitline referrals, and nicotine replacement therapies to assist smokers in staying in the quit process and increasing abstinence rates for DC residents

TOBACCO INGREDIENTS

What are some ingredients found in tobacco products?

TOBACCO INGREDIENTS



Toilet
bowl
cleaner

AMMONIA

BENZENE



Rubber cement

Gas
chamber
poison



HYDROGEN
CYANIDE

Insecticide
NAPHTHALENE



ACETONE
(nail polish
remover)

CARBON TETRACHLORIDE



Dry
cleaning
fluid

Embalming
fluid



FORMALDEHYDE

Car exhaust



CARBON
MONOXIDE

ARSENIC



Rat
poison

For DC Health Care Professionals

Follow PHS's Clinical Practice Guideline on Treating Tobacco Use and Dependence ⁽²⁾

- A simple protocol for providers to counsel smokers as indicated in the Guideline increases patients' quit attempts — the 5 A's, **with one change**
- Tailor counseling according to “Stages of Change” in the quitting process
- Use resources provided by the DC Quitline, Breathe DC and DC Health
- Treat tobacco dependence with a “chronic disease model” approach

For DC Visiting Nurses

Follow PHS's Clinical Practice Guideline recommendations on treating secondhand smoke exposure both pre-natal and post-partum ⁽²⁾

- Counsel parents of the consequences of active smoking and involuntary exposure to tobacco smoke
- Counsel women on the risks of secondhand smoke exposure to fetal and infant children
- Use resources provided by the Quitline, community-based organizations and DC Health, *as appropriate*, to encourage pre-natal women to quit tobacco use

PHS Guideline for Healthcare Providers - 5 As

Ask - every patient should be asked about smoking status

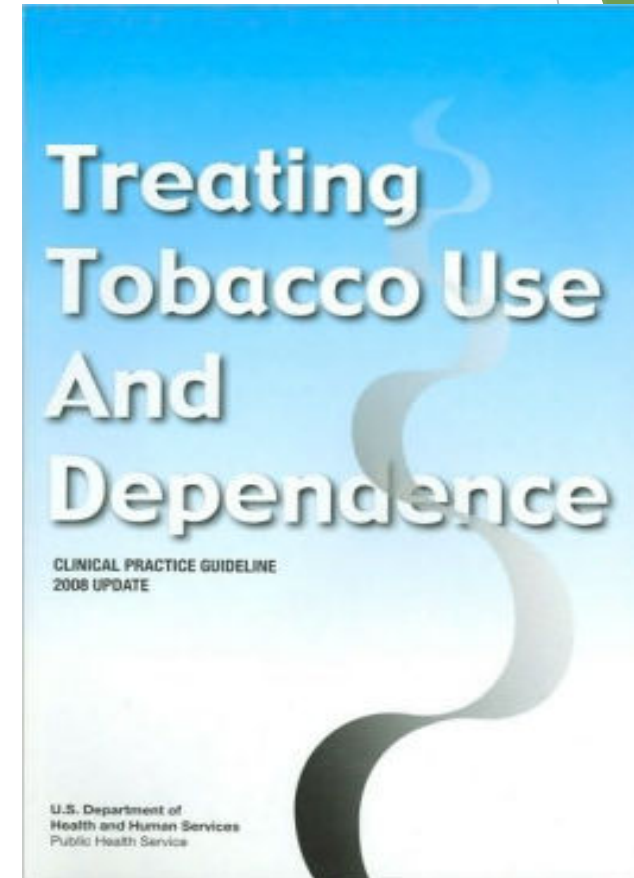
Advise - discuss the importance of quitting for the individual

Refer - *always refer clients to available resources such as the DC Quitline and other BDC programs*

Assess – patient's ability to quit, e.g., determine social support, financial issues, etc., where patient is in behavioral change process

Assist - determine what you can do as a clinician to encourage the patient to quit, e.g., providing Quitline number, materials or programs

Arrange - follow up support, e.g., telephone call



New Model for Healthcare Providers based on PHS Guideline ⁽¹⁾

Ask, Advise...

Refer to Quitline and other Community Resources

Quitline can:

- Assess abilities and resources
- Assist in quitting and determining needs
- Arrange multiple follow-ups

Benefits to Provider and Patient:

- Can reduce time constraints for provider and improve patient's interaction in the quit process

The Ask, Advise & Refer offers a brief encounter to get the patient started in the quitting process and using Breathe DC and the Quitline to conduct the remaining steps.

Information in this presentation is also taken from the Centers for Disease Control and Prevention (CDC)

Ask, Advise & Refer

A BRIEF TOBACCO INTERVENTION

During patient visits, remember to Ask, Advise and Refer.

- **ASK about tobacco use:**
“Do you currently smoke or use other forms of tobacco?”
- **ADVISE the patient to quit:** “Quitting tobacco is one of the best things you can do for your health. Are you interested in quitting?”
- **REFER the patient to resources:** If ready to quit: Provide direct referrals to resources that will assist the patient in quitting. Prescribe medications/NRT, if appropriate.
- **If not ready to quit:** Motivate patient to quit. Be realistic about difficulties of quitting, but encouraging in its immediate benefits, that it’s achievable, and that you are there to help when they are ready.

RESOURCES

DC Quitline 1-800- QUIT-NOW

A free, phone-based service with educational materials, coaches, a quit plan, and referrals to local resources to help smokers quit.

Breathe DC web: breathedc.org phone: 202.574.6789

Free cessation classes and support programs to help residents of DC, MD and VA to quit smoking.

SmokeFreeTXT Text QUIT to 47848

The National Cancer Institute’s text-messaging quit smoking program. A mobile service that provides encouragement, advice, and tips to help young adults quit.

SmokeFree.gov

A website that provides free, accurate information and assistance to help smokers quit smoking and stay tobacco-free.

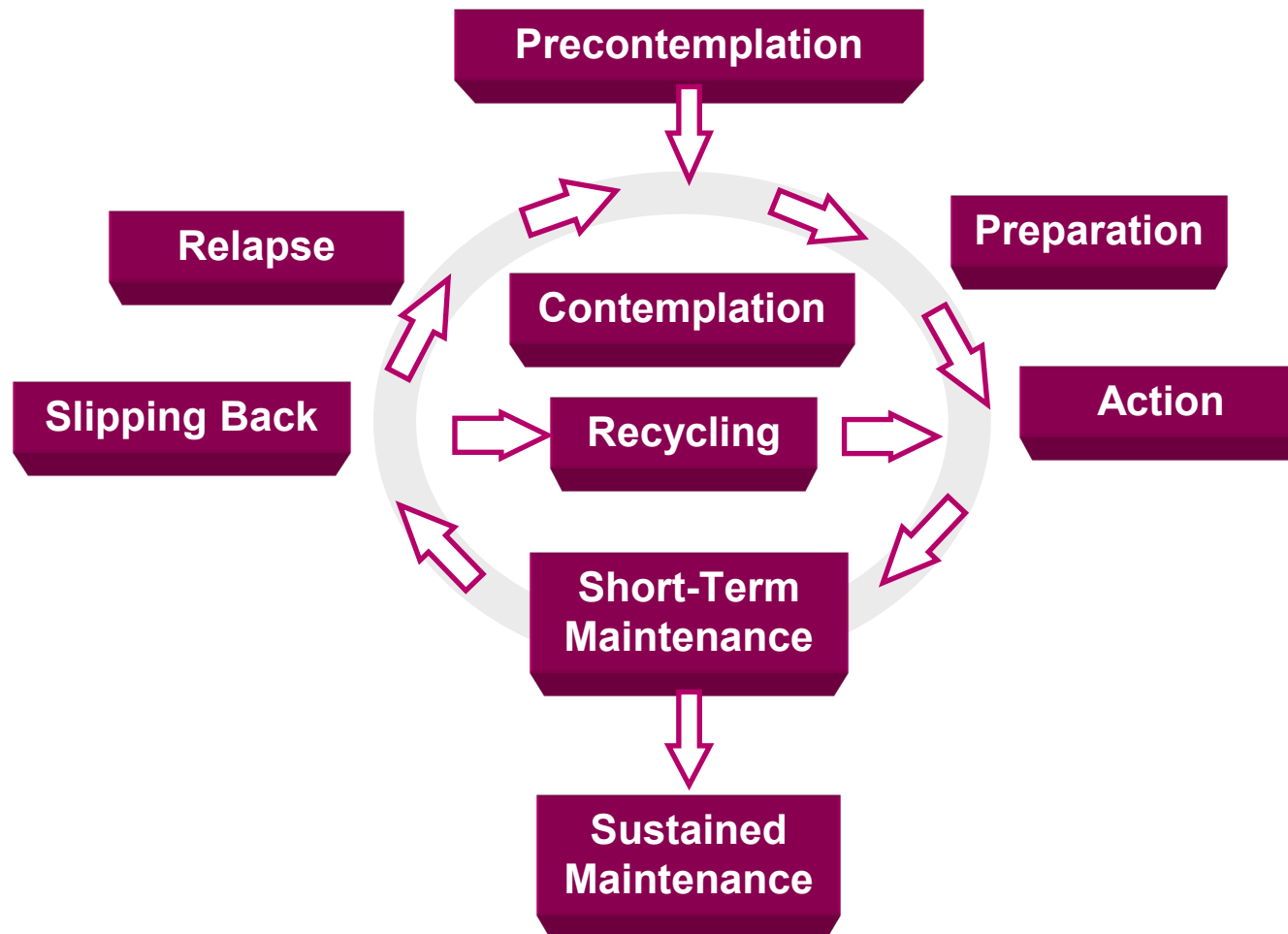


This project was funded in part by the DC Health Department.

A New Way of Viewing Progress in Smoking Cessation

- Defining success by the numbers of smokers who quit is discouraging
- Getting smokers to move from one stage to the next in the quitting process is a more accurate definition of success

Stages of Change Model ⁽⁴⁾



Stages of Change

Characteristics

- Provides a framework for understanding and segmenting the process of behavior change
- Offers an alternative to other approaches that tend to view people as uncooperative, resistant, or in denial if they are not ready to change
- Views motivation as a state of readiness to move through the stages of change
- Proposes a predictable pathway for behavior change



Motivating a Smoker to Make a Quit Attempt

- Personally relevant health and risk education
- Point out links to current and future illness
- Explore motivations and values
- Non-judgmental advice to quit - be clear about the importance to patient's health
- Address patient fears
- Offer opportunities to sample cessation (e.g., Great American Smoke-Out, smoke-free places)

Ethnic Differences In Nicotine Addiction

African Americans

- Studies show higher levels of nicotine and cancer-causing tobacco by-products in blood and urine
- Higher rates of lung cancer, although they tend to smoke fewer cigarettes
- Prefer higher nicotine and tar levels
- Menthol may enable them to take the smoke deeper into their lungs

References

- ▶ (1) Ahrq.gov. (2018). *Treating Tobacco Use and Dependence: 2008 Update* | Agency for Healthcare Research & Quality. [online] Available at: <https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html> [Accessed 18 Jun. 2018].
- ▶ (2) Smoking and Tobacco Use. (2018). *CDC - Fact Sheet - Secondhand Smoke - Smoking & Tobacco Use*. [online] Available at: https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm [Accessed 18 Jun. 2018].
- ▶ (3) Sphweb.bumc.bu.edu. (2018). *The Transtheoretical Model (Stages of Change)*. [online] Available at: <http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories6.html> [Accessed 18 Jun. 2018].
- ▶ (4) Center for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance Systems (DC BRFSS), 2019
- ▶ (5) DC Quitline data, 2020

Thank you for your participation!

For tobacco cessation resources, please contact:

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Community Wellness Alliance

Charles@cwadmva.org



DC Quit Line Introduction

Jeremy Hulburt
Account Manager, State Quitlines



OPTUM®

Today's agenda

1

Optum & DC Health

2

Services Overview

3

Provider referral options

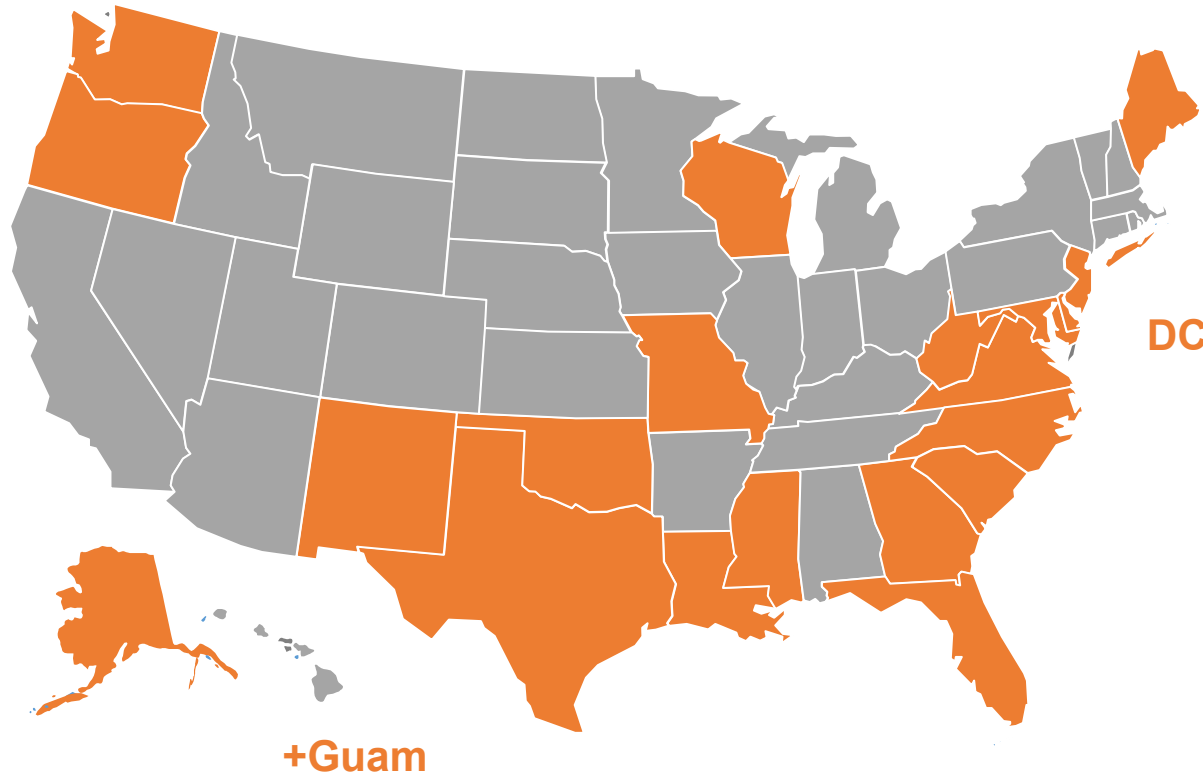


Optum State Quitline Tobacco Cessation History

- Over 30 Years of Experience
- Quitline provider for 23 state Quitlines
- 20+ years operating state-funded Quitlines
- 11+ years operating the DC Quitline
- Founding member of NAQC
- Selected by ACS to be its operating partner for Quitline services
- Ongoing Research (150+ publications)



Optum – Quit For Life



23

states and U.S.
territories



4M +

Lives helped
since 1985



800+

Clients helped
across three
markets



Neighboring States

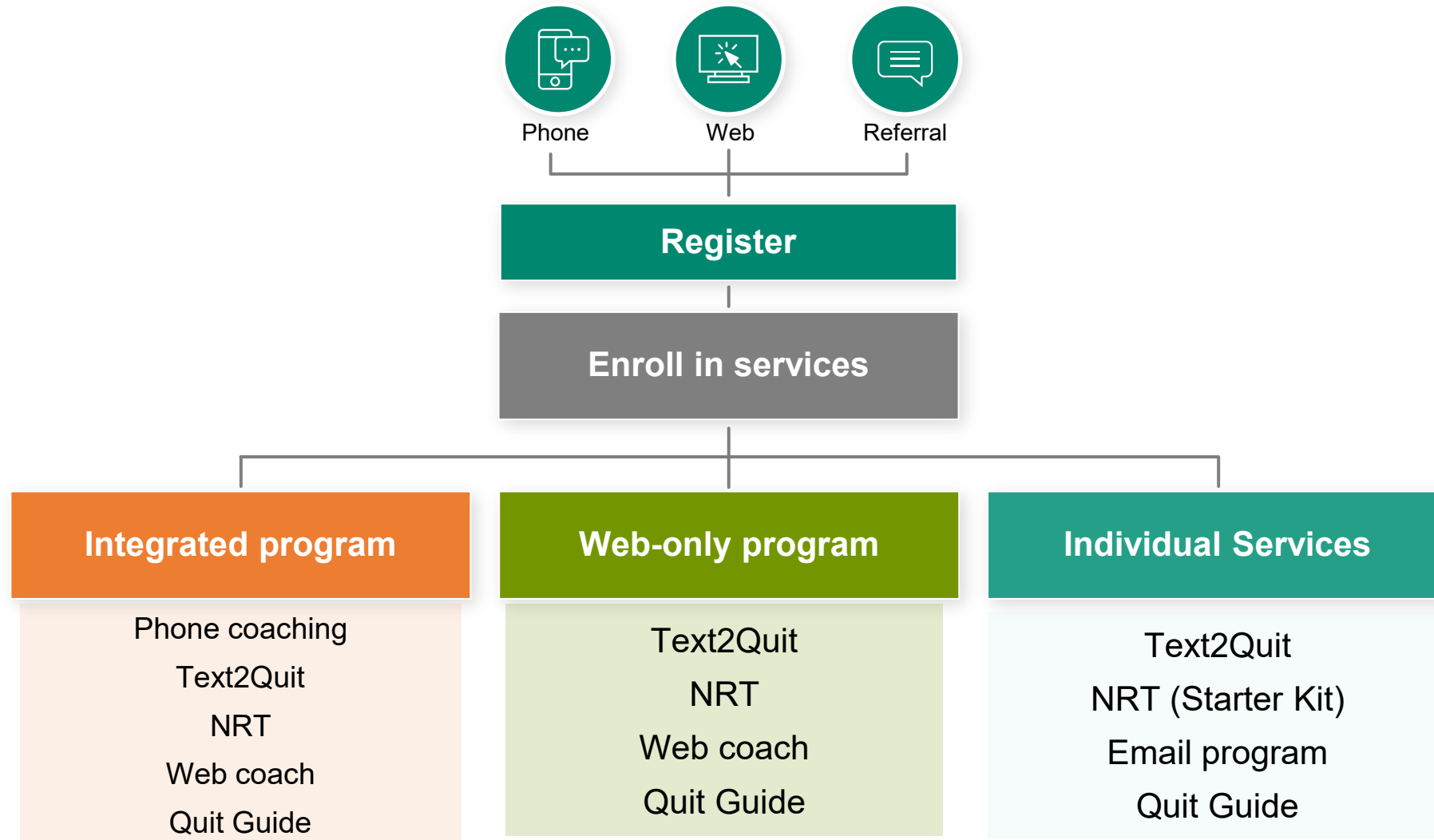


- Same service provider for Maryland and Virginia
- Seamless transition and triage to appropriate Quitline (same staff & coaches)
- Universal phone number for any resident (1-800-QUIT-NOW)
- Promotion and reach opportunities

Services for District residents



How Residents access Quit Line services



DC Quit Line Services

Integrated program

ENROLLMENT: PHONE OR WEB

Materials

Mailed letters and printed quit guide

NRT

Full FDA recommended 8 weeks of Patch or Lozenge available (sent directly in 2 shipments)

Proactive phone coaching

Scheduled outbound calls (4) and unlimited inbound support

Program e-mails

Custom messages coincide with quit date

Text2Quit

Custom messages coincide with quit date

Web coach

Trackers, community forums, e-lessons, videos, articles and quit plans

Web-only program

ENROLLMENT: PHONE OR WEB

NRT

4 weeks of patch or lozenge

Program emails

Custom messages coincide with quit date

Text2Quit

Custom messages coincide with quit date

Web coach

Trackers, community forums, e-lessons, videos, articles and quit plans

Individual Services

ENROLLMENT: PHONE OR WEB

Materials

Mailed letters and printed quit guide

Options emails

General resource emails

Options NRT

NRT starter kit (4 weeks of Patch) and one medication follow-up call

Text2Quit

Custom messages coincide with quit date

Web dashboard

Provider referral options



Referrals

Methods



Fax



HL7* coming soon



Secure Email

Outcomes reports



Outcomes reports are returned to HIPAA compliant providers/organizations

Outbound calls



Outbound calls made within 24 hours of receiving a referral. Five or more calls are attempted at the patient's best time.



Outbound call phone numbers (landline):

1-800-QUIT.NOW

1-866-QUIT.4.LIFE

DC Provider Referral Program: Current

DC **HEALTH**

DC QUITLINE FAX REFERRAL FORM

Fax Number: 1-800-483-3114

FAX SENT DATE: ____/____/____

Provider Information:

CLINIC NAME CLINIC ZIP CODE

HEALTH CARE PROVIDER

CONTACT NAME

FAX NUMBER PHONE NUMBER

I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE) YES ☐ NO ☐ DON'T KNOW ☐

Patient Information:

PATIENT NAME DATE OF BIRTH GENDER ☐ MALE ☐ FEMALE

ADDRESS CITY ZIP CODE

PRIMARY PHONE NUMBER HM ☐ WK ☐ CELL ☐ SECONDARY PHONE NUMBER HM ☐ WK ☐ CELL ☐

LANGUAGE PREFERENCE (PLEASE CHECK ONE) ENGLISH ☐ SPANISH ☐ OTHER

By participating in this program I understand that outcome information may be shared with my provider for purposes of my treatment.

 I am ready to quit tobacco and request the DC Quitline contact me to help me with my quit plan.
(Initial)

 I DO NOT give my permission to the DC Quitline to leave a message when contacting me.
(Initial) ** By not initialing, you are giving your permission for the quitline to leave a message.

PATIENT SIGNATURE: _____ DATE: ____/____/____

The DC Quitline will call you. Please check the BEST 3-hour time frame for them to reach you. NOTE: The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.

☐ 6AM – 9AM ☐ 9AM – 12PM ☐ 12PM – 3PM ☐ 3PM – 6PM ☐ 6PM – 9PM

WITHIN THIS 3-HOUR TIME FRAME, PLEASE CONTACT ME AT (CHECK ONE): ☐ Primary # ☐ Secondary #

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Fax Referral Program

Provider faxes a standardized referral form to the Quit Line

Secure Email

Provider emails (via providers secure email system) form to Optum

- Provider sends form to:
SupportServices@Optum.com
- PDF or word doc of the form
- Multiple forms can be sent in one email
- Test of secure email should be completed (notify Account Manager)
- Outcomes are faxed back

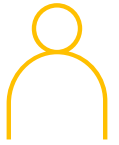
***Coming soon: HL7 E-Referrals with select organizations**

Outcome reports

What information is included in an outcome report?



Clinic information



Patient name and DOB



Service status: Unreachable, declined or accepted services



Program: One call, multiple call, NRT (if applicable)

Outcome
is generated
on the first call,
or as soon as
an outcome
is reached

A person wearing a light blue denim shirt over a maroon top is holding a lit cigarette between their fingers. The background is a blurred outdoor setting.

DC | HEALTH

1-800-QUITNOW
Quitnow.net/DC

www.optum.com



Tobacco Cessation Workflow

September 2021

Background

- 2 sites, DC and Maryland, approximately 4,500 patients
- Mostly Spanish-speaking, immigrant population, approx. 35% uninsured
- Family/internal medicine, HIV
- Integrated behavioral health
- Overall low rates of tobacco use
- Other substances-mostly alcohol
- Many tobacco users are “casual” smokers – 1-5 cigarettes per day
- Sometimes difficult to convince patients that low-level cigarette use is important to address with an intervention

Snapshot of internal dashboard

Preventive Care: Tobacco Use Screening 1 ⓘ	Screened for tobacco use in past 24 months	<u>2005</u>	<div><div></div></div>	98%	View
			42		
Preventive Care: Tobacco Users With Cessation Intervention 2 ⓘ	Tobacco users who received tobacco cessation intervention	<u>107</u>	<div><div></div><div></div></div>	77%	View
			32		
Preventive Care: Tobacco Users With Cessation Intervention 3 ⓘ	Tobacco non-users and tobacco users who received tobacco cessation intervention	<u>1973</u>	<div><div></div></div>	96%	View
			74		

Expectations

- Smoking status assessed at first visit, and updated annually on all patients who have a visit
- Documented on smart form in eClinicalWorks by medical assistant or provider
- If tobacco user, advise to quit
- Assess pattern and quantity of use, readiness for change
- Offer Rx for cessation medication, if appropriate
- Refer for cessation counseling, if appropriate (behavioral health)
- Provide phone number for quit line

Interventions

- Medications: Varenicline (Chantix), Bupropion (Zyban), Nicotine replacement-(various forms) with provider counseling on side effects/use
- Referral to behavioral health specialist-have received training on tobacco cessation counseling
- Provide Quit Line information for advice/support

Clinical Decision Support

- CDSS module in eClinicalWorks
- Alerts user if smoking status questionnaire has not been documented in >1 year
- Shows date last performed
- If patient is tobacco user, alerts user if cessation intervention has not been documented
- Use of structured documentation necessary for alerts to function.

Clinical Decision Support in eClinicalWorks - Illustration

The screenshot displays the eClinicalWorks interface with the 'CDSS' tab selected. The left sidebar shows the 'Medical Summary' with sections for 'Current Medication', 'Medical History', 'Allergies/Intolerance', 'Gyn History', 'OB History', 'Surgical History', 'Hospitalization', 'Family History', and 'Social History'. The main panel shows 'CDSS Alerts' and 'Practice Configured Alerts'.

CDSS Alerts Table:

Alert	Last Done	Freq	Due Date	Orders	Status
Allergy List Verification		0M	09/15/2021		
Cholesterol screen (genl pop)	08/18/2021	60M	08/18/2026	↓	
Body Mass Index	09/14/2021	24M	09/14/2023	↓ BMI	
Alcohol use screening	09/14/2021	12M	09/14/2022	↓ Audit-C	
Depression screening	09/14/2021	12M	09/14/2022	↓ PHQ2	
Patients see assigned PCG	09/14/2021	12M	09/14/2022	05 Patients see assigned PCG	
Sexual history taken	09/14/2021	12M	09/14/2022	↓ Sexual History	
Smoking cessation intervention	09/14/2021	12M	09/14/2022	05 Smoking Cessation	
Smoking status	09/14/2021	12M	09/14/2022	↓ Tobacco Control	
Cholesterol control (genl pop)	08/18/2021	6M	02/18/2022	05 Cholesterol - Control	
HIV screening	11/14/2013	0M	-		

Practice Configured Alerts Table:

Alert	Last Done	Freq	Due Date	Orders	Status
annual influenza vaccine		1Y	09/15/2021		
Cardiovascular risk evaluation		-	09/15/2021		

Annotations:

- CDSS-indicates when smoking status last documented:** Points to the 'Smoking status' alert in the CDSS Alerts table.
- Screening questionnaires documented in progress note:** Points to the 'Social History' section in the Medical Summary.
- dates performed:** Points to the 'Last Done' column in the CDSS Alerts table.

Tobacco Control Smart Form - Example

LA CLÍNICA DEL PUEBLO WWW.CLINICADELPUERTO.VE Ph: 240-714-5247 Fax:202-319-3414

Tobacco Control

Name: Date:

Are you a:

- ☒ current smoker
- ☐ former smoker
- ☐ never smoker
- ☐ current every day smoker
- ☐ current some day smoker
- ☐ Smoker, current status unknown
- ☐ unknown if ever smoked
- ☐ light tobacco smoker
- ☐ heavy tobacco smoker

If 'current smoker' : How often do you smoke cigarettes?

- ☐ every day
- ☒ some days, but not every day

If 'current smoker' : How many cigarettes a day do you smoke?

- ☒ 5 or less
- ☐ 6-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31 or more

If 'current smoker' : How soon after you wake up do you smoke your first cigarette?

- ☐ within 5 min
- ☐ 6-30 min
- ☐ 31-60 min
- ☒ after 60 min

If 'current smoker' : Are you interested in quitting?

- ☐ Ready to quit
- ☒ Thinking about quitting
- ☐ Not interested

Print Fax Save Ca

Progress Note - Example

Surgical History:

- R elbow surgery after fracture, with screws/hardware 1998

Hospitalization:

Family History:

Social History:

Tobacco Use:

Tobacco Use Form

Are you a: *current smoker*

How often do you smoke cigarettes? *some days, but not every day*

How many cigarettes a day do you smoke? *5 or less*

How soon after you wake up do you smoke your first cigarette? *after 60 min*

Are you interested in quitting? *Thinking about quitting*

Additional Findings: Tobacco User *Light cigarette smoker ((1-9 cigs/day)*

Drug/Alcohol:

Alcohol Misuse/Abuse Form

Did you have a drink containing alcohol in the past year? *Yes*

How often did you have a drink containing alcohol in the past year? *Two to four times a month (2 points)*

How many drinks did you have on a typical day when you were drinking in the past year? *3 or 4 (1 point)*

How often did you have six or more drinks on one occasion in the past year? *Less than monthly (1 point)*

Points *4*

Interpretation *Positive*

Alcohol Use



**LA CLÍNICA
DEL PUEBLO**

Documentation of Counseling

Medical Summary CDSS Rx Labs DI Procedures Growth Chart Imm T.Inj Encounters Patient Docs Flowsheets Notes Patient External Documents

Progress Note Scribe Orders Quick Order

09/14/2021 RF 1 mont... UpToDate

App: (09/14/2021 11:00 am, ADULT...)

Plan:

Treatment:
Urinary frequency
Start Tamsulosin HCl Capsule, 0.4

Procedures:

Immunizations:

Therapeutic Injections:

Diagnostic Imaging:

Lab Reports:

Procedure Orders:

Preventive Medicine:
Counseling:
Smoking
Patient counselled on the dangers of tobacco use and urged to quit. 09/14/2021
Smoking Cessation Medication Discussed
Smoking Cessation Services Referral 1-800-QUIT-NOW (1-800-784-8666)
residents/solo residentes de DC)

Disposition & Communication:

Next Appointment:
6 Weeks (Reason: f/u urinary symptoms, foot pain)

Billing Information:
Visit Code:
• 99396 Preventive Care Est Pt. Age 40-64.

Procedure Codes:
Needs recert refer to intake
Burgos, Pamela 09/14/2021 11:02:23 AM EDT >.

Care Plan:

Structured field to document counseling

Preventive Medicine

Pt. Info Encounter Physical Hub

Counseling

- Counseling
- Telehealth or Telephone Visits
- Immunizations
- Screening / Special Tests
- Refused Tests
- Infectious Disease
- Family Planning
- AAP 2 wk Anticipatory Guidance (D...
- AAP 2 mo Anticipatory Guidance (...)
- AAP 4 mo Anticipatory Guidance (...)
- AAP 6 mo Anticipatory Guidance (...)
- AAP 9 mo Anticipatory Guidance (...)
- AAP 12 mo Anticipatory Guidance (...)
- AAP 15 mo Anticipatory Guidance (...)
- AAP 18 mo Anticipatory Guidance (...)
- AAP 2 yr Anticipatory Guidance (Di...
- AAP 5-9 yr Anticipatory Guidance (...)
- AAP 10-13 yr Anticipatory Guidance

Symptom	Presence	Notes
S. Smoking	>	Patient counselled on the dangers of t... x
S. Cardiovascular risk evaluation	>	
Hypertension	>	
Pap Smear	>	
Immunizations	>	
Medication adherence	>	
S. Opioid Pain Medication	>	
S. Well Woman Care	>	
S. Nutrition & Exercise Counseling	>	
S. Family Planning/Reproductive Life Plan	>	
S. aspirin	>	
S. Advance directive	>	

Default per Category Clear Category

Counseling/Documentation/Referral to Quitline

Preventive Medicine ▶ Notes:Smoki... Appt: (09/14/2021 ...)

Default ▼ Default For All ▼ Clear All

Name	Value	Notes
<input type="checkbox"/> Patient counselled on the dangers of tob ...	09/14/2021 x	x
<input type="checkbox"/> Smoking Cessation Medication	Discussed ▼ x	x
<input type="checkbox"/> Smoking Cessation Services Referral	<div><input type="text"/> <input type="button" value="Q"/></div> <div><input checked="" type="checkbox"/> [Select all] <input checked="" type="checkbox"/> 1-800-QUIT-NOW (1-800-784-8669) <input checked="" type="checkbox"/> DC Tobacco Free Families (English/Spanish)2</div>	x

Progress Note - Structured Documentation of Counseling

Procedure Orders:

Preventive Medicine: ▼

Counseling:

Smoking

Patient counselled on the dangers of tobacco use and urged to quit. 09/14/2021

Smoking Cessation Medication *Discussed*

Smoking Cessation Services Referral 1-800-QUIT-NOW (1-800-784-8669), DC Tobacco Free Families (English/Spanish) 202-333-4488 (Only DC residents/solo residentes de DC)

Disposition & Communication:

Next Appointment: ▼


6 Weeks (Reason: f/u urinary symptoms, foot pain)

Billing Information:

Visit Code: ▼

Visit Summary - With Quitline Information

Print Preview

B / **/** **U** Black Arial Size 2 

Modified On: 05/22/2020
W/U Status: confirmed

- M25.50 Arthralgia, unspecified joint
Modified On: 09/14/2021
W/U Status: confirmed
- R35.0 Urinary frequency
Modified On: 09/14/2021
W/U Status: confirmed

Preventive Medicine

- Counseling:
Smoking -
Patient counselled on the dangers of tobacco use and urged to quit.: 09/14/2021
Smoking Cessation Medication : *Discussed*
Smoking Cessation Services Referral : 1-800-QUIT-NOW (1-800-784-8669), DC Tobacco Free Families (English/Spanish) 202-333-4488 (Only DC residents/solo residentes de DC)

Quit line information appears in visit summary

Summary of Today's Visit for - [REDACTED]

La Clinica del Pueblo - Hyattsville 2970 BELCREST CENTER DR Unit 301 HYATTSVILLE, MD 20782-1987 240-714-5247

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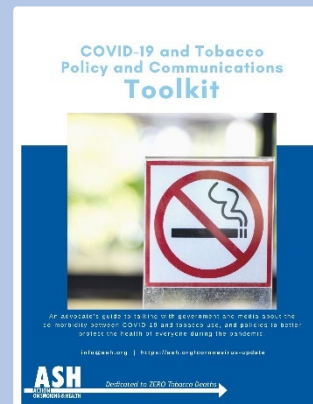
NEXT WEBINARS:

Thank you for your participation!
Please stay tuned for announcements
about our next webinars.

Tomorrow:

DC Calls It Quit Week Summit

Register via link in Thank You email



Toolkit for Advocates

Talking with government and media
about the COVID-19 and tobacco use
co-morbidity and policies to protect
the health of everyone during the
pandemic.

ash.org/covid19