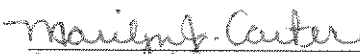





DOUGLAS COUNTY HEALTH & SOCIAL SERVICES
Policy & Procedure

NUMBER:	211.0	TITLE:	Tobacco Cessation and Chronic Disease Self-Management Services Counseling and Referral
ISSUE:	1	DATE:	February 1, 2013

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Review: Date:	Initial:	Date:	Initial:

I. POLICY

The U.S. Surgeon General's Guidelines for Treating Tobacco Use and Dependence strongly recommends the use of effective tobacco dependence counseling and medication treatments for individuals who use tobacco. This policy establishes practice guidelines to ensure that every Public Health Division client who uses tobacco is identified, advised to quit, and referred to effective tobacco cessation services and, as needed, chronic disease prevention and self-management services.

II. SCOPE

This policy applies to all Public Health staff whose job description includes responsibility for health education and direct client care and referral to community resources, including but not limited to Public Health Home Visit Nurses, Reproductive Health and Adult Health clinic staff, Public Health Educators, and WIC Certifiers -- hereafter referred to as *providers*.

III. PURPOSE

The purpose of this policy is to provide individuals receiving Public Health services information and referral to tobacco cessation supports and chronic disease prevention and self-management services.

IV. DEFINITIONS

- A. Oregon Tobacco Quit Line:** The Quit Line is a free and confidential service that offers telephone and/or web-based behavioral counseling for tobacco users who want to quit smoking or using other forms of tobacco. Basic Quit Line services include:
- 1) Free counseling calls with Quit Coach
 - 2) Motivational Interviewing
 - 3) Problem-solving and coping skills
 - 4) Personalized Quit Plans
 - 5) Nicotine Replacement Therapy (patch or gum) mailed directly to client's home
 - 6) Quit Guide and other materials

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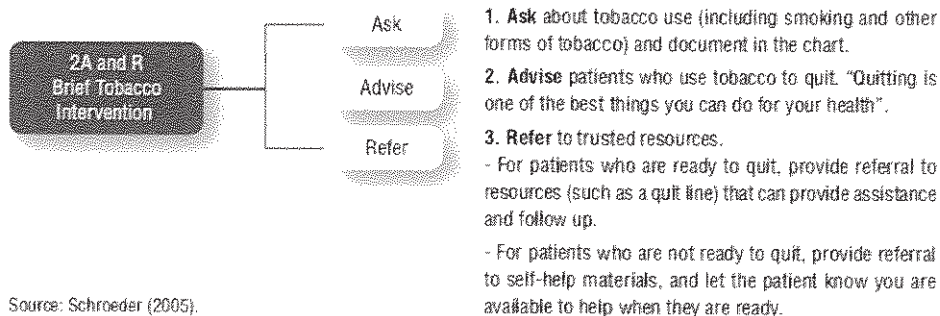
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B. Chronic Disease Prevention & Self-Management

Chronic diseases – such as heart disease, stroke, cancer, diabetes, asthma and arthritis – are among the most common and costly of all health problems. The goals of *chronic disease prevention and self-management programs* are to prevent disease occurrence, delay the onset of disease and disability, lessen the severity of disease, and improve the health-related quality and duration of the individual's life. Douglas County Public Health maintains a list of local chronic disease prevention and self management programs.

V. PROCEDURE

- A. Tobacco Cessation 2A and R Brief Intervention:** Providers will utilize the 2A and R Brief Intervention (Ask, Advise, Refer) to assess tobacco use status, advise clients to quit, and to refer to the Oregon Tobacco Quit Line or other approved and effective cessation service.



- B. FAX Referral to Quit Line:** For clients who express interest in quitting tobacco, providers will offer FAX referral to the Oregon Tobacco Quit Line. Any provider who has a responsibility for assessing a patient's tobacco use and/or providing referral or resources may make FAX referrals to the Quit Line.
- 1) **Attachment A:** Frequently Asked Questions about the FAX referral
 - 2) **Attachment B:** Sample FAX Referral instructions
 - 3) **Attachment C:** Sample FAX Referral form
- C. Quit Line Services for Pregnant Women:** Providers may utilize the 2As and R Tobacco Cessation intervention and FAX referral procedure for pregnant women who receive services through Douglas County Public Health Programs. It should be noted, however, that

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the Quit Line will require authorization from the woman’s physician for nicotine replacement therapy (patches or gum).

The Quit Line offers pregnant women specialized counseling and support, including:

- 1) Assess motivation to quit
- 2) Unambiguous encouragement to quit
- 3) Review of pharmacotherapy
- 4) Assess supports and barriers to quitting, e.g., smoking spouse/partners, smoke-free home
- 5) Deprivation mentality and postpartum cognitive shift
- 6) Web Coach® phone/web integration and pregnancy discussion forums

D. Other Tobacco Cessation Programs & Supports

Providers may also utilize approved tobacco cessation and education materials or services that are part of Public Health Programs and/or special grant funded projects. The following are examples of approved tobacco cessation and education programs and supports.

Approved Tobacco Cessation Programs & Supports	Contact
Women, Infants, and Children tobacco education component	WIC Program Manager
Nurse Family Partnership tobacco prevention and education resources	Nurse Home Visit Program Manager
Tobacco-Free Baby & Me Project	Nurse Home Visit Program Manager
Local classes and support groups provided by established medical care organizations and providers. A list of local and online services is maintained by Douglas County Public Health. www.co.douglas.or.us/health/PH/HP/QuitHelpDouglas.pdf	Health Promotion Manager

E. Chronic Disease Prevention & Self-Management

Chronic disease represents one of the most important challenges facing health care systems. Many people with chronic illnesses survive for a considerable period of time, but they need ongoing care. Evidence-based chronic disease prevention and self-management programs provide community-based support for people with a chronic disease who are at low risk of complications and hospitalization. Public Health Providers can help clients overcome barriers to controlling chronic disease by providing culturally appropriate education and information about locally available resources and workshops.

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- 1) If, in the course of standard client screening and care, Public Health provider identifies the presence or risk of a chronic health condition, provider will make appropriate recommendations and/or referrals for medical care and, when appropriate, provide information about locally available chronic disease prevention and self-management resources and workshops.
- 2) Public Health Promotion will maintain and disseminate to Public Health providers a current list of local chronic disease prevention and self-management resources. The current list is available online at www.co.douglas.or.us/health/ph/HP/HealthyActive/CHRONIC_DISEASE_PREVENTION.pdf.

F. **Provider Training & Support:** Public Health Tobacco Prevention and Education Program staff will support Public Health providers in the implementation of this policy by assisting with tobacco cessation resources, FAX referral materials and guidance, Quit Line training and materials, information about chronic disease prevention and self-management resources, and other supports and technical assistance necessary to ensure successful implementation of this policy.

Attachment A
FAX Referral Frequently Asked Questions

Why use fax referral?

Research indicates that physician referral of patients to smoking cessation programs is associated with a significantly higher participation rate than simply telling patients they should stop smoking. In the past, the only way a healthcare provider could refer clients to the Oregon Tobacco Quit Line was to give them the Quit Line's phone number or a brochure. However, some people are uncomfortable initiating contact with the Quit Line and others simply lose the phone number before they have an opportunity to call. Using the fax referral form to refer patients to the Oregon Tobacco Quit Line for smoking cessation services provides health care providers with a quick and easy way to direct their patients to make an attempt to quit smoking and relieves patients of the barrier of having to initiate the first call to the Quit Line.

How does it work?

The health care provider assesses the tobacco users' status and readiness to quit (e.g., 5As, Motivational Interviewing, etc). If the tobacco user is interested in quitting, the tobacco user completes a fax referral form with the provider or another staff member. The form must be signed and contain a current/valid phone number for the tobacco user. The clinic faxes the form to the Oregon Tobacco Quit Line. The Quit Line makes multiple attempts to reach the tobacco user and enroll them in available counseling services, depending on insurance benefits.

Who can send in a fax referral?

Any health care provider who would be assessing a patient's tobacco use and/or providing resources can send in fax referrals. This includes, but is not limited to: medical doctors, nurse practitioners, registered nurses, physician's assistants, respiratory therapists, counselors and therapists, and visiting nurses.

Who should be referred to the Quit Line?

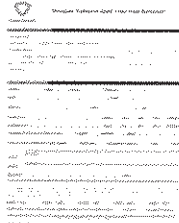
People who use tobacco and are ready to quit within 30 days should be referred to the Oregon Tobacco Quit Line. People who have questions about Quit Line counseling or services can also be referred, even if they aren't ready to set a quit date. Their questions will be answered by Quit Line staff, although they will not be enrolled in counseling services until they are ready to set a quit date within 30 days

Source: Smokefree Oregon <http://www.smokefreeoregon.com/wp-content/uploads/2011/09/Fax-Referral-FAQ-2011.pdf> , accessed 12/24/12

Attachment B
Master FAX Referral Instructions and FAX Referral Form are maintained in the
Public Health Division Management Policy Directory

MAKING REFERRALS TO THE OREGON TOBACCO QUIT LINE

The "2As and R" model for treating tobacco use and dependence

Ask	Ask about tobacco use at every visit and document in chart.
Advise	In a clear and personalized manner, advise client who use tobacco to quit. "Quitting is one of the best things you can do for your health."
Refer	<p>For clients who are ready to quit, provide information about the Quit Line and offer to make a referral. "Have you heard about the Oregon Tobacco Quitting?"</p> <p>For clients who are not ready to quit or who decline a referral, provide Quit Line card and other available information.</p> <p>For the ex-tobacco user, ask how recent they quit and are if there are any challenges to remaining abstinent. Make referral. The Quit Line can help patients sustain quit status.</p> <p>The Quit Line is a free, confidential services that allows clients to:</p> <ul style="list-style-type: none"> • <i>Talk or chat online with an expert Quit Coach who knows what you are going through and will help you make a Quit Plan that will work for you.</i> • <i>Get help from a personal Quit Guide – they will send you materials chosen just for you or you can access the library online.</i> • <i>Ask for support – tell your family and friends about your Quit Plan or join a message boards online and connect with others quitting tobacco.</i> • <i>Receive 2 weeks of nicotine patches or gum to help you get started with your quit.</i>
Complete Referral Form	<p>When making a referral to the Quit Line:</p> <ul style="list-style-type: none"> • Explain that the Quit Line will contact them directly to enroll them in available counseling services. [Assure patient that the Quit Line will not pressure them.] • Staff completes the top part of the FAX referral form. • Patient completes the blue sections on the form and signs. 
Processing Referral	<p>Copiers/scanners in WIC (1st Floor), Adult Health (2nd Floor reception), and Public Health (3rd Floor) are programmed with buttons to send Quit Line referrals to Marilyn Carter.</p> <p>When Quit Line Referral form has been completed and signed by patient:</p> <ul style="list-style-type: none"> • Use SCAN function to SEND the form to Marilyn Carter. Marilyn will send the form via FAX to the Oregon Tobacco Quit Line. • Include form in patient's chart/record.

Attachment C
Master FAX Referral Instructions and FAX Referral Form are maintained in the
Public Health Division Management Policy Directory



Public Health
Protect. Promote. Prevent.

Oregon Tobacco Quit Line Fax Referral

PROVIDER INFORMATION

Fax Sent Date: ____/____/____

Clinic Name: Douglas County Public Health Division

Provider Name: _____

Douglas County Public Health is a HIPAA-Covered Entity

Fax: (541) 957-3704 Phone: (541) _____ - _____

Comments:

PATIENT INFORMATION

Gender: ____ Male ____ Female Pregnant? ____ Y ____ N

Name: _____ DOB: ____/____/____

Address: _____ City: _____ Zip: _____

Primary #: (____) _____ - _____ Type: ____ HM ____ WK ____ CELL ____ OTHER

Secondary #: (____) _____ - _____ Type: ____ HM ____ WK ____ CELL ____ OTHER

Language Preference (check one): ____ English ____ Spanish ____ Other _____

Tobacco Type (check ALL that apply): ____ Cigarettes ____ Smokeless Tobacco ____ Cigar ____ Pipe

____ I am ready to quit tobacco and request the Oregon Tobacco Quit Line contact me to help me with my quit plan.
(Initial)

____ I DO NOT give my permission to the Oregon Tobacco Quit Line to leave a message when contacting me.
(Initial)

Signature: _____ Date: ____/____/____

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

5am - 9am 9am - 12pm 12pm - 3pm 3pm - 6pm 6pm - 9pm

Within this 3-hour time frame, please contact me at (check one): ____ Primary ____ Secondary phone.

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