

Tobacco-Free Recovery Provider Toolkit

Tools and resources to support integrating the Ask-Advise-Refer (AAR) model for tobacco treatment into clinical practice



Division of
**Tobacco Prevention
& Cessation**

This toolkit was developed in collaboration with the Indiana Department of Health Tobacco Prevention and Cessation Commission and Rethink Tobacco Indiana

Ask-Advise-Refer

Implementing the brief tobacco intervention model

The following strategies should be addressed for implementing the AAR brief intervention model:

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Develop, organize, and implement a training plan for clinical staff to use the on the AAR best practice model. In addition, training should review the Quit Now Indiana Quit Services suite and the Quit Now Indiana website.

Ask, Advise, Refer (AAR) is the CDC's evidence-based brief intervention model. The AAR model is commonly used by organizations to make a referral to community resources such as to Quit Now Indiana's Quit Services. When time or logistics do not allow for comprehensive tobacco treatment counseling during a patient visit, clinicians are encouraged to apply the AAR model as even brief interventions have been shown to be effective and can be achieved in less than five minutes.

Ask

Your organization should ensure that all patients are asked about their tobacco use at every visit and that this information is documented in the EHR. Assessments should capture all forms of tobacco use as well as amount and previous quit attempts

Advise

Patients who use tobacco should be strongly advised to quit or at least advised to consider quitting. Advice to quit should be provided in a non-judgmental tone and personalized whenever possible. Try to link the patient's tobacco use to current mental and physical health or illness, recovery from other substances, impact on children and others in the household, etc.

Refer

Refer your patients to internal tobacco treatment programs and/or to Quit Now Indiana's Quit Services. For those willing to quit tobacco within the next 60 days, refer to internal tobacco treatment specialists/addictions counselor or other clinician, and/or to Quit Now Indiana 1-800-QUIT-NOW. Share other community-based resources for tobacco treatment as needed.

For patients who are not ready to quit, strongly encourage quitting by using personalized motivational messages. Let them know you are there to help them when they are ready, and you can connect them to appropriate resources in the future.



ASK-ADVISE-REFER RESOURCES

- [Ask, Advise, Refer to Quit, Don't Switch Brief Intervention Training by the American Lung Association](#) (webinar)
- [Tobacco Use Screening EHR Example](#)
- [You can Help Your Patients Quit Tobacco Use - CDC](#)
- [Patient-Centered Tobacco Cessation Workflow for Healthcare Clinics](#)
- [Quit Now Indiana's Tobacco Cessation Guidelines](#)



A few ideas to get started:

- Have candid discussions with staff about potential barriers to making referrals and develop potential solutions to mitigate barriers
- Create protocols to incorporate AAR practices at crucial intersections throughout patient care

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Incentivize the screening expectation by incorporating it into employee's performance-based tools (as applicable or relevant to employees who have a key role in the screening and treatment process).

Promoting consistent screening for tobacco use among all patients at your organization, requires training and motivating all employees to become involved in the new screening and treatment process. Along with training of the AAR model, employees should be aware of organizational and leadership expectations related to this new process. Consider adopting a tobacco use screening protocol and track clinician, clinic/hospital, and system-level performance to provide feedback to clinicians and decision-makers and track quality improvement measures. Regular communication about how the tobacco treatment process is working is essential for organizational and system improvement.

Define your organization's goals for implementing the AAR model. When determining these goals, think about how you will measure progress toward achieving these goals and evaluate success.

Quit Now Indiana offers a "**Preferred Provider**" program. Once your organization enrolls as a preferred provider, you will receive several resources to support patients, including status reports on referred patients for HIPAA-compliant entities.



CLINICIAN AND SYSTEM-LEVEL FEEDBACK RESOURCES

- [Understanding Performance Measures – National Quality Forum](#)
- [Protocol for Identifying and Treating Patients Who Use Tobacco](#)
- [QNI Preferred Provider Enrollment](#)
- [QNI Provider Materials Order Form](#)
- [Tobacco Treatment Performance Chart Audit Tool](#)

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Establish a monthly AAR goal based on the center/clinic's census of patients.

Ongoing evaluations of the new tobacco screening and treatment protocol (AAR model) should be conducted to achieve effective patient outcomes and improve processes. Consider the below measures to track and report as part of your organization's new AAR model for tobacco treatment:

- Percentage of identified tobacco users in patient population
- Percentage of patients provided brief counseling and advice to quit
- Percentage of patients provided prescription for tobacco treatment medications
- Monthly fax or online referrals to QNI Quit Services
- Percentage of patients quitting success rates at one, three, six, and 12 months, etc.

To help your organization develop "SMARTIE" goals, review the current data you have for the metrics you select. This data will serve as your baseline as you develop SMARTIE, but challenging goals.



Several organizations recommend quality improvement for tobacco treatment services and new policies and regulatory forces are driving the need to prioritize tobacco treatment interventions.

Below are a few examples:

- The Indiana Division of Mental Health and Addiction (DMHA)
- The Quality Payment Program
- The Joint Commission
- The Inpatient Prospective Payment System
- The Patient Protection and Affordable Care Act (ACA)
- The National Quality Forum



QUALITY IMPROVEMENT RESOURCES

- [Tobacco Cessation Quality Measures](#)
- [Quality Improvement Essentials Toolkit](#)
- [Clinical Decision Support-enabled Quality Improvement Worksheet](#)

Provider Resources

- [Counseling your Patients about Tobacco Cessation](#)
- [Smoking and Mental Health - Ask & Act video](#)
- [Treating Tobacco Use and Dependence, Clinical Practice Guideline: 2008 Update – Quick reference guide](#)
- [Ask, Advise, Refer – CDC Pocket Card for Clinicians](#)

A summary of Quit Now Indiana's Quit Services offerings:

Programs by Population	Description	Program Features
Adult	Traditional program for adults aged 18 years and older	<ul style="list-style-type: none"> • <u>5</u> pre-arranged calls from Quit Coach® • Receive access to free services and resources including a welcome kit, personalized quit plan, and quitting aids, if eligible.
Youth	Specialized program for youth ages 13 to 17 years old	<ul style="list-style-type: none"> • <u>5</u> pre-arranged calls from Quit Coach® • Ability to address e-cigarettes/vaping • No parental consent required to enroll • Receive access to free services and resources including a welcome kit, personalized quit plan, and quitting aids, if eligible. Exception: no NRT.
Pregnant or Postpartum Women	Specialized program for pregnant women and women up to 1-year postpartum	<ul style="list-style-type: none"> • <u>7</u> pre-arranged calls from Quit Coach® • Ability to address partner tobacco use • Receive access to free services and resources including a welcome kit, personalized quit plan, and quitting aids, if eligible. Exception: no NRT.
Behavioral Health	<p>Specialized program for adults with behavioral health conditions including, but not limited to:</p> <ul style="list-style-type: none"> • Bi-Polar Disorder • Depression • Drug or Alcohol Use Disorder (SUD) • Generalized Anxiety Disorder • PTSD • Schizophrenia • ADHD 	<ul style="list-style-type: none"> • <u>7</u> pre-arranged calls from Quit Coach® who has had additional training in mental illness and tobacco treatment • Receive access to free services and resources including a welcome kit, personalized quit plan, plus... • Receive access to 12-week regimen of combination therapy NRT. NRT is mailed in four week increments in a total of three separate packages. • Letter sent to provider informing of caller's quit attempt • No medical documentation required to be
Individual Services	Program offering flexibility to choose among four different service offerings to quit tobacco. Participants can select one or all of the services offered to design a customized quit program.	<ul style="list-style-type: none"> • NRT Starter Kit + One follow-up call • Quit Guide and Materials • Email Program • Text Messaging (TextStart)