DOUGLAS COUNTY HEALTH & SOCIAL SERVICES
Policy & Procedure

NUMBER: 211.0 TITLE: Tobacco Cessation and Chronic Disease Self-Management Services Counseling and Referral
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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

Public Health Division
Roseburg, Oregon
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.

1. **Ask** about tobacco use (including smoking and other forms of tobacco) and document in the chart.
2. **Advise** patients who use tobacco to quit. "Quitting is one of the best things you can do for your health".
3. **Refer** to trusted resources.
   - For patients who are ready to quit, provide referral to resources (such as a quit line) that can provide assistance and follow up.
   - For patients who are not ready to quit, provide referral to self-help materials, and let the patient know you are available to help when they are ready.

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
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.

<table>
<thead>
<tr>
<th>Approved Tobacco Cessation Programs &amp; Supports</th>
<th>Contact</th>
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</thead>
<tbody>
<tr>
<td>Women, Infants, and Children tobacco education component</td>
<td>WIC Program Manager</td>
</tr>
<tr>
<td>Nurse Family Partnership tobacco prevention and education resources</td>
<td>Nurse Home Visit Program Manager</td>
</tr>
<tr>
<td>Tobacco-Free Baby &amp; Me Project</td>
<td>Nurse Home Visit Program Manager</td>
</tr>
<tr>
<td>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. <a href="http://www.co.douglas.or.us/health/PH/HP/QuitHelpDouglas.pdf">www.co.douglas.or.us/health/PH/HP/QuitHelpDouglas.pdf</a></td>
<td>Health Promotion Manager</td>
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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.
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

**MAKING REFERRALS TO THE OREGON TOBACCO QUIT LINE**

<table>
<thead>
<tr>
<th><strong>The “2As and R” model for treating tobacco use and dependence</strong></th>
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<tbody>
<tr>
<td><strong>Ask</strong></td>
</tr>
<tr>
<td><strong>Advise</strong></td>
</tr>
<tr>
<td><strong>Refer</strong></td>
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The Quit Line is a free, confidential services that allows clients to:

- 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.
- Get help from a personal Quit Guide — they will send you materials chosen just for you or you can access the library online.
- Ask for support — tell your family and friends about your Quit Plan or join a message boards online and connect with others quitting tobacco.
- Receive 2 weeks of nicotine patches or gum to help you get started with your quit.

<table>
<thead>
<tr>
<th><strong>Complete Referral Form</strong></th>
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<tbody>
<tr>
<td><strong>When making a referral to the Quit Line:</strong></td>
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<tr>
<td>- 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.]</td>
</tr>
<tr>
<td>- Staff completes the top part of the FAX referral form.</td>
</tr>
<tr>
<td>- Patient completes the blue sections on the form and signs.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Processing Referral</strong></th>
</tr>
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<tbody>
<tr>
<td>Copiers/scanners in WIC (2nd Floor), Adult Health (2nd Floor reception), and Public Health (2nd Floor) are programmed with buttons to send Quit Line referrals to Marilyn Carter.</td>
</tr>
<tr>
<td><strong>When Quit Line Referral form has been completed and signed by patient:</strong></td>
</tr>
<tr>
<td>- Use SCAN function to SEND the form to Marilyn Carter. Marilyn will send the form via FAX to the Oregon Tobacco Quit Line.</td>
</tr>
<tr>
<td>- Include form in patient's chart/record.</td>
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Attachment C
Master FAX Referral Instructions and FAX Referral Form are maintained in the
Public Health Division Management Policy Directory

Oregon Tobacco Quit Line Fax Referral

PROVIDER INFORMATION
Fax Sent Date: __________/________/________
Clinic Name: Douglas County Public Health Division
Provider Name: ________________________________
X 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 2-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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