



## Helping Patients to Quit Tobacco Use: Integration of South Dakota QuitLine Services

By Nancy L. Fahrenwald, PhD, RN; Angie L. Larson, MPH

### Abstract:

New evidence-based practice guidelines for tobacco cessation recommend that physicians ask their patients about tobacco use and interest in a serious quit attempt at every visit. There are some barriers to integrating comprehensive quit assistance into clinical practice settings. However, there are many research-tested strategies that simplify the process and overcome the challenges to conversations about quitting. The purpose of this manuscript is to showcase one of the resources available to augment clinical-based cessation conversations in South Dakota – the Department of Health QuitLine. Additional tobacco cessation resources are highlighted.

### Background and Significance

In 2008, the U.S. Public Health Service updated clinical practice guidelines on Treating Tobacco Use and Dependence.<sup>1</sup> The recommendations for physicians are based upon a systematic review of controlled clinical trials tested in the primary care setting. These interventions indicate high rates of long-term smoking cessation (20 percent to 36 percent) when a combination of provider assessment, advice and referral for follow-up care with

supportive telephone counseling is used.<sup>2</sup>

Researchers report that physicians know and value smoking cessation but do not always integrate all key elements into office-based care.<sup>3</sup> Barriers to implementation of evidence-based tobacco cessation include such factors as time, lack of reimbursement, perceived patient resistance, competing demands of chronic or acute health problems, perceived lack of behavioral coaching skills and system design that does not evaluate adherence to best practices for tobacco

**Table 1. The 5 A's of Tobacco Cessation Applied to SD QuitLine Referral**

5 A's	Application
Ask about tobacco use	Identify and document tobacco use status for every patient at every visit. Ask, <i>Do you smoke or use other tobacco?</i>
Advise to quit	In a clear, strong, and personalized manner, urge every tobacco user to quit.
Assess willingness to quit	Ask, <i>“Do you want to quit?”</i>
Assist with quit attempt	For the patient <i>willing</i> to make a quit attempt, discuss SD QuitLine services including coaching support, self-help materials and either nicotine replacement or medications (Generic Zyban or Chantix). Recommend combining a quit assist resource and coaching.  For patients <i>unwilling</i> to quit at the time, encourage future quit attempts.
Arrange follow-up	Refer patient to the SD QuitLine for coaching using the fax referral method as a best strategy.  Fax patient referral form to the SD QuitLine at 1-605-322-3858 and fax medication prescription form (if selected) to the SD QuitLine Pharmacy at 1-605-224-8165. or Patients can self refer to the toll-free SD QuitLine service at 1-866-SD-QUITS (1-866-737-8487) and follow-up with the physician for a prescription (if requested) or Refer patient to other cessation services.

Derived from the 2008 clinical practice guidelines on *Tobacco Use and Cessation*.<sup>1</sup> Adapted for application to the SD QuitLine services.

cessation.<sup>4</sup> To help more tobacco users quit, physicians need convenient and practical ways to connect people to the services they need. The purpose of this article is to showcase the South Dakota (SD) Tobacco QuitLine as a primary resource for physicians in their efforts to help tobacco users quit. Other quit assistance resources are highlighted.

**Comprehensive Tobacco Cessation in Primary Care: the 5 A's**

Approximately 70 percent of smokers visit a physician in the office setting each year.<sup>5</sup> For smokers who quit or at least make an attempt to do so, a physician's advice often is cited as a key motivator in their effort.<sup>6</sup> Patients want their health care provider to talk with them about tobacco use,<sup>3</sup> and the 2008 clinical practice guidelines strongly advocate for health providers to ask every patient two questions with every visit: “Do you smoke (or use other tobacco)?” and “Do you want to quit?”<sup>1</sup> Further recommendations specify that successful clinic-based efforts to assist patients to quit are derived from a comprehensive approach to tobacco cessation, known as the 5As: *Ask, Advise, Assess, Assist and Arrange* follow-up. Activities directed at integrating the 5As into clinical practice may be divided among members of the clinic staff. For example, the receptionist may provide the patient with an intake form that asks about tobac-

**Figure 1. SD QuitLine Fax Referral Form**

The form is titled "SOUTH DAKOTA TOBACCO QUITLINE FAX REFERRAL FORM" and features the "QUITLINE" logo. It contains several sections:
 

- Note:** Patient must currently be using tobacco & give written consent for QuitLine to call. Health Professional: Please FAX this completed form to 1-605-322-3858.
- Health Care Provider Information:** Fields for Clinic Name, Healthcare Provider(s), Staff Contact(s), Fax, Phone, and Email.
- Patient Information:** Fields for Client Name, DOB, Address, City, Zip, Phone Number, and Alternate Phone Number. Includes checkboxes for Pregnant? (Y/N) and a consent statement: "If the SD QuitLine cannot reach you by phone, is it okay for them to leave a message?" (Yes/No).
- Consent:** A section where the patient initials and dates, agreeing to terms and requesting the South Dakota QuitLine contact.
- Services:** A section for the provider to check the best times for the patient to reach the QuitLine services, with checkboxes for various days and times (e.g., 7AM-11AM, 11AM-3PM, 3PM-7PM, 7PM-11PM).
- FOR SOUTH DAKOTA TOBACCO QUIT LINE USE ONLY:** Fields for Quit Coach Initials, Contact date, and checkboxes for services provided (Self-Help Materials, Telephone-based cessation services, No Cost/Pharmacotherapy, Other Cessation Referral).
- Planned Quit Date:** A field for the patient's planned quit date.
- Comments:** A space for additional notes.
- Health Professional:** A field for the provider's name and contact information.
- Confidentiality Notice:** A statement at the bottom regarding the confidentiality of the information.

co use, a physician may advise the patient to quit and prescribe pharmacotherapy and a nurse may help the patient create a quit plan and facilitate the provider's referral to the QuitLine. An application of the 5As to SD QuitLine resources is described in Table 1.

**SD QuitLine Services**

The South Dakota (SD) QuitLine is a Department of Health tobacco cessation project that is available to support patients' efforts to quit their addiction to cigarettes and other tobacco products (spit tobacco, cigars or pipe). Components of QuitLine services are derived from national guidelines for tobacco cessation and include a combination of supportive coaching, self-help materials and quit assistance through nicotine replacement or cessation medications, all available at no cost to the participant. The SD QuitLine offers a toll-free telephone service for tobacco users (1-866-SD-Quits; 1-866-737-8487; SD Relay/TTY: 1-800-877-1113) and a fax referral service for health care providers (1-605-322-3858). A sample copy of the fax referral form is included as Figure 1. In order to integrate faxed referrals into primary care practice, the Department of Health sends providers biannual fax blasts that contain the referral forms and instructions. Fax referral forms can also

**Table 2. Cessation Aids Available at No Cost to SD QuitLine Coaching Participants: Select One**

Cessation Aid	Duration	QuitLine participant requirements and options:
Nicotine Replacement Therapy (NRT) Patches or Gum	up to 8 weeks	<ol style="list-style-type: none"> <li>1. During the first coaching call, participant data is entered into an express over the counter script database and a participant ID is provided or mailed.</li> <li>2. The participant takes the ID to a participating pharmacy within 2 weeks. Participating pharmacists can cross-check the ID and provide the NRT at no cost.</li> <li>3. Participants can change the type of NRT (patch or gum) as long as they stay within the 8 week total limit.</li> </ol>
Prescription Drugs Generic Forms of Zyban or Chantix	up to 3 months	<ol style="list-style-type: none"> <li>1. The individual's healthcare provider determines if the medication is safe and appropriate for the individual.</li> <li>2. The QuitLine's prescription form is completed by the prescribing provider and faxed to the QuitLine Central Pharmacy at: 1-605-224-8165.</li> <li>3. The patient must call the QuitLine (1-866-737-8487), enroll in the program, and actively participate in coaching in order to access the prescription.</li> </ol>

*Notes.* Patients must call the QuitLine in order to initiate service; a prescription alone does not allow patients to obtain medication from the QuitLine. Providers may call 1-877-224-6040 to obtain QuitLine prescription forms.

**Figure 2. Examples of SD QuitLine Prescription Fax Forms**

The figure shows two examples of SD QuitLine Prescription Fax Forms. The left form is for Zyban, and the right form is for Chantix. Both forms include sections for Patient Information (Name, Sex, M/F, Mailing Address, DOB, Phone, Medications, Allergies) and Prescriber's Information (Name, Address, Phone, DEA #). Below these sections are boxes for the medication name, strength, and quantity, along with a signature line. The Zyban form specifies 'Zyban S.R. 150 mg Disp: 60 tablets (May Substitute)'. The Chantix form specifies 'CHANTIX' with options for 'One Starter Pak', '1\* Continuing Month Pak', and '2\* Continuing Month Pak'. Both forms include a note: 'PHYSICIANS must FAX this completed form to 1-605-224-8165. Patients should receive their prescriptions within approximately three working days of confirmation they are participating in South Dakota QuitLine counseling.' The Zyban form is dated (Revised: 06/13/07) and the Chantix form is dated (Revised: Mar. 2008).

be obtained by calling the SD QuitLine. The referral form is completed and signed by the individual interested in cessation, and this gives the QuitLine written permission to contact the individual at a desired time of day. The form must be completed in the health provider's setting and faxed to the SD QuitLine. The referral form is completed in the health provider's setting and signed by the individual interested in cessation. The form is faxed to the SD QuitLine, and this gives the QuitLine written permission to contact the individual at a desired time of day.

### Coaching

Incoming calls to the QuitLine and follow-up calls to faxed referrals are screened for tobacco use and interest in a serious quit attempt. Callers who request QuitLine services are offered five proactive coaching sessions delivered by health coaches who have at least a bachelor's degree in a health-related field, along with additional training in tobacco addiction and cessation. The training covers areas such as behavioral counseling principles, cessation medications and cultural diversity as it pertains to coaching strategies. Coaching assistance is available Monday through Saturday from 7 a.m. to 11 p.m. CT and Sunday from 10 a.m. to 4 p.m. CT. Electronic or printed self-help materials are offered, as well as referral to other cessation resources and services for interested callers.

### Nicotine Replacement Therapy and Cessation Medications

In addition to coaching services, the QuitLine offers participants access to free nicotine replacement therapy (NRT) or a prescription tobacco cessation medication, either bupropion (generic Zyban), or varenicline (generic Chantix). Prior to July 1, 2007, QuitLine medications were available at 50 percent cost and Chantix was not available. Prior to January 1, 2008, participants had to have used Zyban and relapsed in a previous quit attempt before receiving Chantix. Currently, participants can receive NRT, or prescription medication at no cost.

Eligibility criteria for access to free NRT or prescription medications are outlined in Table 2. Participants receive up to eight weeks of NRT (offered in the form of patches or gum) at no charge, as long as they continue with the coaching program. Participants receive up to 12 weeks worth of Zyban or Chantix at no charge, as long as they actively participate in QuitLine coaching. For those who choose prescription medication, there is an option to switch between

medications as long as a current prescription from the physician is obtained and only 12 total weeks of medication is used. Providers can fax prescriptions for QuitLine participants to the QuitLine Central Pharmacy at 605-224-8165. Samples of the fax prescription forms are provided in Figure 2. The Department of Health sends providers the QuitLine prescription forms as part of the biannual fax blasts to clinics. QuitLine prescription forms can also be obtained by calling the SD QuitLine.

### Repeat Quit Attempts

Tobacco is highly addictive, and many people attempt to quit more than once.<sup>1</sup> Three cycles of SD QuitLine service are available to callers who relapse after a quit attempt. A cycle of service consists of up to five coaching sessions and the opportunity to obtain support materials, NRT or prescription medication. The option for a third service cycle was added July 1, 2007.

### Other Resources for Tobacco Cessation

There are other easily accessible programs and resources for people who want to quit using tobacco (Table 3). The 1-800-Quit-Now program is a national quit line referral routing mechanism which accepts callers from throughout the nation and then seamlessly directs them to the appropriate state quit line. This easy-to-remember number can be used for out of state patient referrals to their respective state quit line service. For patients interested in a serious quit attempt but who are either not interested in using SD QuitLine services or who have exhausted their three cycles of service, there are other support programs that use online live chat, telephone coaching and print materials. Local health systems and community agencies across South Dakota have access to targeted materials and programming for particular population groups (e.g., pregnant women, American Indians, youth and spit tobacco users). Interested providers and individuals may contact the SD QuitLine for further information about these resources.

### Discussion

Tobacco cessation quit lines offered by national programs, health plans or state programs are underutilized, despite their known success.<sup>7</sup> In SD, there are encouraging improvements in the number of QuitLine callers who cite their physician as a source of information about the

Table 3. Additional Resources and Programs Available to Assist with Quitting Tobacco

Program	Phone #	Additional Information	Link
Quit Now	1-800-QUIT-NOW (784-8669)	Refer people from outside of SD to their state quitline using this number or web-site. Additional self-help materials and on-line resources available. Sponsored by the US Dept. of Health & Human Services.	<a href="http://1800quitnow.cancer.gov/">http://1800quitnow.cancer.gov/</a>
Freedom from Smoking	1-866-784-8937	Refer people who need support and have already quit or, those who have used their three cycles of QuitLine services. Sponsored by the American Lung Association.	<a href="http://www.lungusa.org">http://www.lungusa.org</a> Click "Quit Smoking" link, then "Freedom from Smoking Online Program" link.
Smokefree.gov	1-877-44U-QUIT	Refer smokers who are not interested in using the SD QuitLine or who have already utilized three cycles of QuitLine service. Must be 18 years or older and not pregnant. Sponsored by a consortium of federal agencies.	<a href="http://www.smokefree.gov">http://www.smokefree.gov</a>
Quit Tobacco-Make Everyone Proud	1-800-694-694-4747, ext. 4818	Refer military personnel to this program. Offers a daily real-time on-line chat with cessation coaches (7:30am to 9pm CDT/CST). Offers other quit support information. Sponsored by the Department of Defense.	<a href="http://www.ucanquit2.org">http://www.ucanquit2.org</a>

QuitLine. In 2008, 44 percent of the callers who requested coaching indicated that a health care provider was a primary source of information about the QuitLine. In the previous two calendar years, corresponding proportions were much lower (27 percent in 2007 and 23 percent in 2006). The number of fax referrals from health providers also has increased over the past three years.

Through integration of new clinical practice guidelines with the SD QuitLine services, physicians have the resources needed to implement an easy and effective approach to talking about tobacco use and refer patients to programming that will strengthen an attempt to quit.

### Acknowledgements

The authors would like to acknowledge the generous assistance of Cheryl Pitzl, Health Management Coordinator at Avera McKennan Corporate Health Services, Anne Hillestad, Tobacco Cessation Coordinator at Black Hills Special Services Cooperative, and the SD Department of Health.

### REFERENCES

1. Fiore MC, Jae'n CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update—Clinical Practice Guideline. Rockville, MD: Public Health Service, US Department of Health and Human Services; 2008. [www.surgeongeneral.gov/tobacco/#/clinician](http://www.surgeongeneral.gov/tobacco/#/clinician)
2. Wadland WC, Holtrop J, Weismantel D, Pathak P, Fadel H, Powell J. Practice-based referral rates to a tobacco cessation quit line: assessing the impact of comparative feedback vs general reminders. *Ann Fam Med*. 2007;5(2):135–142.
3. Stead LF, Bergson G, Lancaster T. Physician advice for smoking cessation (Review). *Cochrane Database of Systematic Reviews*. 2008;2.
4. Blumenthal DS. Barriers to the Provision of Smoking Cessation Services Reported by Clinicians in Underserved Communities. *J Am Board Fam Med*. 2007;20(3):272–279.
5. Davis RM. Uniting physicians against smoking: the need for a coordinated national strategy. *J Am Med Assoc*. 1988;259:2900–1.
6. *Cancer Trends Progress Report – 2007 Update*. National Cancer Institute, NIH, DHHS, Bethesda, MD, December 2007, <http://progressreport.cancer.gov>
7. TA McAfee. Quitlines: a tool for research and dissemination of evidence-based cessation practices. *Am J Prev Med*. 2007;33(6 Suppl):S357–67.