

# Tobacco Cessation Toolkit

for Behavioral Health Providers



  
*CareSource*<sup>®</sup>

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## INTRODUCTION

This toolkit was developed for a broad continuum of mental health (MH) and substance use treatment professionals providing care for individuals who use tobacco products. According to the Tobacco Prevention and Cessation Commission, individuals with a serious mental illness (SMI) have a high smoking prevalence, low quit rates, and tobacco treatment may not always be considered a priority within the behavioral health setting. These materials are intended for psychiatric nurse practitioners, Physician Assistants (PAs), case managers, therapists, and psychiatrists; however, some of the materials may also be appropriate for primary care and other health care providers who are focused on substance use disorders (SUDs), MH conditions and overall health and wellness.

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# Tobacco use continues to cause a tremendous burden on public health.

According to the Centers for Disease Control and Prevention (CDC), tobacco use remains the leading cause of preventable disease and harms nearly every organ of the body. In the 2021 Annual Report of America's Health Rankings, the State of Indiana ranks 45 out of 50, with regards to tobacco use when looking at the healthiest state to reside in the country. According to The Indiana Department of Health Tobacco Prevention and Cessation's State Fiscal Year 2021 Report:

- Indiana ranks among the top 10 states in adult smoking.
- Nearly 39% of Indiana adults who smoke have some type of MH diagnosis.
- In 2019, Medicaid members smoked at a higher rate (34.3%) than the general population.
- 11.8% of pregnant women smoked during their pregnancy in 2019.

Nationwide, smoking prevalence remains significantly higher among individuals with mental illness and SUDs than those without these conditions. Furthermore,

- About one in five adults in the United States (19.9%) and in Indiana (22.3%) have a mental illness.
- Individuals with mental illness or SUD smoke nearly 40% of all cigarettes smoked in the United States.
- In 2018, on average, less than 60% of MH and SUD treatment facilities screened patients for tobacco use.
- Hoosier adults who are uninsured reported 14 or more poor MH days or have been diagnosed with depression reported smoking at significantly higher rates.
- Hoosier adults with less than a high school education smoked at a **significantly higher rate** than other education levels.
- Hoosier adults who are making more than \$75,000 per year smoked at a significantly lower rate than those with lower income levels.

Research suggests that it takes seven to 10 times to successfully quit smoking or using tobacco. This can be frustrating for the provider as well as for the patient. Being advised by a trusted provider to quit tobacco use is more influential than the patient hearing this from a loved one. As part of our commitment to both health partners and our members, we want to provide resources that support your professional practice and encourage best practices in promoting tobacco cessation for your patients.



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# Provider Resources



# PROVIDER RESOURCES

## Best Practices for Treating Tobacco and Nicotine Use and Dependence

The Center for Public Health Systems Science at Washington University in St. Louis has created a tool to help states develop and sustain a comprehensive, evidence-based tobacco cessation program. Providers can follow these recommendations according to their needs, goals and capacity. We encourage you to download and consider the following best practices guidelines to implement into your practice: [Best Practices User Guides-Cessation in Tobacco Prevention and Control \(cdc.gov\)](https://www.cdc.gov/tobacco/clinical/tobacco_cessation_guidelines/).

CareSource's medical and pharmacotherapy benefits cover tobacco cessation treatment for Healthy Indiana Plan (HIP), Hoosier Healthwise (HHW) and Marketplace members in the form of tobacco cessation counseling services and nicotine replacement therapy. These services can be very effective in helping CareSource members quit using tobacco products.

## Questions to Ask at Every Visit and Documentation

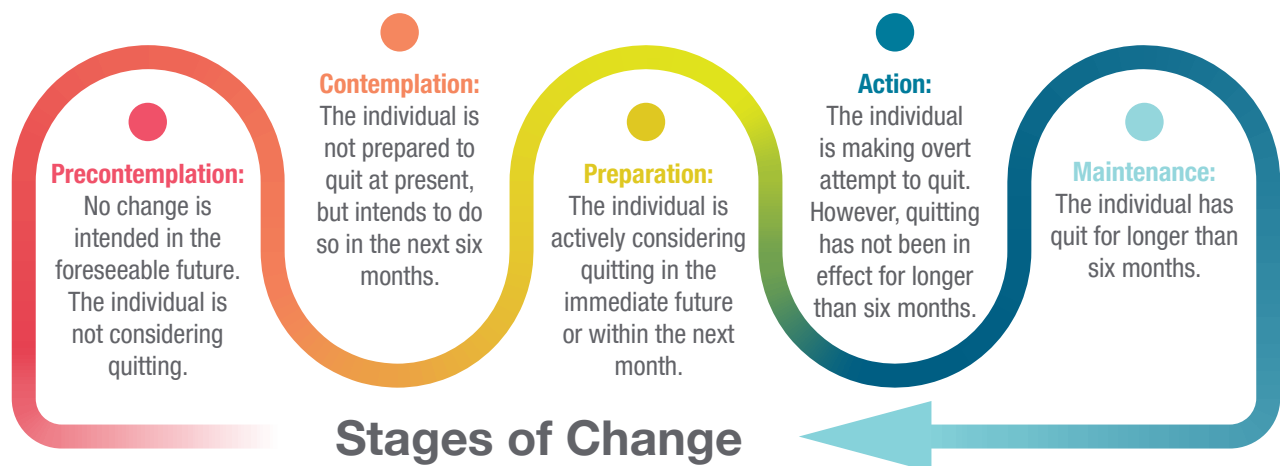
Effective treatments for tobacco dependence are now available to every patient. The first step in this process is to identify and assess tobacco use status for each of your patients. It is also very important for the provider to document the tobacco use conversation in detail at every visit.

Since tobacco use continues to be one of the leading preventable causes of death and illness, it is imperative that providers attempt to provide some type of treatment to their patients. There are three treatment categories that providers should recognize when attempting to address this challenge:

1. Patients who use tobacco and are willing to quit,
2. Patients who use tobacco but are not ready to quit at this time, and
3. Patients who have recently quit using tobacco.

## Motivational Interviewing (MI)

Motivational Interviewing is a useful tool to help your patients think about quitting. Here are some key aspects of MI:



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## The 2 As & R and The 5 As: Brief Tobacco Intervention Guideposts

CareSource believes at every visit, patients should be assessed for tobacco use. Consider using the “2 As & R” model (Ask, Advise & Refer) or the “5 As” model (Ask, Advise, Assess, Assist, and Arrange) for treatment tobacco use and dependence. For more information click on the link:

<https://www.cdc.gov/tobacco/campaign/tips/partners/health/materials/twyd-5a-2a-tobacco-intervention-pocket-card.pdf>.

### The 5 Rs: For Use With Patients Who Use Tobacco But Are Unwilling to Quit at This Time

With these individuals, providers will need to utilize their MI skills. This approach is supportive and nonjudgmental and is an attempt to engage the patient, promote change and to develop a change plan. Here are the 5 Rs that you may want to consider using with your patients who are unwilling to quit at this time:

1. <b>Relevance</b>	Encourage the patient to tell you why quitting is personally relevant to them. Your patient may need some prompting to think about why quitting would benefit them or their family. A question you might ask is, <b>“How important do you think it is for you to quit smoking?”</b>
2. <b>Risks</b>	Ask the patient to identify potential negative consequences of tobacco use. Having the patient state some of the obvious dangers of continuing to use tobacco could be an eye opener. A question you might ask is, <b>“Are there any other medical conditions you might develop if you don’t quit tobacco use?”</b>
3. <b>Rewards</b>	Ask the patient to identify some potential benefits if they quit tobacco use. A question you might ask is, <b>“What might happen if you quit?”</b>
4. <b>Roadblocks</b>	Ask the patient to identify barriers or challenges to quitting tobacco use. A question you might ask is, <b>“Is there any reason you can think of that will keep you from quitting tobacco use?”</b>
5. <b>Repetition</b>	At every visit, provider interactions should consist of MI of patients. Tobacco users who have failed in previous quit attempts should be reminded that most people make several attempts to quit before they are truly successful.

Providers should remind their patients that there are several effective treatment methods available to them, including counseling and medication options. The most important message your patients will need to hear at this time is that you, as their provider, acknowledge that they are not ready to quit tobacco use right now. However, when they are ready, you will be right there to help them.

## Relapse Prevention Planning: Patients Who Have Recently Quit Using Tobacco

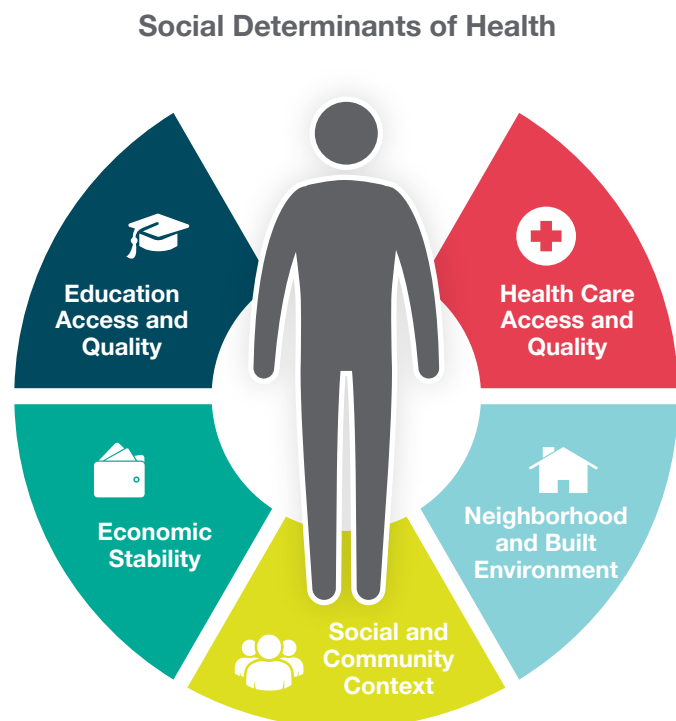
Relapse is common and should be expected. Patients who have recently quit using tobacco should receive relapse prevention treatment from their provider. Throughout this process, we encourage you to remember and abide by the following:

- Assisting this individual in remaining abstinent from tobacco use is your primary role as their provider.
- Congratulate your patient for their success in quitting tobacco use and discuss developing a plan for relapse prevention. Explain to your patient that in most cases it takes an individual several times to quit, but remaining tobacco free is possible.
- Anticipate some common problems some individuals may have that might cause them to re-engage in tobacco use like depression, weight gain and other stressors. This may be a time to offer some information regarding coaching or make a referral to the Quit Now program.

Even if a patient has successfully quit tobacco use, they still need to follow up with you. Scheduling the next appointment should be done before they leave the office.

## Factors That Impact Health Equity Among Behavioral Health Patients Who Use Tobacco

According to the CDC, health equity is “the opportunity for everyone to reach their full health potential, regardless of any socially determined circumstance.” Health equity can be achieved in tobacco cessation and sustained by eliminating the differences in education and encouraging your patients’ success. At CareSource, we are aware of the social determinates of health (SDOH) that impact our members (your patients) and work to address these concerns daily. We understand that these factors influence tobacco-related disparities among the SMI population. Likewise, poverty, housing issues, insufficient social support, discrimination, poor quality of schools, difficulty in accessing health care, and lack of transportation are factors that disproportionately affect people living with mental illness. For example, according to Healthy People 2020, people who lack quality housing may be at greater risk of exposure to secondhand smoke, and those with limited or no health care access may lack information about the dangers of tobacco use and any available cessation programs.





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**Tips for providers working with this population:**

- Ensure ALL patients are screened for tobacco use at every visit.
- Ensure that patients are aware of the tobacco cessation products covered by their insurance.
- Utilize the “FREE” provider promotional posters/brochures that are available through Quit Now Indiana and post in your offices/exam rooms.
- Educate patients on secondhand smoking and its effects on others.
- Understand where your patients live, available resources, family support and how stable they are financially.
  - Consider referring your patients to CareSource Life Services® program to address SDOH issues at 1-844-607-2832 or email [LifeServicesIndiana@CareSource.com](mailto:LifeServicesIndiana@CareSource.com).

## Medication Treatment Options

Prescription cessation aids are covered by the Medicaid and Marketplace programs. Providers are encouraged to refer patients ages 18 and over to the Indiana Tobacco Quitline, **1-800-QUIT-NOW**. The services offered by the Quitline are confidential and provided free of charge to Indiana residents.

There are several effective medications for tobacco dependence treatment. CareSource providers should promote their use by all patients attempting to quit using tobacco products, except when medically contraindicated.

Medication	Cautions/Warnings	Side Effects
<b>Bupropion SR 150 mg tablet (Zyban)</b>	Not for use if the CareSource member: <ul style="list-style-type: none"> <li>• Currently uses Monoamine oxidase (MAO) inhibitors</li> <li>• Uses bupropion in any other form</li> <li>• Has a history of seizures</li> <li>• Has a history of eating disorders</li> </ul>	<ul style="list-style-type: none"> <li>• Insomnia</li> <li>• Dry Mouth</li> </ul>
<b>Varenicline tablet</b>	Use with caution in patients: <ul style="list-style-type: none"> <li>• With renal impairment</li> <li>• With psychiatric illness</li> <li>• Undergoing dialysis</li> </ul>	<ul style="list-style-type: none"> <li>• Nausea</li> <li>• Insomnia</li> <li>• Abnormal dreams</li> </ul>
<b>Nicotine Gum*</b>	<ul style="list-style-type: none"> <li>• Caution in patients with dentures, dental disease</li> <li>• Do not eat or drink 15 minutes before or during use</li> <li>• Maximum of 24 pieces in 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>• Mouth soreness</li> <li>• Upset stomach</li> </ul>
<b>Nicotine Lozenge</b>	<ul style="list-style-type: none"> <li>• Do not eat or drink 15 minutes before or during use</li> <li>• Maximum 20 lozenges in 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>• Mouth soreness</li> <li>• Upset stomach</li> </ul>
<b>Nicotine Patch*</b>	<ul style="list-style-type: none"> <li>• Avoid application to areas with irritation or cuts, calluses, scars, oil or burns</li> <li>• Do not cut patch</li> </ul>	<ul style="list-style-type: none"> <li>• Local skin reaction</li> </ul>
<b>Nicotine Inhaler**</b>	<ul style="list-style-type: none"> <li>• Caution in patients with asthma; another nicotine replacement therapy may be better suited</li> <li>• Patient must stop smoking completely as soon as inhaler is started</li> <li>• May irritate mouth/throat at onset but improves with use</li> </ul>	<ul style="list-style-type: none"> <li>• Local irritation of mouth and throat</li> <li>• Cough</li> </ul>
<b>Nicotine Nasal Spray**</b>	<ul style="list-style-type: none"> <li>• Caution in patients with asthma; another nicotine replacement therapy may be better suited</li> <li>• Patient must stop smoking completely as soon as nasal spray is started</li> </ul>	<ul style="list-style-type: none"> <li>• Nasal irritation</li> <li>• Runny/congested nose</li> </ul>

\*Limited to a quantity of 180 days per year in Marketplace plan

\*\*Requires prior authorization review in Medicaid plans. Limited to a quantity of 180 days per year in Marketplace plan

For additional information on medication assisted treatment for tobacco use, for HIP/HHW plans, please go to: <https://www.caresource.com/in/providers/tools-resources/drug-formulary/mcicaid/>.

For additional information on medication assisted treatment for tobacco use, for Marketplace plans, please go to: <https://www.caresource.com/in/providers/tools-resources/drug-formulary/marketplace/>.

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# Provider Online Resources for Tobacco Cessation



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## PROVIDER ONLINE RESOURCES FOR TOBACCO CESSATION

Listed below are some online resources we would like for you to explore. With these online resources, you will find different types of guides, webinars, videos, and presentations to assist you with helping your patients with tobacco cessation options and how quitting tobacco use can impact their health.

### **American Cancer Society—Guide to Quitting Smoking:**

<https://www.cancer.org/cancer/risk-prevention/tobacco/guide-quitting-smoking.html>

### **American Heart Association:**

<https://www.heart.org/en/healthy-living/healthy-lifestyle/quit-smoking-tobacco/the-benefits-of-quitting-smoking-now>

### **American Lung Association- Quick Reference Guide:**

<https://www.lung.org/policy-advocacy/tobacco/cessation/technical-assistance/cessation-toolkits/behavioral-health>

### **CDC:**

[https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/adult\\_data/cig\\_smoking/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm)

<https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/bp-health-equity.pdf>

### **Indiana Leadership Academy for Wellness & Tobacco Free Recovery:**

<https://www.in.gov/health/tpc/cessation/indiana-leadership-academy-for-wellness-and-tobacco-free-recovery/>

### **Indiana Tobacco Quitline:**

The Indiana Quit Now program has FREE materials for providers to have at their location. Providers will need to select the materials they would like to have on hand for their staff to distribute to patients. All materials may also be downloaded at Quit Now Indiana. Below are some additional links that you as a provider may find helpful for your staff and patients:

- Link to enroll as a Preferred Provider: <https://www.quitnowindiana.com/champion-medical-provider>
- Link to order Quitline materials: <https://www.quitnowindiana.com/educational-materials>



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- Link for the online/fax referral form: [Fax Referral Form](#)
  - Link for Web Coach: <https://www.quitnowindiana.com/>

**Public Health Roadmap: Tobacco Use Disorder (TUD) Treatment Integration in Behavioral Health Settings:**

<https://www.lung.org/getmedia/39eb90f0-234a-45c0-81ae-d8cd39867a98/bhroadmap-2021.pdf>

**Quit Assist:**

<https://www.quitassist.com/helpful-resources.htm>

**Rethink Tobacco Indiana:**

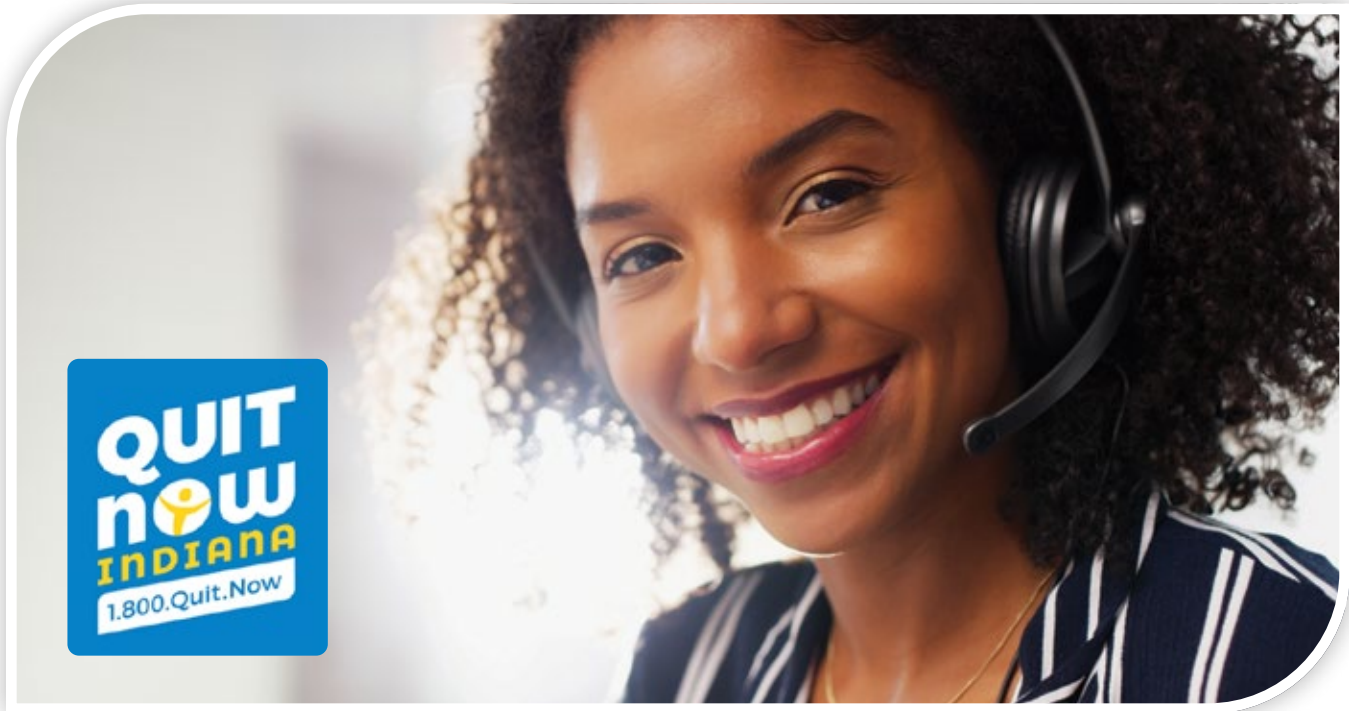
<https://rethinktobaccoindiana.org/>

**Vape-Free Indiana:**

<https://www.in.gov/vapefreeindiana/>

**Healthy People 2030:**

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/tobacco-use/evidence-based-resources>



## TOBACCO CESSATION VIDEOS

Providing your patients with a video may be very helpful in getting them to better understand the importance of quitting tobacco use, the effects on others, and the additional resources that are out there for them to access. Below are some helpful links to videos that you can provide to your patients for review on their own.

The Quit Now Indiana program also has several videos about their program and what they have to offer your patients who are thinking about quitting tobacco use. These videos answers questions to all patients who are wanting to quit and what they will need to know. They have several videos that will explain:

- What happens when patients call the Quitline
- The types of questions the Quit Coach will ask
- Information on the Text2Quit program and much more

Here is a link to the Quit Now Indiana videos: <https://www.quitnowindiana.com/refreshed-video>.

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# Additional CareSource Resources



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# ADDITIONAL CARESOURCE RESOURCES

## Care Management

CareSource can provide a Care Manager through our Integrated Care Management program, and they can assist patients in finding the resources needed to be healthy. The Care Management team can support your patients in their efforts to quit using tobacco by providing:

- A referral to the **1-800-QUIT-NOW** (1-800-784-8669) program
- Medical and behavioral health counseling from in-network providers
- A developed care plan with targeted goals on tobacco cessation with targeted goals on tobacco cessation

Providers can refer patients to Care Management or patients can request a Case Manager by calling Member Services at **1-833-230-2099** (TTY: 1-800-743-3333 or 711). Providers may also make referrals by email or online:

- **Email:** [INCaseManagement@CareSource.com](mailto:INCaseManagement@CareSource.com)
- **Website:** <https://providerportal.caresource.com/IN/User/Login>
  - Expand the “Providers” option in the menu on the left-hand side of the portal, select “Care Management Referral,” complete the form and submit the request.

## myStrength<sup>SM</sup>

CareSource members can access the myStrength tool for personalized support to help improve mood and engage in online activities. This platform has a tobacco cessation program that patients can access for free. This program also has other activities that include:

- Learning about MH conditions
- Using empowering self-help tools like mood trackers, thought and feeling logs
- Accessing wellness resources such as mindfulness exercises, parenting tips, weight, and stress management
- Reviewing inspirational daily quotes
- Visiting [myStrength.com](https://myStrength.com) and complete the registration process to create a personal profile and access the benefits of the tool.

### CareSource Provider Flier:

- [Vaping and E-Cigarettes Brochure](#)



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## Resources/Citations:

<https://www.cdc.gov/tobacco/campaign/tips/partners/health/materials/twyd-5a-2a-tobacco-intervention-pocket-card.pdf>

[https://www.in.gov/health/tpc/files/MH-and-Substance-Use-Disorders\\_12\\_31\\_2019.pdf](https://www.in.gov/health/tpc/files/MH-and-Substance-Use-Disorders_12_31_2019.pdf)

<https://www.cdc.gov/tobacco-health-equity/collection/behavioral-health-health-burden.html#:~:text=Overview,with%20no%20mental%20health%20condition>

<https://www.bhthechange.org/wp-content/uploads/2020/05/051420-Transforming-Tob-Ces-with-Telehealth-Slides-FINAL.pdf>

[https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/adult\\_data/cig\\_smoking/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm)

<https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/bp-health-equity.pdf>

[https://www.in.gov/health/tpc/files/TPC-SFY-2021-Annual-Report\\_Final.pdf](https://www.in.gov/health/tpc/files/TPC-SFY-2021-Annual-Report_Final.pdf)

<https://www.americashealthrankings.org/explore/annual/measure/Smoking/state/IN>

<https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/bp-health-equity.pdf>

[https://www.tn.gov/content/dam/tn/health/documents/TQL\\_Quick\\_Reference.pdf](https://www.tn.gov/content/dam/tn/health/documents/TQL_Quick_Reference.pdf)

<https://www.ahrq.gov/prevention/guidelines/tobacco/5rs.html>

[https://www.in.gov/health/tpc/files/MH-and-Substance-Use-Disorders\\_12\\_31\\_2019.pdf](https://www.in.gov/health/tpc/files/MH-and-Substance-Use-Disorders_12_31_2019.pdf)

<https://www.cdc.gov/tobacco/secondhand-smoke/index.html>

<https://www.americashealthrankings.org/explore/annual/state/IN>

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Nicotine. Clinical Pharmacology. Retrieved July 22, 2022 from <https://pubmed.ncbi.nlm.nih.gov/18305452/>

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