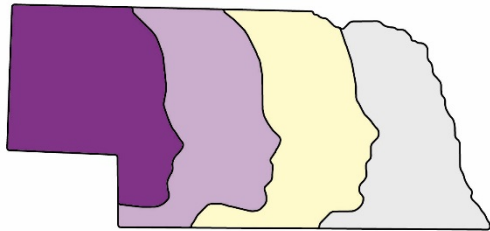


Referring Your Patients to the Nebraska Tobacco Quitline

Every Woman Matters



for a great state of health

EWM Healthy Lifestyle Questionnaire (HLQ)

- The EWM HLQ asks clients about their smoking status.

| | | |
|----------------|--|--|
| SMOKING STATUS | 1. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form) | <input type="radio"/> Current Smoker |
| | | <input type="radio"/> Quit (1-12 months ago) |
| | | <input type="radio"/> Quit (More than 12 months) |
| | | <input type="radio"/> Never smoked |
| | | <input type="radio"/> DW* |
| | 2. Do you currently use chewing tobacco, snuff, or snus? | <input type="radio"/> Everyday |
| | | <input type="radio"/> Some days |
| | | <input type="radio"/> Not at all |
| | | <input type="radio"/> DW* |
| | 3. About how many hours a day, on average, are you in the same room or vehicle with another person who is smoking? | <input type="radio"/> _____ Hours |
| | | <input type="radio"/> Less than one |
| | | <input type="radio"/> None |
| | | <input type="radio"/> DW* |

*DK - Don't Know/Not Sure *DW - Don't Want to Answer

- When a client brings their HLQ to their appointment, be sure to review it with them. Talk about risk factors and how they answered the questions.

ASK patients about their tobacco status

- The time you invest helping patients quit tobacco could add years to their lives.
- The Nebraska Tobacco Quitline Fax Referral Program can assist you in supporting tobacco cessation among your patients.

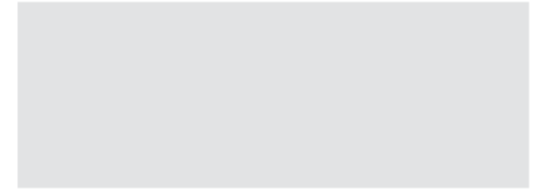


ASK patients about their tobacco status

- The front of the EWM Screening Card gives the client an opportunity to mark that they are a smoker and wants to improve the habit.
- Information marked in the table indicates whether or not she's ready to make a change.
- If client is not quite ready to make a quit attempt be sure to give positive reinforcement around quitting and reasons to quit.



Screening Card
for ALL Services



Clients - Please fill out this page!

This helps Every Woman Matters find the best tools and services to meet your goals.

Choose one or two areas you want to improve:

- Nutrition
- Physical Activity
- Smoking Cessation
- Taking medications as prescribed for high blood pressure
- I don't want to improve anything



How ready are you to make changes?

Check the box by each of the following statements that best describes your behavior.

| | Not ready to make a change | Thinking about making a change | Ready to make a change | Already making changes | Made changes and am trying to keep it up |
|---|----------------------------|--------------------------------|------------------------|------------------------|---|
| 1. Eating More Fruits and Vegetables | | | | | |
| 2. Increasing Physical Activity | | | | | |
| 3. Quitting Smoking | | | | | <input checked="" type="checkbox"/> I don't smoke |
| 4. Taking medications as prescribed for high blood pressure | | | | | <input type="checkbox"/> I don't take medications for high blood pressure |

REFER patients to the Quitline

- At the screening visit when you provide Cardiovascular Risk Reduction Counseling:
 - If the client identifies as a smoker, and;
 - If the client indicates that she would like to quit or is thinking of quitting
- **REFER** to the Quitline!!
Mark the appropriate box highlighted in yellow.

Cardiovascular Risk Reduction Counseling

Refer to the questions on the front of this card.
Check if counseling completed.

- Nutrition Counseling
- Physical Activity Counseling
- Tobacco Cessation Counseling
 - Client Referred to Statewide Quitline at 1-800-QUIT-NOW
 - Fax Referral to Statewide Quitline at 1-800-QUIT-NOW
 - Client Refused
- Medication Adherence for Hypertension Counseling

Completion of this section is equivalent to submitting a claim for Risk Reduction Counseling.

REFER patients to the Quitline

- If they're ready to make a quit attempt, work with them to fill out the Nebraska Tobacco Quitline FAX REFERRAL FORM at QuitNow.ne.gov
 - Patients need to sign the consent section
 - Include your name (Provider Name) and fax number in the provider section.
 - Have patients initial and sign the patient section
- FAX the completed and signed form to 1-800-483-3114.



REFER patients to the Quitline

- If Providers mark “YES” that they are HIPAA compliant on the Nebraska Tobacco Quitline FAX REFERRAL they will receive an Outcome Report which tells the provider the status of the patient being referred.
- The Outcome Report will indicate one of the following:
 - Unreachable (Quitline tries 5 different times to contact patient)
 - Declined (Patient declined services)
 - Enrolled
 - Quit Date



Tobacco Fax Referral Form

- The Nebraska Tobacco Quitline Fax Referral Form and other information about the form and process can be found at:

<https://nebraska.fhsc.com/Downloads/NEfaxform-TobaccoCessation-201701.pdf>

FAX REFERRAL FORM

NEBRASKA TOBACCO QUITLINE

Fax Number: 1-800-483-3114

Date Sent: ____/____/____

Provider Information:

CLINIC NAME _____ CLINIC ZIP CODE _____

HEALTH CARE PROVIDER _____

CONTACT NAME _____

FAX NUMBER _____ PHONE NUMBER _____

I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE) YES NO DON'T KNOW

Patient Information:

PATIENT NAME _____ DATE OF BIRTH _____ GENDER MALE FEMALE

ADDRESS _____ CITY _____ ZIP CODE _____

PHONE NUMBER _____ HOME WORK CELL LANGUAGE PREFERENCE (PLEASE CHECK ONE) ENGLISH SPANISH OTHER _____

CHECK IF PATIENT IS CURRENTLY PREGNANT

For Heritage Health (Medicaid) patients only:

PLEASE SELECT HEALTH PLAN: MAGELLAN NEBRASKA TOTAL CARE UNITED HEALTH CARE WELLCARE

PATIENT MEDICAID ID # (11 digits): _____

INITIAL I am ready to quit tobacco and request the Nebraska Tobacco Quitline contact me to help me with my quit plan.

INITIAL I give my permission to the Nebraska Tobacco Quitline to leave a message when contacting me at the number(s) provided above.

INITIAL I give my permission to the Nebraska Tobacco Quitline to share information with my provider for the purposes of my health care treatment.

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

6AM-9AM 9AM-12PM 12PM-3PM 3PM-6PM 6PM-9PM

PATIENT SIGNATURE: _____ DATE: ____/____/____

Confidentiality Notice: This facsimile contains confidential information.
If you have received this facsimile in error, please notify the sender immediately by telephone and confidentially dispose of the material. **Do not review, disclose, copy, or distribute.**

If a prescription has been written for a Medicaid patient, please check the product:

Nicotine Gum: _____

Nicotine Patch: _____

Nicotine Lozenge: _____

Varenicline: (Chantix) _____

Bupropion: (Zyban) _____

Nicotine Nasal Spray: _____

Nicotine Inhaler: _____

ADVISE patients to quit

- Build their interest in the **FREE** and confidential Quitline phone counseling and other resources. Services are available to all Nebraska residents aged 16 and older.



Nebraska Tobacco Quitline

- Quitlines are recognized as a best practice by the Centers for Disease Control and Prevention (CDC)
- Quitlines have:
 - A broad reach
 - Are effective reaching diverse populations
 - Increase quit rates
 - Are cost-effective
 - Serve as a resource for healthcare providers
 - Visible (media campaigns)



Nebraska Tobacco Quitline

- TFN has provided the Nebraska Tobacco Quitline since 2006

- Free
- Confidential
- 24/7



QuitNow.ne.gov

1-800-QUIT-NOW (784-8669)

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
TOBACCO FREE NEBRASKA

Nebraska Tobacco Quitline

- Free and confidential
- Available 24/7
- English and Spanish available
 - Up to 170 languages available
- Call 1-800-Quit-Now or 1-855-DEJELO.YA
- Trained Cessation Counselors
 - BS or MS in counseling, addiction studies, community health or social work



Nebraska Tobacco Quitline

- Who can call the Quitline?
 - Any Nebraska resident who is interested in quitting
 - (smoking, chew, pipe, cigar, & e-cigarettes)
 - If you have quit and are experiencing cravings or relapsed
 - Anyone seeking information to help support someone quitting

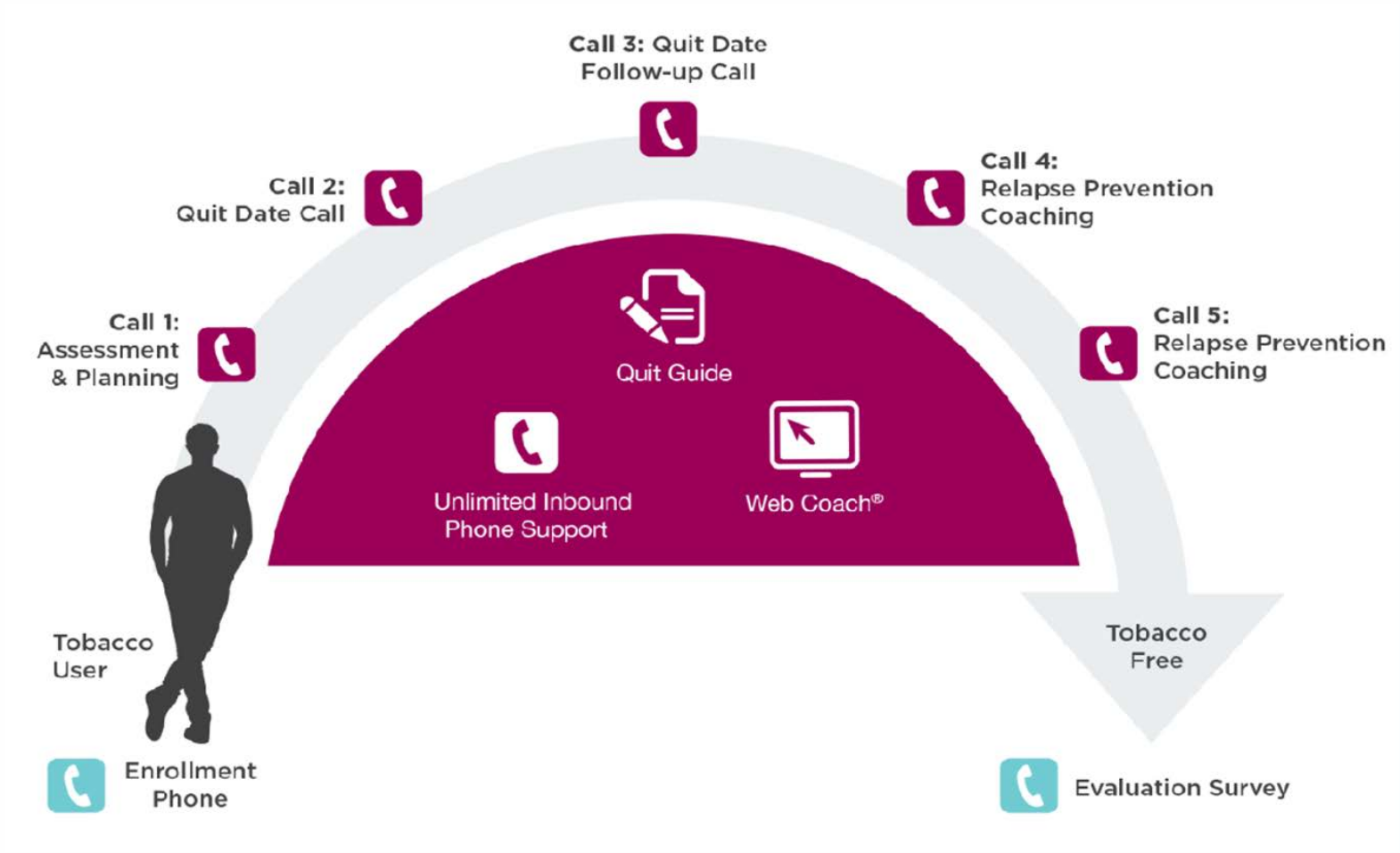


Nebraska Tobacco Quitline

- What to expect when you call the Quitline:
 - First speak with a Registration Intake Specialist
 - Collects general information
 - Callers can be transferred immediately to a Quit Coach
 - Personalize cessation counseling based on the individual caller (seniors, veterans, mental health, etc.)
 - Up to 5 calls for those attempting to quit (up to 10 calls for pregnant women)



Nebraska Tobacco Quitline



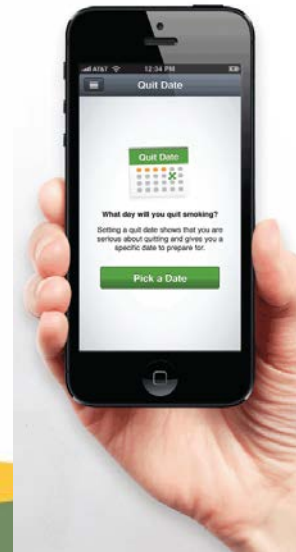
Nebraska Tobacco Quitline

- The web based coaching offers motivational tools, social support and information about quitting tobacco.
- It's available free of charge to any tobacco user who enrolls in the Nebraska Tobacco Quitline.



Nebraska Tobacco Quitline

- The free QuitNow mobile app will support you through your entire quit process - from setting a Quit Date to identifying your reasons for quitting to conquering cravings once you've quit.
- To boost motivation, the app will also track the money you've saved since quitting and the days added back to your life.
- Download today at:
 - Quitnow.ne.gov



Success Rates, 2016

- At the 7-month follow-up survey, **22.4%** of respondents had been tobacco free for 30 days or longer



Survey response rate at 7-months was 34.5% (275/796 callers)

Tobacco Free Nebraska

The TFN program works to:

- Help people quit
- Eliminate exposure to secondhand smoke
- Keep youth from starting
- Reach underserved populations



for a great state of health

Resources

- Free Nebraska Tobacco Quitline Materials Order Form
 - <http://dhhs.ne.gov/publichealth/TFN%20Docs/Order%20Form%20-%20Quitline.pdf>
 - Quitline Business Cards
 - Quitline Magnets
 - Quitline What to Expect Brochures
 - and many many more!



Resources

- List of Statewide Community Cessation Classes & Support Groups
 - QuitNow.ne.gov
- Free promotional materials & self-help guides can be found at:
 - QuitNow.ne.gov
- TFN Resource Directory
 - <http://dhhs.ne.gov/documents/TFNResources.pdf>



Questions



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