Communication Techniques For Providers

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Why is it so hard to stop smoking?

- *"I think nicotine is the most addictive substance. I don't want my legacy to be dying from cigarettes, but I don't know if I can stop."*

- *"As a returning citizen, cigarettes was the first thing on my mind. Didn't even care about getting home safely."*

Understanding Nicotine Addiction

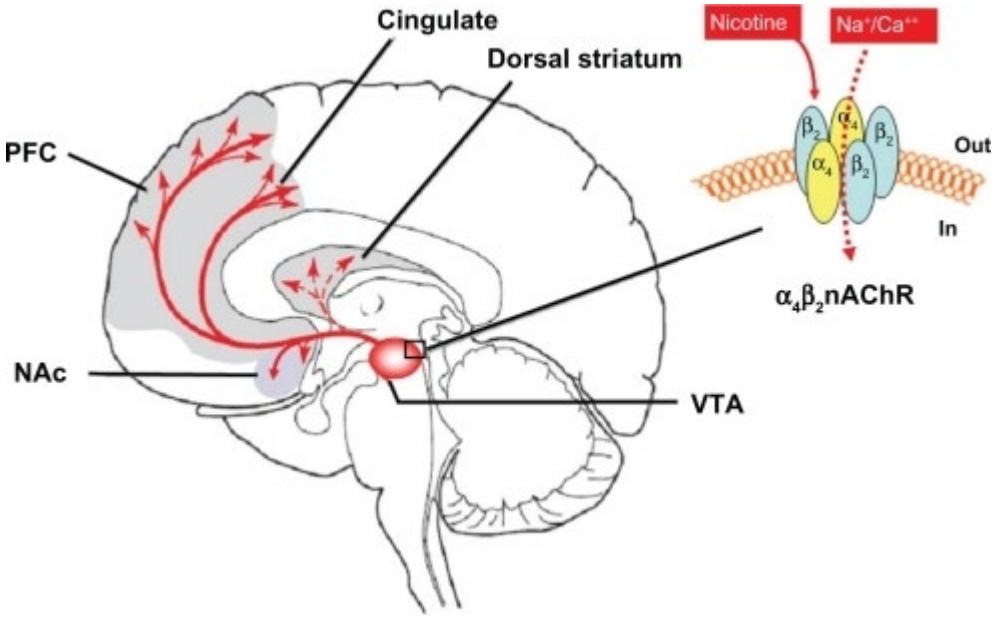
Exogenous nicotine activates neurons of the VTA to create a powerful but incorrect, safety signal.

Thus, when patients face the possibility of abstinence, they face the equivalent of a threat to survival.

Nicotine also promotes long-term learned associations that becomes persistent over time, placing patients with tobacco dependence at lifelong risk for relapse.

These effects, coupled with the rapidity with which nicotine reaches the brain, contribute to the significant addictive potential of the cigarette.

Mesolimbic DA projection pathway



Nicotine activates α4β2 nAChRs located on dopamine (DA) neurons in the VTA and increases VTA DA neuron activity as well as DA release in the nucleus accumbens (Nac), dorsal striatum, and prefrontal cortex (PFC).

Leone FT, Evers-Casey S. Developing a Rational Approach to Tobacco Use Treatment in Pulmonary Practice: A Review of the Biological Basis of Nicotine Addiction. Clin Pulm Med. 2012;19(2):53-61.
Subramaniyan M, Dani JA. Dopaminergic and cholinergic learning mechanisms in nicotine addiction. Ann N Y Acad Sci. 2015;1349:46-63.
Xi Z-X. Preclinical pharmacology, efficacy, and safety of varenicline in smoking cessation and clinical utility in high risk patients. *Drug, healthcare and patient safety*. 2010;2:39-48.

Tobacco use disorder is a chronic disease that requires treatment

68% of adults who currently smoke (22.7 million) reported they were interested in quitting smoking.

7.5% of adults who smoke (2.9 million) successfully quit smoking in the past year

Combined use of pharmacotherapy and behavioral support increases quit rates(RR 1.82 [95% CI, 1.7 to 2.0].

In 2015, 31% of adults who smoke (7.6 million) reported using counseling or medication when trying to quit.

- 6.8% (1.7 million) reported using counseling
- 29% (7.1 million) reported using medication
- 4.7% (1.1 million) reported using both counseling and medication when trying to quit

Chen, D. and L.T. Wu, Smoking cessation interventions for adults aged 50 or older: A systematic review and meta-analysis. Drug Alcohol Depend, 2015. 154: p. 14-24
Babb S, Malarcher A, Schauer G, Asman K, Jamal A. Quitting Smoking Among Adults - United States, 2000-2015. MMWR Morb Mortal Wkly Rep. 2017 Jan 6;65(52):1457-1464.
Creamer MR, Wang TW, Babb S, et al. Tobacco Product Use and Cessation Indicators Among Adults – United States, 2018. MMWR Morb Mortal Wkly Rep 2019;68:1013–1019
S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA:, 2020
Patnode CD et al. Behavioral Counseling and Pharmacotherapy Interventions for Tobacco Cessation in Adults, Including Pregnant Women: A Review of Reviews for the USPSTF. AHRQ 2015

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Treatment of Tobacco Use Disorder

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There are 7 FDA-approved medications to treat tobacco dependence

5 forms of nicotine replacement
Varenicline
Wellbutrin

CONTROLLER-

- Nicotine patch 7 mg, 14 mg, 21 mg – Always use 21 mg unless patient intolerance
- Wellbutrin-Bupropion – 150 mg SR
- Varenicline-Chantix 0.5 mg-1 mg

RELIEVER

- Nicotine gum: 2 mg, 4 mg
- Nicotine lozenge: 2 mg, 4 mg
- Nicotine nasal spray 10 mg
- Nicotine inhaler – available online

Nicotine replacement Therapy(NRT)

Why isn't there a nicotine pill?-undergoes first pass metabolism hence need a toxic amount for it to work

Patch

Gum- **DON'T CHEW IT**

Lozenge-DON'T SUCK ON IT

Nasal spray

Nicotine inhaler

MECHANISM OF ACTION: AGONIST AT NICOTINIC-CHOLINERGIC RECEPTORS

Bupropion Sustained Release

Wellbutrin tablet twice a day after 150 mg daily for 3 days

Average Seizure rate is still

less than the 1:1000

Re-uptake inhibitor of dopamine and/or norepinephrine; unclear in smoking cessation

BUPROPION SR
Zyban[1], Generic Rx 150 mg sustained-release tablet
• Concomitant therapy with medications/ conditions known to lower the seizure threshold • Hepatic impairment • Pregnancy[3] and breastfeeding • Adolescents (<18 years) • Treatment-emergent neuropsychiatric symptoms[4] **BOXED WARNING REMOVED 12/2016** **CONTRAINDICATIONS:** • Seizure disorder • Concomitant bupropion (e.g., Wellbutrin) therapy • Current or prior diagnosis of bulimia or anorexia nervosa • Simultaneous abrupt discontinuation of alcohol or sedatives/benzodiazepines • MAO inhibitors in preceding 14 days; concurrent use of reversible MAO inhibitors

Cochrane Database Syst Rev. 2014 Jan 8;(1):CD000031. doi: 10.1002/14651858.CD000031.pub4.

Varenicline/APO-VARENICLINE

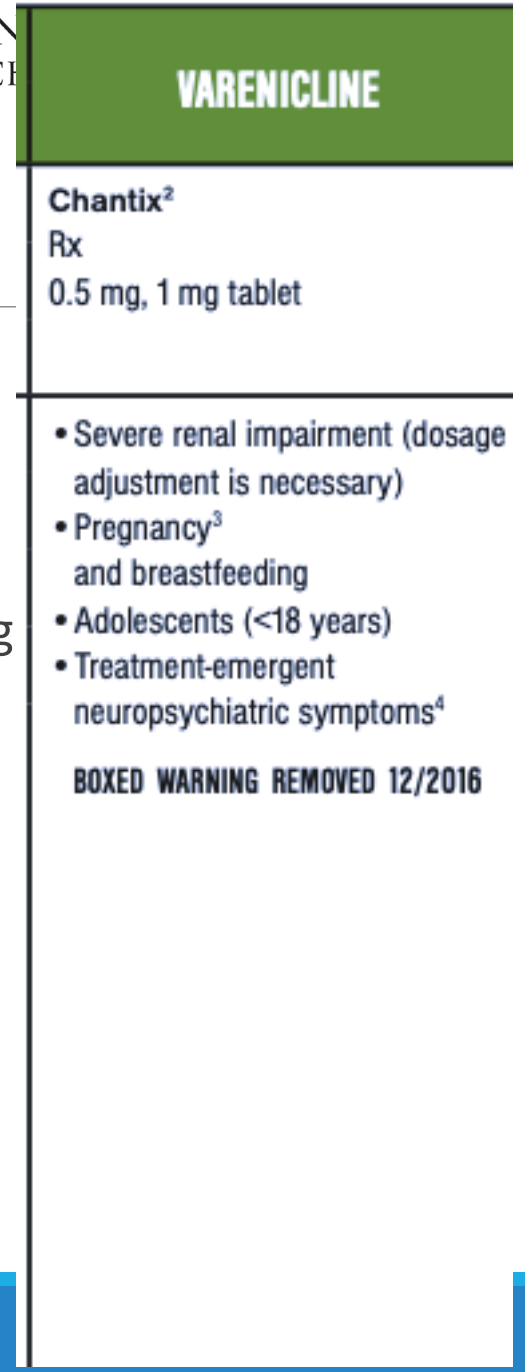
Starting pack and continuing pack-when it was Chantix

Safe to take for 12 months

Worst side effect nausea need to take with food

It causes sustained increase in chemical levels, which provides relief from nicotine craving and withdrawal symptoms that are caused by low levels of chemical during stopping attempts

MOA: PARTIAL AGONIST OF ALPHA-4-BETA-2 NICOTINIC ACETYLCHOLINE RECEPTOR; PREVENTS NICOTINE BINDING TO RECEPTORS



Summary of pharmacotherapy

When initiating pharmacotherapy to treat tobacco dependence strongly consider:

Initiating treatment with varenicline

- The tobacco cessation clinical pathway (American College of Cardiology): consider adding nicotine to varenicline for individuals not successful with NRT or varenicline alone

Extending treatment beyond 3 months after quit date

***This includes patients with substance use disorder and psychiatric disorders*

***This includes initiating treatment with individuals not ready to set a quit date*

Leone FT et al. Initiating Pharmacologic Treatment of Tobacco Dependence in Adults: An Official ATS Clinical Practice Guideline. Am J Respir Crit Care Med 2020; 2020;202(2):e5-e31

Anthenelli, R.M., et al., *Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double-blind, randomised, placebo-controlled clinical trial.* Lancet, 2016. **387**(10037): p. 2507-20.

Rohsenow, D. J., Tidey, J. W., Martin, R. A., Colby, S. M., Swift, R. M., Leggio, L., Monti, P. M. *Varenicline versus nicotine patch with brief advice for smokers with substance use disorders with or without depression: effects on smoking, substance use and depressive symptoms.* Addiction; Oct2017

Ebbert JO, et al. Effect of Varenicline on Smoking Cessation Through Smoking Reduction – A Randomized Clinical Trial. JAMA 2015;313(7):687-694.

Barua RS, et al. *2018 ACC Expert Consensus Decision Pathway on Tobacco Cessation Treatment: A Report of the American College of Cardiology Task Force on Clinical Expert Consensus Documents*. J Am Coll Cardiol. 2018 Dec 17;72(25):3332–65.

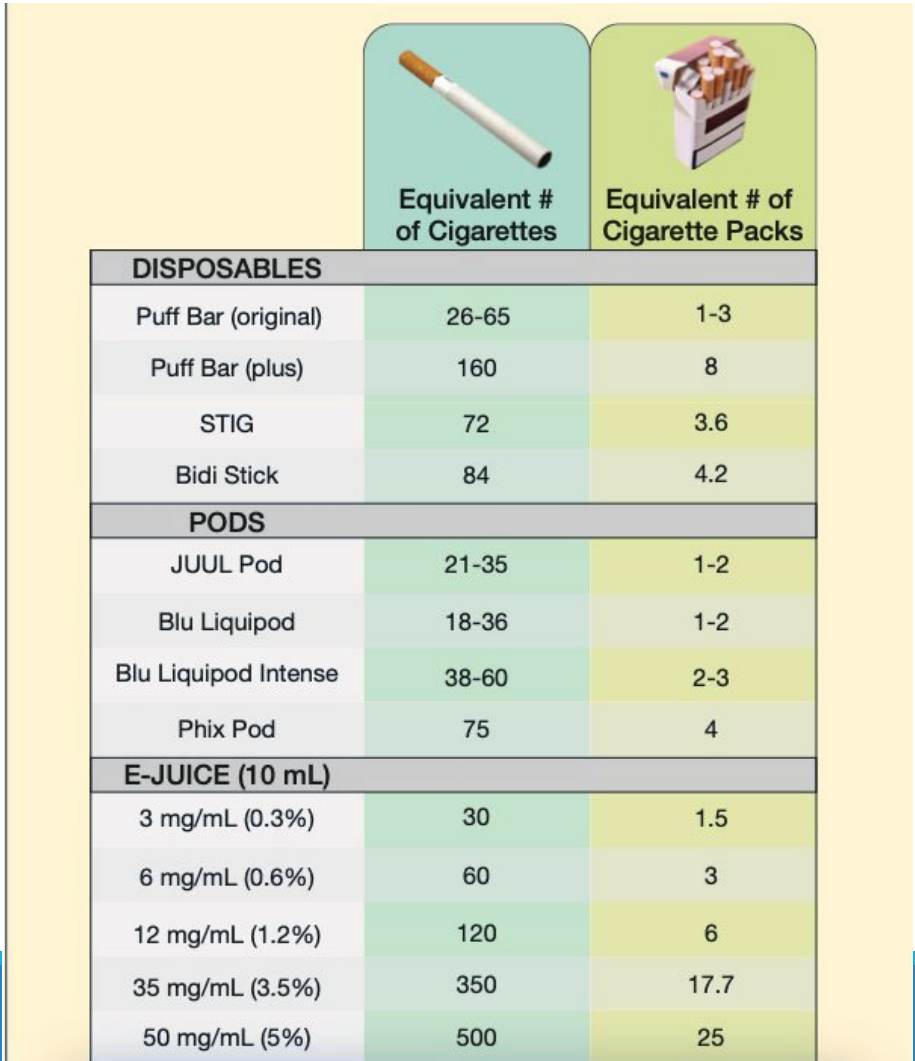
Vaping: A dysfunctional alternative to tobacco treatment

Vaping can cause severe acute lung injury

Do not promote as a harm reduction method

Nicotine levels can be extremely high, even if not labeled as such

Some who try to switch to vaping actually become "dual users", which carries its own health risks



	Equivalent # of Cigarettes	Equivalent # of Cigarette Packs
DISPOSABLES		
Puff Bar (original)	26-65	1-3
Puff Bar (plus)	160	8
STIG	72	3.6
Bidi Stick	84	4.2
PODS		
JUUL Pod	21-35	1-2
Blu Liquipod	18-36	1-2
Blu Liquipod Intense	38-60	2-3
Phix Pod	75	4
E-JUICE (10 mL)		
3 mg/mL (0.3%)	30	1.5
6 mg/mL (0.6%)	60	3
12 mg/mL (1.2%)	120	6
35 mg/mL (3.5%)	350	17.7
50 mg/mL (5%)	500	25

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What type(s) of vaping device was used (eg, bottle, cartridge, pod)? What was the product brand and name?
What products (eg, nicotine, tetrahydrocannabinol, cannabidiol, flavored liquid, modified products or addition of substances not produced by the manufacture) were vaped?
Were cartridges or pods reused? Were they filled with homemade, unlicensed, or commercially-licensed products?
What was the method of use (aerosol, dripping)? Was the product concentrated prior to use (eg, dabbing)?
Was the patient also smoking tobacco? or cannabis?
Does the patient use cocaine, opioids, or other drugs?

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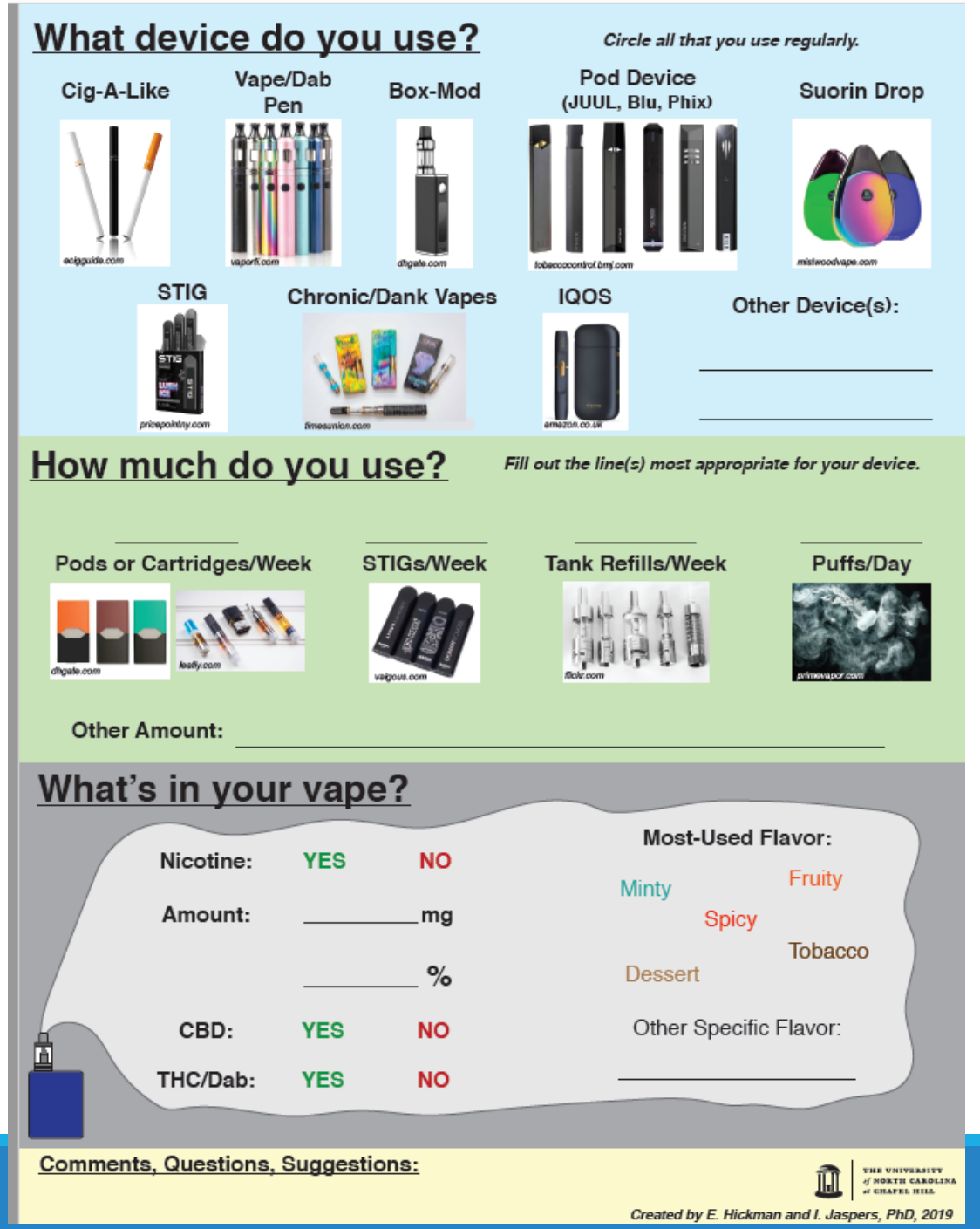

Tobacco Treatment Counseling

Counseling is most effective when:

- Intensive rather than brief
- Includes practical help that emphasizes problem solving skills and social support
- Accompanied by pharmacotherapy

Consider strategies that:

- Assess patient's understanding of meds and address mistrust and misconceptions
- Opt-out/proactive approaches
- Cognizant of low health literacy and stigma
- Address mood and stress & social determinants of health that may be barriers to quitting

Proactive outreach among individuals with Serious mental illness who smoked (n = 939):

- Increased treatment utilization and smoking abstinence

Hammett PJ, et al. Proactive outreach tobacco treatment for socioeconomically disadvantaged smokers with serious mental illness. J Behav Med. 2019.
Lewis M. Brain Change in Addiction as Learning, Not Disease. N Engl J Med. 2018;379(16):1551-60.

Not ready to Quit? The 5Rs of Intervention (Brief MI)

- No longer is the only goal cessation, but goal is also an increasing willingness to consider taking treatment

5Rs (Brief version of MI)	
RELEVANCE	Encourage the patient to indicate why quitting is personally relevant.
RISKs	Ask the patient to identify potential negative consequences of tobacco use.
REWARDS	Ask the patient to identify potential benefits of stopping tobacco use.
ROADBLOCKS	Ask the patient to identify barriers or impediments to quitting.
REPEAT	Address the issue on a Repeated basis as necessary. Tobacco users who have failed in previous quit attempts should be told that most people make repeated quit attempts before quitting

2008 PHS Guideline Update Panel La, and Staff. Treating tobacco use and dependence: 2008 update U.S. Public Health Service Clinical Practice Guideline executive summary. Respir Care. 2008;53(9):1217-22.
Etter JF, Perneger TV, Ronchi A. Distributions of smokers by stage: international comparison and association with smoking prevalence. Prev Med. 1997;26(4):580-5.
Reid, J. L., Hammond, D., Rynard, V. L., & Burkhalter, R. (2014). Tobacco use in Canada: patterns and trends . University of Waterloo, Propel Centre for Population Health Impact.

Tobacco Treatment Counseling

Consider positive message framing:

Many patients prefer hearing about the health benefits of quitting, rather than the risks of continued smoking

"Every adult, unless you've been living somewhere in the woods for the last 30 years knows the dangers of smoking. I don't need to hear about it anymore. What I would rather hear is stuff like, 'After quitting smoking, your risk of heart attack declines within 24 hours after quitting.' I think hearing the health benefits and the cost savings and little tips and pick-me-ups would motivate me."

Be cognizant of and address barriers:

Patient's understanding of meds and address mistrust and misconceptions

"I want nothing to do with Chantix. I've heard horror stories"

Low health literacy, stigma, self-blame, stress, and SDOH that may be barriers to quitting

"I don't like that it (smoking)gives me heartburn. I don't like that it makes my COPD worse. No. I just smoke because I'm a damn fool. That's what I feel. I choose smokin' over everything. I hurt me. I don't like the smell, the consequences. I don't like the stigma. I hate it."

"I admit I'm part of the damage after 55 years [of smoking]. When I tell them that, certain doctors are going to have this attitude that 'He don't care about himself, why should I care?'"

Billing for Counselling

CPT® codes for Smoking Cessation

There are two codes used to report counseling by a physician or non-physician practitioner (NPP) with the patient for smoking cessation.

99406 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

99407 Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

99407 is not an add-on code, and the two codes are never reported together. Report only one of the codes, depending on the time of the counseling.

Code	Description	2024 wRVU	Total National non-facility RVUs	Total National facility RVUs
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	0.24	0.44	0.35
99407	greater than 10 minutes	0.50	0.82	0.74

[Smoking cessation coding, 99406 and 99407 (codingintel.com)]

Documentation of initial visit

Today I had the pleasure of seeing [redacted] Tobacco Health Program for evaluation and management of tobacco health.
[redacted]year-old gentleman followed in pulmonary by [redacted] tobacco use, opiate use disorder on methadone, with dyspnea on exertion presents to tobacco clinic for evaluation and management of tobacco use
Black or African American
GOLD stage 3 COPD

Most frequent form of tobacco:
- [x] Cigarettes
- [ ] Chewing tobacco
- [ ] Cigars
- [ ] Pipe
- [ ] Vape/e-cigarette
- [ ] Hookah

Other in the past uses SNifF heroin now on methadone program

Maximum packs per day: 3/4 ppd now smoking about 1 to 2 cigarettes a day

Current packs per day:3/4 ppd

Duration: Smoking since age 15 with the 35-year duration and half a pack a day nearly up to 30 pack years smoking

Parents smoked:
- [x] Yes
- [ ] No

Fagerstrom Test for Nicotine dependence score is: 7
This indicates ☐ No/low ☐ Medium ☑ High **dependence**

Questions	Response Options	Score
1. How soon after you wake up do you smoke your first cigarette?	Within 5 mins 6-30 mins 31-60 >60 mins	☑ 3 ☐ 2 ☐ 1 ☐ 0
2. Do you find it difficult to refrain from smoking in places it is forbidden, like in church?	Yes No	☑ 1 ☐ 0
3. How many cigarettes do you smoke?	31 or more 21-30 11-20 10 or less	☐ 3 ☐ 2 ☐ 1 ☑ 0
4. Which cigarette would you most hate to give up?	First one in the morning One of the others	☑ 1 ☐ 0
5. Do you smoke more frequently during the first hours of the day than the rest of the day ?	Yes No	☑ 1 ☐ 0
6. Do you smoke if you are ill in bed most of the day?	Yes No	☑ 1 ☐ 0

- [ ] Score 0-3: no or low tobacco dependence
- [ ] Score 4-6: medium tobacco dependence
- [x] Score 7-10: high tobacco dependence

Pertinent details about the tobacco journey:

Past quit attempts:
- [ ] None
- [x] One time
- [ ] More than once

Last quit attempt:
- [x] Within the past month
- [ ] Within the past year
- [ ] More than a year ago

Main symptoms:
- [x] Craving
- [ ] Anger
- [x] Anxiety
- [ ] Depression
- [ ] Weight gain
- [x] Irritability
- [ ] Other:

Past quitting methods:
- [x] Patch
- [ ] Gum
- [ ] Lozenge
- [ ] Nasal spray
- [ ] Nicotine inhaler
- [ ] Bupropion
- [x] Chantix
- [ ] Group therapy
- [ ] Hypnosis
- [ ] Taper
- [ ] Cold turkey
- [ ] Other

Confidence in quitting:
- [x] Appropriate
- [ ] Not appropriate

Patient perception of utility in quitting:
- [ ] Negative
- [ ] Neutral
- [x] Positive

Stress level:
- [ ] High
- [ ] Normal

Depression:
- [ ] Positive
- [ ] Negative

Household smokers:
- [ ] None
- [x] One
- [ ] More than one

Obstacles to quitting:
- [ ] Lack of support
- [ ] Cost of treatment
- [ ] Other:
- [x] None

Other environmental triggers:
- [x] Coffee
- [x] With or after meals
- [x] TV
- [x] Talking on the phone
- [x] Boredom
- [x] Stress
- [x] Alcohol
- [x] Drug use
- [x] Bathroom
- [ ] Other people smoking
- [ ] Other:
- [ ] None

Any other mental illness:
- [x] Yes
- [ ] No

He has known mental health disorder and he sees a counselor

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Classify Tobacco Dependence Severity
Clinical Features Before Treatment
Patient's step is:
- [x] Step 4 (Very Severe)
- [ ] Step 3 (Severe)
- [ ] Step 2 (Moderate)
- [ ] Step 1 (Mild)
- [ ] Step 0 (Non-Daily/Social)

	Cigarette Use	Nicotine Withdrawal Symptoms	Quantitative	Health Status
STEP 4 Very Severe	• >40 CPD • Daily use • Time to 1st Cig: 0-5 min	• Constant • NWS >40	• FTND 8-10 • Se Cotinine <400 ng/mL	• ≥ 1 Chronic Medical Disease AND/OR • ≥ 1 Psychiatric Disease
STEP 3 Severe	• 20-40 CPD • Daily use • Time to 1st Cig: 6-30 min	• Constant • NWS 31-40	• FTND 6-7 • Se Cotinine 251-400 ng/mL	• ≥ 1 Chronic Medical Disease AND/OR • ≥ 1 Psychiatric Disease
STEP 2 Moderate	• 6-19 CPD • Daily use • Time to 1st Cig: 31-60 min	• Frequent • NWS 21-30	• FTND 4-5 • Se Cotinine 151-250 ng/mL	• Healthy medically • Healthy psychiatrically
STEP 1 Mild	• 1-5 CPD • Intermittent Use • Time to 1st Cig: >60 min	• Intermittent • NWS 11-20	• FTND 2-3 • Se Cotinine 51-150 ng/mL	• Healthy medically • Healthy psychiatrically
STEP 0 Non-Daily or Social	• Non-daily cigarette use • Social setting only • Time to 1st Cig: >>60 min	• None • NWS <10	• FTND 0-1 • Se Cotinine <50 ng/mL	• Healthy medically • Healthy psychiatrically

In terms of the tobacco health assessment they are in:
Substage:**A0 Risk Taking** (Begins to shed learned coping techniques in favor of increased relapse risk. Overconfidence in ability to maintain abstinence, lack of vigilance).

Dependence severity: Very severe
Co morbid conditions secondary to toxic effects of tobacco: COPD mental health disorder, prior opiate use disorder on methadone

Discussed with him about using this Chantix and using the nicotine lozenge had to repeat the instructions multiple times as he kept falling asleep explained to him that the lozenges are meant for craving
Have given him a sample of the lozenge
Explained to him again about the fact that smoking is a chronic health condition and not just a habit hence he has to use both the barnacle and along with the nicotine lozenge.
Explained to him that the lozenges to be used whenever he is craving.

Counseling delivered: Nature of addiction-we discussed the physiology of nicotine addiction and how that translates into feelings of anxiety and compulsion to smoke we discussed that nicotine is a highly addicting substance and triggers the safety impulses in the brain. We outlined the impact of these emotions on health and also discussed some useful pharmacologic and nonpharmacologic ways to minimize their effect.
Medication use instructions-we discussed the appropriate use of controller medications and their anticipated effect on the magnitude and frequency of cravings. In addition we attempted to reframe the notion of craving and encouraged the patient to use reliever medications aggressively in response to craving. Discussed about the potential side effects of the medications. All questions were answered.

Total time spent in this visit discussing all aspects oftobacco use disorder, medications, side effects, assessing for interactions was 30 mins

Date	2/28/2024				
CPD	1-2				
FRS					
FTND	7				
Therapy	M Chantix with nicotine lozenge				
NWS					
Action stage	Risk-taking				
Quitline?	☐ No	☐	☐	☐	☐
LDCT?	☐ Ordered not done done	☐	☐	☐	☐
PFT?	☐	☐	☐	☐	☐
Visit notes	Again explained to him about the utilization of both Chantix along with craving medication like a lozenge Explained to him about				

This section is only used for coding and billing purposes
Medical Decision Making
Number and Complexity of Problems: 1 Exacerbation or 2+ Stable Chronic or 1 Acute Complicated Problem or 1 Undiagnosed New Problem
Amount and Complexity of Data:
-Tests and Documents
-Review prior medical records (outside of your practice/speciality) or assessment requiring independent historian, Order test(s) and Review result(s)
-Independent interpretation of test(s)
Risk of Morbidity and Mortality: Moderate Risk

Level of MDM/Code: Moderate Complexity 99204/99214

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Visit Diagnoses

- Chronic obstructive pulmonary disease, unspecified COPD type (CMS/HCC)

Tobacco use disorder
Opioid use disorder, severe, on maintenance therapy, dependence (CMS/HCC)
Excessive daytime sleepiness

Problem List

Level of Service

Level of Service	Modifiers
PR OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES [99204]	Significant, Separately Identifiable Evaluation And Management Service By The Same Physician On The Same Day Of The Procedure Or Other Service [25]

Log History
LOS History

All Charges for This Encounter

Code	Description	Service Date	Service Provider	Modifiers	Qty
99407	PR TOBACCO USE CESSATION INTENSIVE >10 MINUTES	2/28/2024	Janaki Deepak, MD	25	1
99204	PR OFFICE/OUTPATIENT NEW MODERATE MDM 45 MINUTES	2/28/2024	Janaki Deepak, MD	25	1

Today, we had the pleasure of seeing [redacted] in follow up at the University of Maryland Pulmonary Clinic. As you know, she is a pleasant [redacted]y.o. woman with a history of asthma /COPD overlap syndrome, tobacco use disorder, mixed airspac and interstial opacities on LDCT, large exposure to mold, construction here for follow up

Her inhaler regimen includes DUlera .

[redacted]was seen in tobacco clinic for ongoing evaluation and management of tobacco use and the associated toxic effects of tobacco. *Reviewed associated scanned notes / supporting documentation.

There FTND score during the initial assessment was 8 indicating high dependence

Comorbid conditions secondary to tobacco use include:COPD /asthma overlap syndrome

Subjective:

Patient is doing great she quit smoking in November

She has not been using the nicotine inhaler as much

She has gained some weight

The nicotine withdrawal score as below is 8

In terms of her asthma COPD overlap syndrome she is doing good she is on Spiriva and Advair which she is taking regularly

She has had no ED visits or hospitalizations for breathing problems.

She is able to walk up for a couple of blocks without getting short of breath

Overall she is feeling great

UMMC Tobacco Health Practice

Follow Up Visit

In the past 2 weeks, please rate how you've been feeling according to the scale below.

Symptom	**None** 0	**A little** 1	**Mild** 2	**Often** 3	**Severe** 4
Angry, irritable, frustrated	X				
Anxious, nervous	X				
Depressed mood, sad	X				
Trouble concentrating	X				
Increased appetite, hungry, weight gain				X	
Insomnia, sleep problems, waking up at night	X				
Feeling restless	X				
Craving to smoke			X		
Constipation	X				
Coughing			X		
Decreased pleasure from events	X				
Dizziness	X				
Drowsiness		X			
Impatience	X				
Impulsiveness	X				

NWS 8

The patient feels things are generally going well. There are few withdrawal symptoms at this time, and medications are tolerated without significant limitation. There is limited struggle. The patient expresses an understanding of the plan to this point, as well as a willingness to move forward.

Objective:

By my evaluation, the patient appears to be appropriately avoiding high risk situations and appears to have appropriate support structures in place. The patient seems to display appropriate process / requirement insight. There are few signs/symptoms of struggle or compulsion.

There have been interval periods of abstinence since the last visit.

Medication Use:

Assessment of controller and/or reliever medication use appears off target for this stage of the cessation process.

Assessment: In terms of their tobacco health and treatment

The patient is currently in the Action stage of behavioral change. Specific sub-stage: **A 5 Early Abstinence** (Patient adheres to chosen quit date. Abstinence requires concentration and work. Proceeds under close direction/guidance).

During the visit, [redacted] and I discussed several things that are relevant to the treatment plan, including: Starting on nicotine gum more consistently so as to prevent the relapse and the tremors that she is feeling now and to also help with the weight gain

Summary : In terms of their tobacco health and treatment

D2 Medication Use Instructions – We discussed the appropriate use of controller medications and their anticipated effect on the magnitude and frequency of cravings. In addition, we attempted to reframe the notion of craving, and encouraged the patient to relievers aggressively in response. Potential side effects were discussed. Resulting questions were addressed.

D 3 Weight Management – The relationship between nicotine withdrawal and increased appetite was discussed, as were appropriate measures for dealing with appetite. Appropriate weight targets were discussed. We talked about healthy snacking strategies, and discussed the appropriate use of controllers / relievers to manage weight gain.

Counseling time spent in visit: Spent a total 15 minutes was spent on counseling about various aspects of tobacco health as detailed above

Date	10/20/2022	1/25/2023	6/14/2023	4/10/2024
CPD	20	13	10	0
FRS				
FTND	8	8	8	8
Therapy	Patch and inhaler	Patch and inhaler and Chantix		gum
NWS				
Action stage	Risk taking	Risk taking	Risk Taking	Early abstinence
Quitline?	☐ Refused	☐ Refused	☐	☐
LDCT?	☐ Done already	☐ She has gone of the LDCT cycle as she is getting diagnostic CT thorax	Again she is off the LDCT cycle as she has worsening interstitial findings and there is a concern for ILD ☐	Ordered follow-up LDCT ☐
PFT?	☑	☐ Done	☐ Ordered new PFTs next office visit since	☐ Done
	She is very receptive and eager to learn and is very interested in trying both the patch and the inhaler	She is very receptive wanting to try however has had issues with itching with the patch hence will need	again reiterated the use of patch and we will find if chantix is covered Stressed use of	Reiterated the use of the nicotine gum for the craving

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Level of Service

Level of Service	Modifiers
PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN [99214]	Significant, Separately Identifiable Evaluation And Management Service By The Same Physician On The Same Day Of The Procedure Or Other Service [25]

Log History

LOS History

All Charges for This Encounter

Code	Description	Service Date	Service Provider	Modifiers	Qty
99214	PR OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30 MIN	4/10/2024	Janaki Deepak, MD	25	1

Reviewed this Encounter

	Medications	Problems	Allergies	History
Chaymarie Young, MA	✔		Reviewed	Tobacco
Janaki Deepak, MD	✔	✔	Reviewed	Family, Medical, Surgical, Tobacco

Visit Diagnoses

- Severe persistent asthma, unspecified whether complicated
- Chronic obstructive pulmonary disease, unspecified COPD type (CMS/HCC)
- Smoker
- Mitral valve insufficiency, unspecified etiology
- Interstitial pulmonary disease (CMS/HCC)

Problem List

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Certified Tobacco treatment specialist

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1. Document

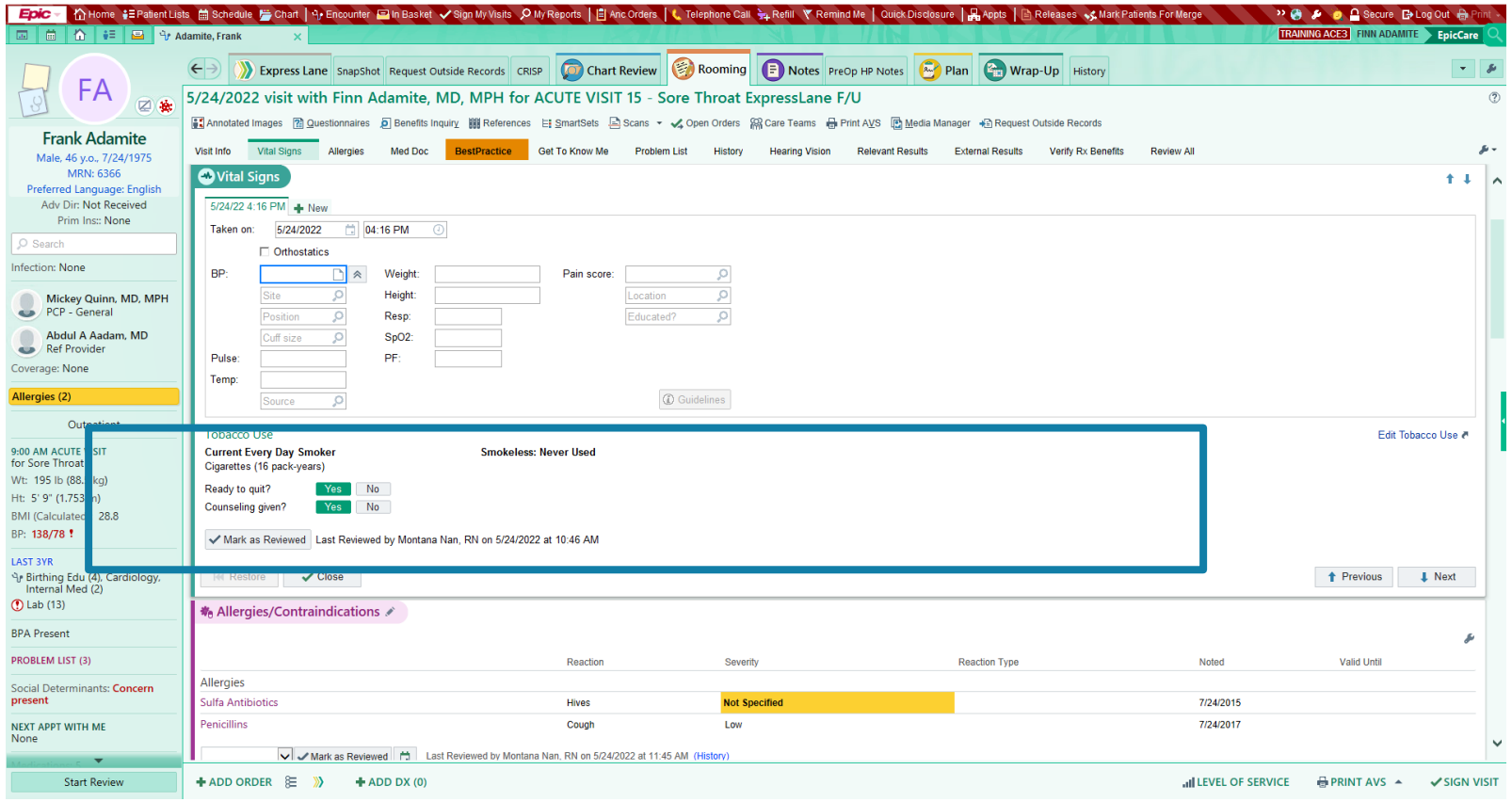
Ask your patient:

- *Have you ever used any tobacco products?*
- *How about vapes or e-cigarettes?*

In Epic: Vitals → Edit Tobacco Use

MARYLA
TCR

EHR “Fifth” Vital Sign



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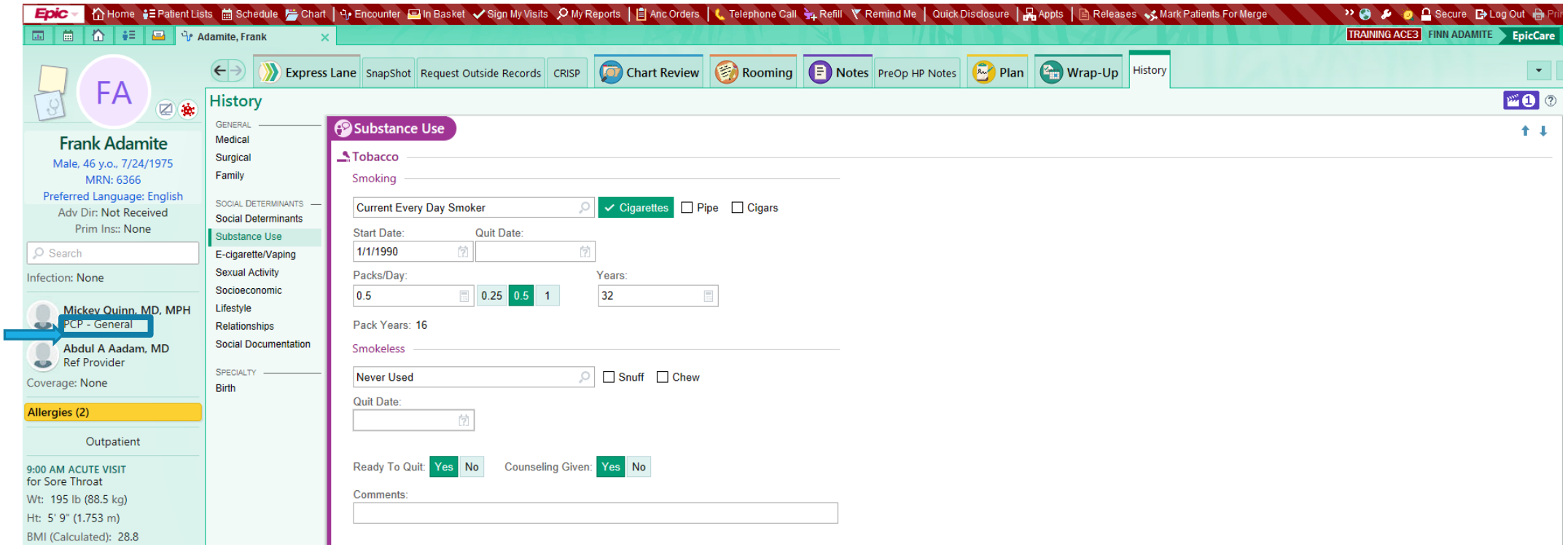
EHR Tobacco Use Assessment



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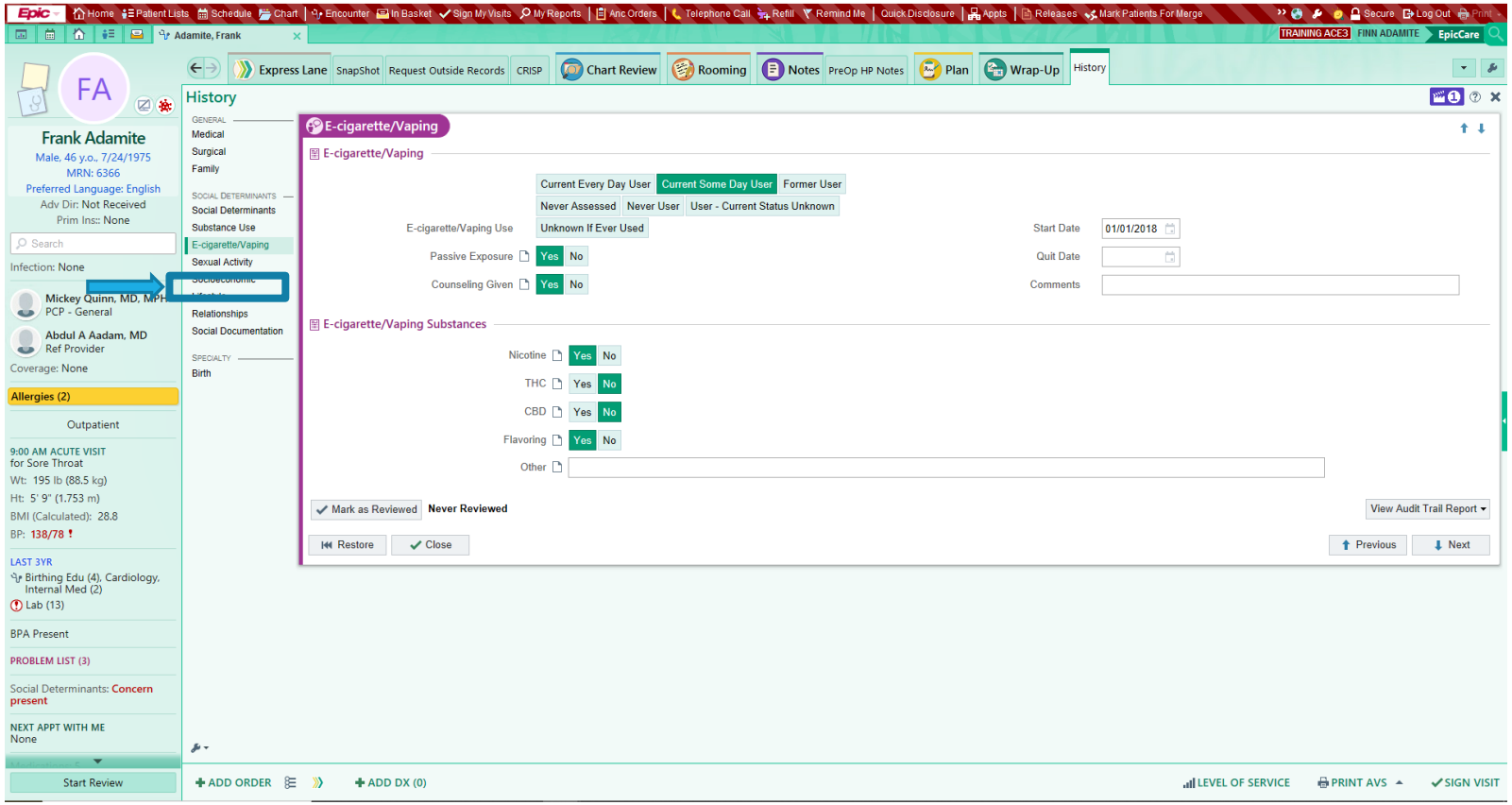
EHR Vaping Assessment



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2. Educate

Judgment-free zone

No quit dates

Review medication options and interactions, if any

Emphasize treatment along with counseling

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3. Refer

Discuss with the patient about need for treatment and appropriate referrals to Quitline, tobacco treatment programs, and lung cancer screening

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Pulmonologist

Ellen Marciniak, MD
Pulmonologist

Jayme Hallinan, DNP, CRNP
Nurse Practitioner

Julia Melamed, BSN, RN
Tobacco Coach

Sherri Webster
Medical Secretary

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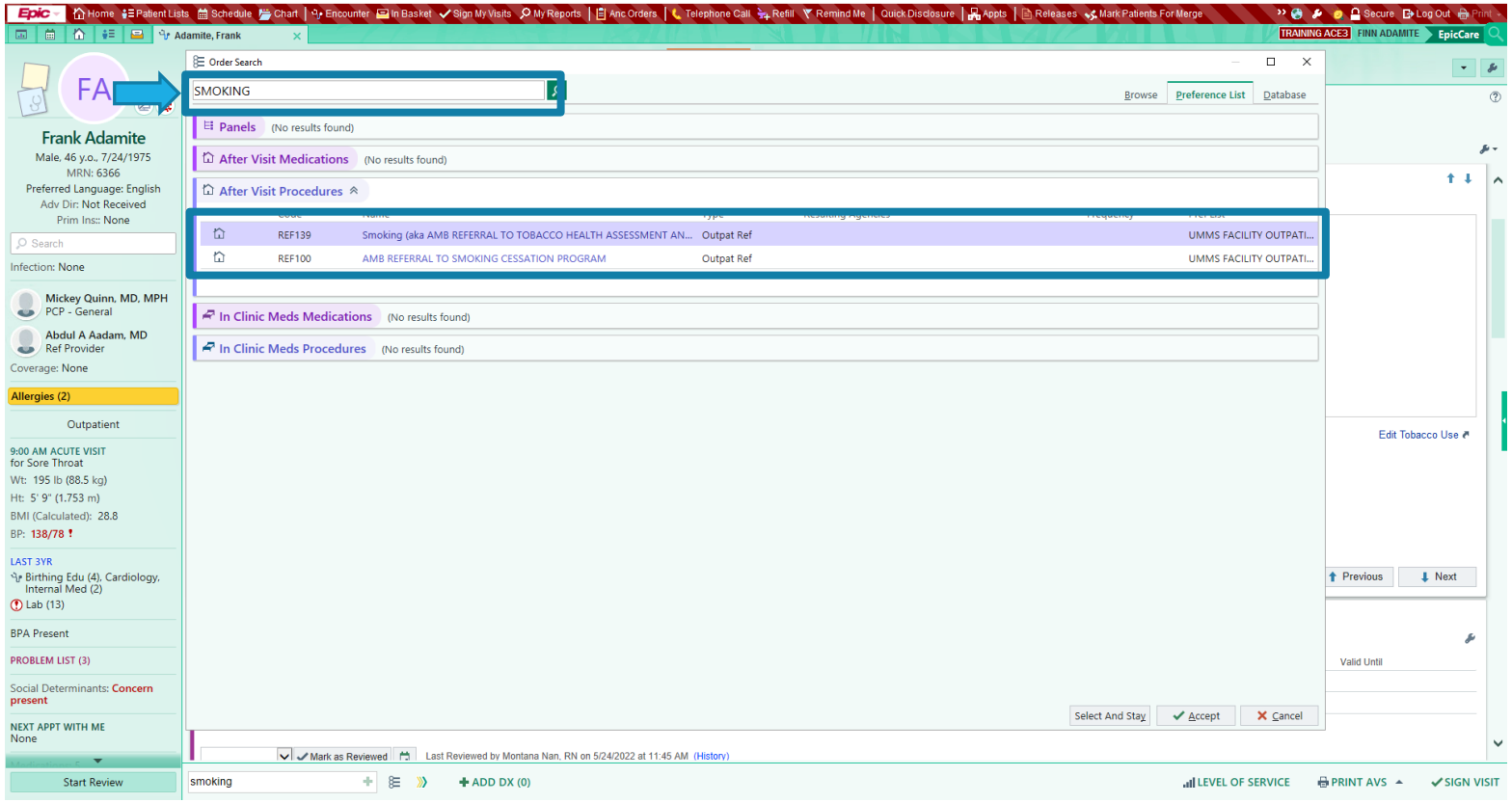
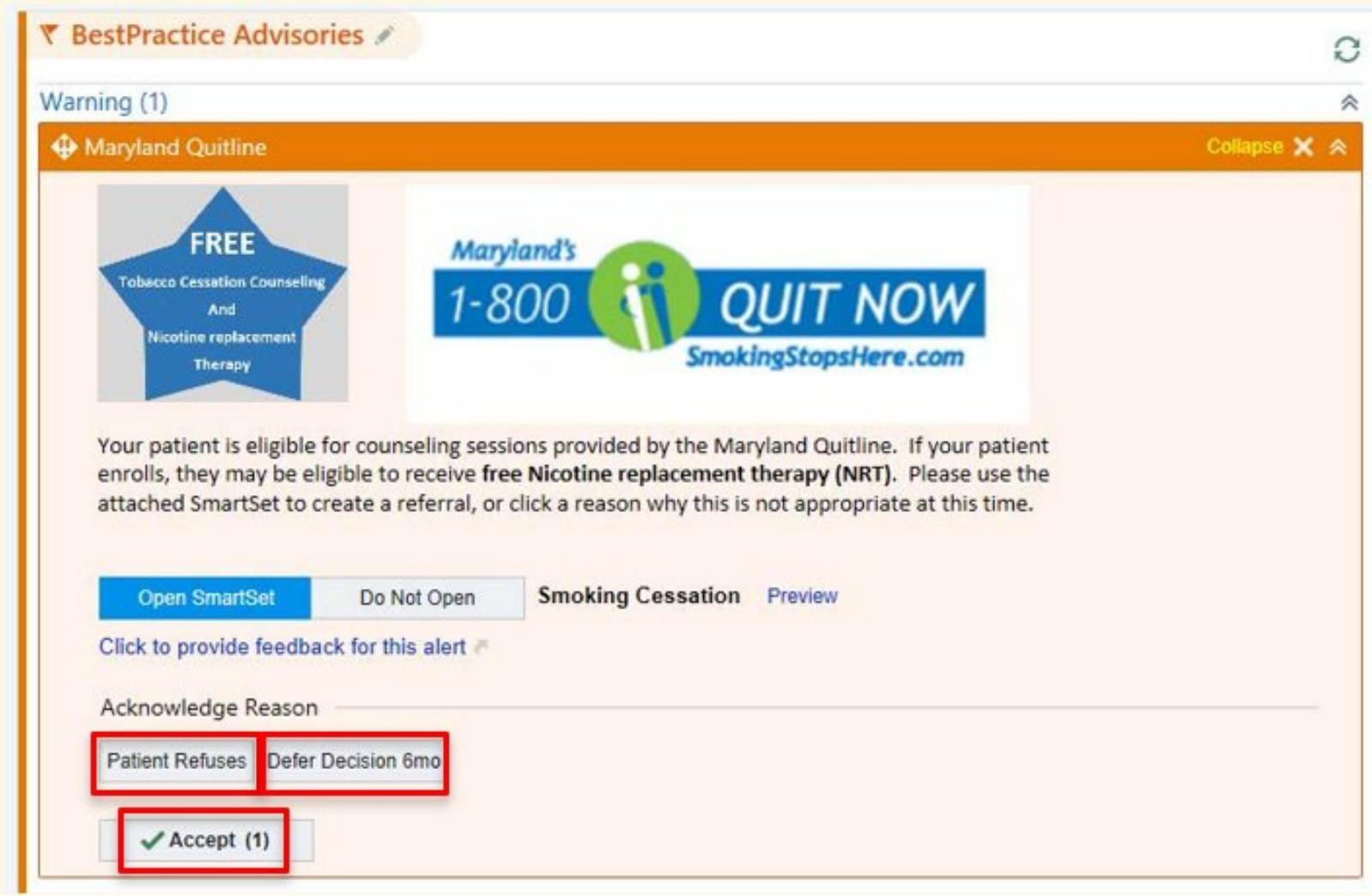
Type "Smoking" in Order Box

Select the appropriate referral by double clicking:

- **REF100 = Maryland Quitline**
- **REF139 = Tobacco Health Assessment and Treatment Clinic at Midtown**



Quitline BPA



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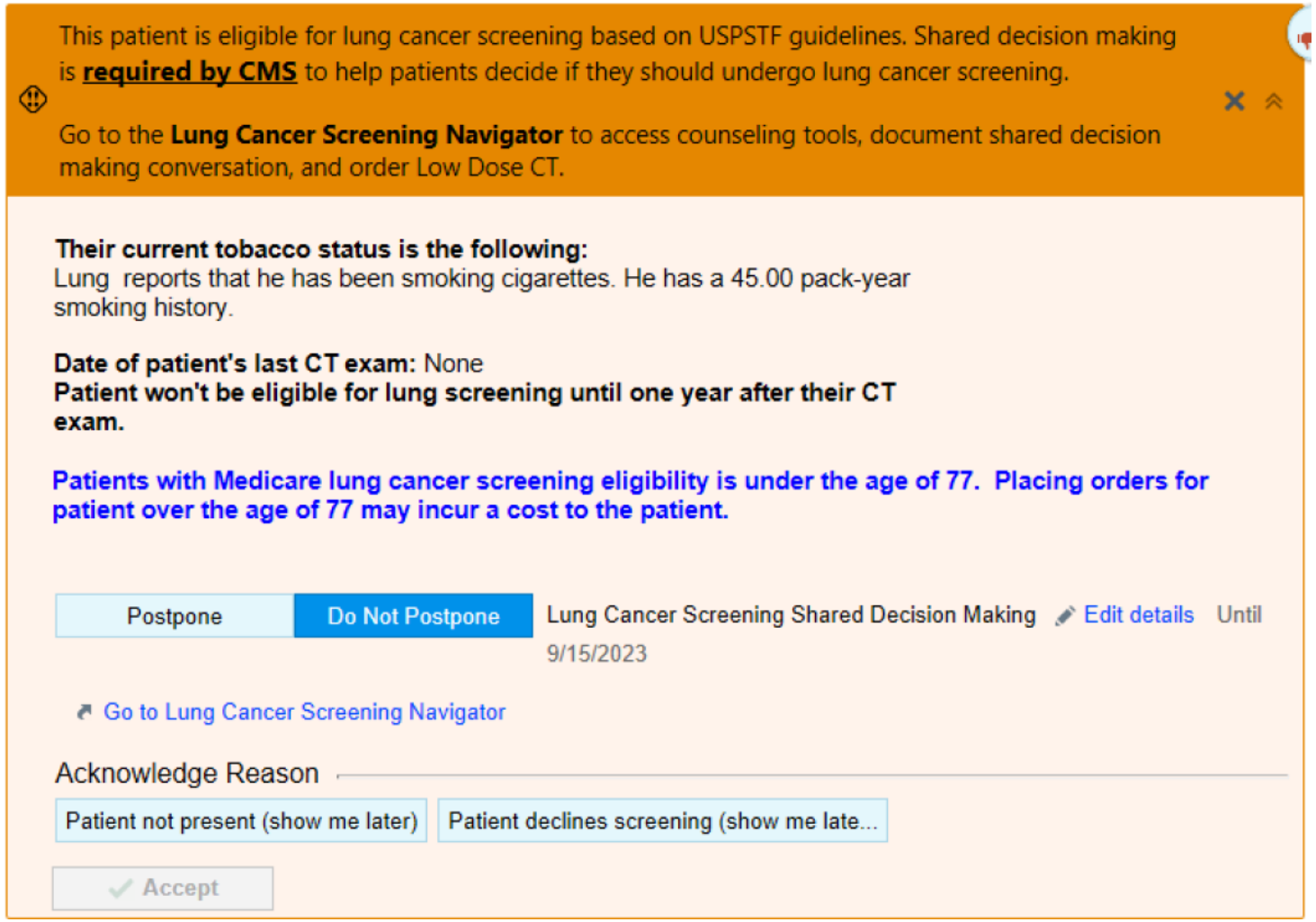
Lung Cancer Screening BPA



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Tips for outreach

At first meeting, discuss your approach

- No quit dates
- The first step is to start treatment, not stop tobacco
- Help is available as long as you want it
- We are here to help you feel better
- Confirm patient has your number and knows reasons to call

Common scenario: patient repeats a myth such as "I'll have a heart attack if I wear the patch while smoking"

- Let them finish their thought – you might hear something that surprises you, or an extra myth that needs busting!
- Confirm that sounds scary and you understand their fear
- Share the truth

Patients may forget the details of your conversation, but they will remember how they felt with you

NON stigmatizing words

Stop smoking instead of quit

Treatment instead of cessation

NO QUIT DATE

Assess compliance with medications

Discuss about dealing with the hand mouth phenomenon of smoking

Don’t keep cigarettes where easily accessible

Avoidance of triggers of smoking

Thank you! Questions?

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