

# Frequently Asked Questions (FAQs) for Healthcare Professionals

## How do I encourage patients to quit?

You must initiate a dialogue with your patient. Establish communication on the topic of quitting tobacco and determine their desire to quit. Make it a vital sign. Encourage a healthier lifestyle. Use the [Starting the Conversation](#) on tobacco tool to help.

Tell your patients:

"As your physician, I must tell you that quitting tobacco is the single most important thing you can do to improve your overall health. I know it's not easy, but I am confident that you can do it. It's your choice and when you're ready, I'll be here to help guide you."

## What if I don't have the time?

Encouraging your patients to quit only takes a few minutes. New data for tobacco cessation is readily available and easily accessible.

Don't forget...utilization of the tools provided on the [Surgeon General's website](#) can help physicians and health plans to improve their HEDIS scores on advising smokers to quit.

Tobacco users can be referred to the [websites and toll-free quitlines](#) for cessation support and more information. The new [NC Quitline](#) is open 8:00 a.m. – midnight, 7 days/week at 1-800-QUIT-NOW (1-800-784-8669)

## Where can I refer people just starting the quitting process? What about patients who are already in the process of quitting?

You've found it! See our section for [Healthcare Professionals](#) for:

- Resources and tools for clinicians
- The [NC Good Health Directory](#) - a statewide referral directory
- [Preventive Benefits Watch](#) - NC insurance plans that reimburse for cessation
- To learn about training opportunities and cessation resources, join *Quit Now NC!* by emailing [Kristy Lowther](#)

Other sources include the latest [Surgeon General's guidelines](#) for encouraging quitting, and the [Massachusetts Tobacco Education Clearinghouse](#) for resources and guidelines.

**“The problem is funding. If there was reimbursement for smoking cessation programs, I would be more inclined to recommend them to my patients.”**

A few years ago, no health insurance plan in North Carolina paid for tobacco cessation. The good news...NC has seen the greatest increase in the nation in reimbursement for tobacco cessation, going from 0% to 60% of insurers paying in the past two and a half years.\* *Quit Now NC!* recognizes the high cost of tobacco use and aims to reduce related health costs.\*

\*[NC Prevention Partners BASIC Initiative](#)

Cessation counseling can be reimbursed using the following codes: 99401, 99402, 99403, 99404 for 15 up to 60 minutes of counseling, and must be accompanied by documentation in the note of the length of counseling

done. This cannot be done at the same time as a usual clinic visit for another reason – it must be a cessation counseling visit only. By encouraging your patients to get counseling and medication support, you will double their chances for a successful quit.

### **What are the latest guidelines recommended for successful pharmacotherapy treatments and their efficacy?**

[Pharmacotherapies for Smoking Cessation](#) - suggestions for clinical use.

### **How do I get through to kids who smoke? They think they're invincible and would never understand the implications smoking now may have on their health in the future.**

Although it may seem like a losing battle at times, getting through to kids is possible. Eighty percent of middle and high schoolers want to quit. They just don't know how.

Never underestimate your influence or the importance of counseling young tobacco users. Make them aware of the health risks of tobacco and encourage quitting. Even if it doesn't appear to make a difference at that moment, it can start the process.

Additional resources for youth:

[Step Up NC](#) is a place for teens to come to learn more about tobacco use and prevention.

The [Truth.com](#) gives youth what they want: the truth about tobacco. Bottom line, this site is an honest, straight-up interpretation of tobacco use and misuse that appeals to kids who don't want to be lied to or protected.

### **What about women?**

"Women who smoke like men, die like men."

Former US Health Secretary Joseph Califano

*Quit Now NC!* provides resources and information for approaching women who would like to initialize a tobacco cessation program.

Also visit [Women's Health: Intervention for Smoking Cessation](#) for

- The Surgeon General's Report on Women and Smoking
- Guide for Counseling Women who smoke (manual and video free for all NC health care providers)
- A provider toolkit containing smoking cessation resources

### **How do I implement *Quit Now NC!* techniques and practices in my office?**

NC Prevention Partners and *Quit Now NC!* have formulated a list of recommendations to aid you in establishing an office that fosters a successful smoking cessation program.

- Identify one healthcare provider in the office to be the cessation leader.
- Establish a way to identify tobacco users. Make asking the tobacco question a vital statistic during every appointment.
- Dedicate staff to provide tobacco dependence treatment, and assess the delivery of this treatment in staff performance evaluations.

- Provider should ask the patient about tobacco use and then assess their readiness to quit. Then, note tobacco cessation stage and refer patient to cessation leader.
- Cessation leader should approach patient in a non-confrontational manner, answer questions and refer patients to quitting resources or programs, including the quitlines and websites.
- Follow-ups should be conducted even if patient has quit - relapses are very common and continued support is essential.

**Remember The Five A's: The guide to identifying tobacco users**

- ASK: Identify tobacco use.
- ADVISE: Strongly urge user to quit.
- ASSESS: Determine willingness of quitting.
- ASSIST: Refer to this site, the NC Quitline, or to a local cessation program using the [\*NC Good Health Directory\*](#).
- ARRANGE: Arrange follow-up either with the healthcare provider or with the quitline or local program.