



TOBACCO CESSATION ASSESSMENT & TOOLKIT RECOMMENDATIONS:

Based on your answers, we have prepared the following personalized recommendations for you to review and then complete the fillable action plan with your team.

Do patients in your health system have access to a cessation program within the institution? I DON'T KNOW

Find out if your institution has a system wide cessation support service or a service embedded in a clinical department. After doing your homework, if your answer is “yes”, re-take the assessment for a list of recommendations. If the answer is “no”, please see the recommendations below to access services outside your institution.

Here is what we would recommend your team consider in the absence of an institution wide cessation program.

Active Referrals of your patients to state/national quitlines

- The ideal process would be to take a few minutes and help your patients enroll in an evidence-based phone or text-based program. It's a good idea to know about what services are offered by the quitline, as services vary state-to-state. Quitlines typically offer 'real time' counseling. Some will offer starter packs of nicotine replacement therapy – check the following map to learn more about what your state quitline offers.
- About 1-800-Quit-Now ([download PDF guide](#))
- [Interactive Quitline Map](#) – see what state quitlines offer, utilization of services, and financing.

Phone-Based Support:

- [Create a QR code](#) for the quitline link. The QR code can be easily added to a kiosk at check-in or paper-based check in sheet. Patients can add their information alone or with your support. – see what state quitlines offer, utilization of services, and financing.

Text-Based Support:

- Some people may prefer an interactive text to quit program in addition to real time counseling support. The ideal process would be to take a few minutes and help enroll them in [SmokeFreeTxt \[smokefree.gov\]](#), evidence-based quitline program while educating them on the free resources of [smokefree.gov](#).

Passive referrals of your patients to state national/national quitlines

- Give patients the information on how to enroll in state/national quitlines or [SmokeFreeTxt \[smokefree.gov\]](#), quitline program. While this is a much easier method, it is rare that patients call on their own. Building this into your workflow at the point-of-care increases the likelihood of getting cessation support.

Provide information on National Quitline – FAQ

- If the patient receives primary care within the health system, you can send an in basket message through the electronic health record indicating that your patient would be interested in smoking cessation support.

Send a message to provider that patient is interested in quitting

- Give patients the information on how to enroll in [SmokeFreeTxt \[smokefree.gov\]](https://smokefree.gov), quitline program.

Does your radiology facility have a lung screening navigator or coordinator? NO

If not, we recommend that you:

Identify someone to provide cessation support, consider this a “warm” hand-off (connection to pharmacy, connection to long term cessation support)

- The ideal process would be to take a few minutes and help enroll them in [SmokeFreeTxt \[smokefree.gov\]](https://smokefree.gov), evidence-based quitline program while educating them on the free resources of smokefree.gov.

Does your radiology facility have a tobacco cessation champion? NO

If you don't have a cessation champion we encourage you to:

- **Identify a cessation champion. And, be open to the idea that your cessation champion might be you!**

Note: Physicians, nurses, psychologists, key staff or others who can open doors to cessation support and publicize cessation services to colleagues and senior leadership.

- **What champions across the country want to share with you!**

“...realize that every little contribution can make a difference and that even a small change in your practice can have wide scale implications for smoking cessation.”

Radiologist

I would say that it's not as hard as it sounds, first off. Then, I would say that the first thing that should be done is to look at what services their system already has and to try to take full advantage of the resources that are offered through their system. Secondly, I would say that it's crucial to gain the buy-in from CT technologists. They have to be on board and they have to be also educated about importance—and the role that they have in smoking cessation. Then, I think one thing that kind of impressed me after the study was realizing that there's no magic bullet, there's no single solution that will be the cure-all for smoking cessation but realize that every little contribution can make a difference and that even a small change in your practice can have wide scale implications for smoking cessation.

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Lung Screening Nurse Practitioner

One, I would think that it's not necessary that the person that does the smoking cessation counseling or visits needs to be down there, but I think the techs can do the job. They can gently ask the patient like it's just a routine set of questions. Are you still smoking? Have you ever thought about quitting? Would

you like to have extra help with smoking cessation? If they get an answer to yes to those questions, then they can provide more information. Then, they can encourage patients to call. Even techs could keep a list, and at the end of the week, they could send it to smoking cessation areas within clinics to let them know this is the patient list.

“To admit, before the OaSiS trial, I didn’t realize that we had those services available. Since then I’ve developed a much closer relationship with our smoking cessation team.”

Radiologist

I would say the two pivotal people are our CT technology head and our smoking cessation team. As we were implementing this I realized how much really depends on our technologist, to be motivated, be educated, and be aware of our lung cancer screening patients. To admit, before the OaSiS trial, I didn’t realize that we had those services available. Since then I’ve developed a much closer relationship with our smoking cessation team. One of the support members on that team is actually on a committee that I’m on for—a system wide committee for lung cancer care in general. We were introduced initially through the OaSiS trial, and now we have grown our relationship more. I think those two were definitely key to the success of our program.

[ACTION PLAN](#)

[RESOURCES](#)