Wake Forest University
School of Medicine

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? YES

Congratulations! Health systems that have health system-wide tobacco cessation programs have already made an investment in helping patients quit smoking. Most tobacco cessation programs, however, are underutilized by radiology facilities. These recommendations are intended to help you take advantage of existing resources and reduce duplication of effort.

If the cessation program is centralized for all patients - great! However, if the cessation program is embedded in a clinical department and only serves patients within that department, please reach out to the Chair and/or cessation director to learn how to access services for your patients undergoing screening.

Explore partnerships with the cessation team

- Invite someone from the cessation program team to educate radiology staff on cessation program benefits and offerings. (Training could be part of a staff meeting, etc.). It will be important for you to understand what these programs offer when you explain them to your patients
- Partner with cessation team to help promote smoking cessation in the radiology facility.
    - Ask the cessation program if they have smoking cessation materials that you can give to patients.
    - Find out if your cessation program has brochures or posters that can be placed in lung screening waiting rooms, changing rooms, etc to create a “pro-quit” environment.

Discuss the benefits of an active referral over a passive referral

- It is important to learn how your cessation program usually accepts referrals from patients. If you have a choice, we strongly recommend an active referral mechanism.
- What is an active referral to cessation support?
- As a staff member, you connect the patient to the tobacco cessation program. This can be done through an electronic referral, a portal message, fax, or even a phone call. Find out what would work best for your team and the cessation program. Once the tobacco cessation team has the referral, they contact the patient to determine their interest in receiving cessation support. This “opt out” approach increases the likelihood that patients will have an initial contact with cessation program. This process makes it easier for the patient- one less appointment they need to make or phone number they need to track.

Don’t worry… active referral to a tobacco cessation referral can become a routine part of care for your smoking patients who are undergoing lung screening. Patients always have the choice to opt in or out once they are called by the tobacco cessation program.

Important reminder: An active referral is the best option when referring patients.

- Passive referral to cessation support– this type of referral relies on the patient to connect with the next team. They will need to connect and "opt-in" to enroll in services.

Establish an "active" referral – find out how to refer from your cessation program

Here are some examples:

- Use the EHR to actively refer (in-basket message to tobacco cessation scheduler)
- Define the process for referral to the cessation program
  - Referral could be made prior to appointment during scheduling (Radiology Facility scheduler sends referral to tobacco cessation program. "The standard practice of our facility is to refer all smoking patients to the tobacco cessation program."
  - Identify the tobacco cessation scheduler for whoever will perform the active referral (best is when a smoking patient is first scheduled for their screening appointment. If that is not an option, a navigator/coordinator or CT tech can send to scheduler.)

Does your radiology facility have a lung screening navigator or coordinator? I DON'T KNOW

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], evidence-based quitline program while educating them on the free resources of smokefree.gov.

Does your radiology facility have a tobacco cessation champion? I DON'T KNOW

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.

“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?”

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