

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 navigator or coordinator? YES

As you think about the role of the navigator and their interactions with patients, consider the following:

A Navigator may serve in these distinct functions/roles

- To identify a tobacco center specialist and training offerings for someone in house.
- To provide cessation support, consider this a “warm” hand-off (connection to pharmacy, connection to long term cessation support)
- Recommend Nicotine Replacement Therapy or hand out samples (permission may be needed for this)

A navigator/coordinator will likely have several encounters with the patient.

- When scheduling the appointment
- At the screening appointment
- Follow-up with screening results (this is another opportunity to have a touch-in about cessation during this time) – cessation language and material can be added to the letter
- Upcoming annual screens

Does your radiology facility have a tobacco cessation champion? YES

Great. Then let’s take a minute to review their role.

A Cessation Champion is someone who:

- is interested in helping patients quit smoking
- engages with the radiology facility on a regular basis if not daily. It’s very likely the person works with the lung screening team but there may be certain situations where an external person could serve in this role.
- can work with the staff of the radiology facility to keep cessation going on a regular basis.
- takes initiative to make things happen.
- wants to play a leadership role.

Note: Can be physicians and administrators who can open doors to cessation support and publicize cessation program to colleagues and senior leadership.

Important reminder: Please connect your cessation champion with this toolkit resource!

ACTION PLAN

RESOURCES