

Adolescent Provider
Barriers and Suggested Ideas for Change
Key Clinical Activity 1: Screen and Educate

EQIPP: Treating Tobacco Product Use and Exposure in Families

Adolescent Provider - Barriers and Suggested Ideas for Change

Key Clinical Activity 1: Screen and Educate

Data Collection Question		Measure Name	Goal Percentage
Question 1a	<p><i>Is it documented at any time within the last 12 months (or during the last visit) that the family or caregiver of this patient was asked whether:</i></p> <p>Any member of the family or caregiver of the patient uses cigarettes?</p> <ul style="list-style-type: none"> • Yes • No 	% of patients' families or caregivers screened for cigarette use	100%
Aim: Screen 90% of patients' families or caregivers for cigarette use.			
Gaps in Practice: Cigarette use by the patients' family members or caregivers not identified and documented.			
Potential Barriers			
Some feel they lack the knowledge to identify tobacco use and exposure.			
Suggested Ideas for Change	<ul style="list-style-type: none"> ▪ Review the: <ul style="list-style-type: none"> ○ Clinical Practice Policy to Protect Children from Tobacco, Nicotine, and Tobacco Smoke. ○ Characteristics of your patient population and identify how the health of your patients may be improved by decreasing tobacco exposure. ○ EQIPP Tobacco Control Practice Survey to consider ways to make a personal, professional, and community commitment to a tobacco-free world. The questions can help you determine areas of strength and opportunities for development concerning tobacco control. Use the identified opportunities for reflection, problem solving, and planning innovations. ○ Key Clinical Activity content provided in this EQIPP course and share key information with your team. As a team, draft and implement a brief office or hospital policy for tobacco control, and routinely review as a team. ▪ Educate staff/health care team on the effects of tobacco smoke exposure. 		
Still Not Seeing Results?	<ul style="list-style-type: none"> ▪ Consult with colleagues where tobacco control is well established. ▪ Contact the AAP Richmond Center of Excellence or your state's tobacco control program for guidance regarding tobacco control in the pediatric office setting. ▪ Utilize free resources from your state's quitline to educate and promote use of quitline. 		
The practice does not have a systematic approach to routinely identify and document tobacco use and home and car exposure to tobacco smoke.			
Suggested Ideas for Change	<ul style="list-style-type: none"> ▪ Meet with clinic leadership to make sure they understand the value of screening for tobacco exposure. Ask for their support in implementing clinic interventions. ▪ Add questions about tobacco use and tobacco smoke exposure in the home and car to your current health history form or your electronic medical record system. Make sure your system can generate reminders about tobacco users and exposure in the home and car. ▪ Look for state or federal incentive programs that will generate money for your clinic for identifying and addressing tobacco use. Identifying such incentive programs can help get buy-in from clinic leadership regarding tobacco control efforts. 		

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	<ul style="list-style-type: none">▪ Use the AAP CEASE Action Sheet with all families at least once a year and at every visit with families with tobacco users and/or tobacco smoke exposure in the home or car. This sheet can be given out at the front desk, during vital signs check, or during the examination. A Spanish version of this sheet is also available.▪ Identify a tobacco champion in your office to help centralize efforts and motivate your team around documenting tobacco use and home and care exposure.▪ If inpatient,<ul style="list-style-type: none">○ Work with members of the healthcare team (i.e., respiratory therapists, nurses, social workers, smoking cessation counselors) to confirm assignments during the inpatient process (who will do what, and when?).○ Work with information technology staff to build changes within the EMR system.
Still Not Seeing Results?	<ul style="list-style-type: none">▪ Review the AAP CEASE Implementation Guide for information on working toward an office-wide system to address family tobacco use and exposure in the home and car.▪ Use your EHR to generate a report that will help you review screening data monthly. Use the report as a tool to check in with staff to see where possible obstacles may be occurring. Work as a team to eliminate obstacles to asking every family about tobacco use and exposure.▪ Check in with staff or members of the healthcare team to see where possible obstacles may be occurring. Work as a team to eliminate obstacles for asking every family about tobacco use and exposure.▪ Work with your state's quitline to build a systematic way of referring all smoking parents/caregivers for quitline services, including electronic referrals.
Some find the functions of tobacco control complex, time-consuming, and frustrating.	
Suggested Ideas for Change	<ul style="list-style-type: none">▪ Consider the benefits of having a tobacco-control champion. This person can be an employee who is passionate about helping families live healthier, tobacco-free lives and who can serve as a resource to help other staff members routinely and effectively address tobacco use with families. Decide how to involve the tobacco-control champion to help build relationships among all parties, coordinate information and follow-up, and identify community linkages and resources for tobacco use cessation.▪ Educate staff/members about the services provided by your state quitline.▪ Keep materials for identifying tobacco users and tobacco smoke exposure in the home and car in an easily accessible place.▪ Add tobacco control resources, such as free tobacco cessation quitlines and cessation materials, to your EHR to make it easy for everyone to access. These resources can include:<ul style="list-style-type: none">○ AAP Julius B. Richmond Center of Excellence○ American Legacy Foundation-Truth Initiative○ American Cancer Society○ Your state's tobacco control program or quitline
Still Not Seeing Results?	<p>Review the:</p> <ul style="list-style-type: none">▪ Tobacco control functions that are already performed and who performs them for efficiency, appropriateness, and reliability. Use the AAP CEASE Implementation Guide to see where you and staff can improve your current efforts.▪ Importance of screening for tobacco use and exposure with the healthcare team. Ensure that all are aware that tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit.

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Some are reluctant to ask about tobacco use and exposure or believe that doing so at every visit is excessive.	
Suggested Ideas for Change	<ul style="list-style-type: none"> ▪ Add tobacco screening to the EHR to make the screening process quick and easy. Let families know this is a routine question asked of all families. ▪ Use the problem list or stickers/flags on charts to identify families who are exposed to tobacco. ▪ Talk to members of the team to understand resistance for asking about tobacco status. Work together to find ways to make asking about tobacco use and secondhand smoke exposure part of everyone's routine. ▪ Make sure the administrative system is in place. Make it easy to ask about tobacco use and exposure. Are the AAP CEASE Action Sheets easy to find? Is there a person in charge of replacing the sheets when needed?
Still Not Seeing Results?	Make a contest of it and offer a reward to the person who has the highest screening rate for tobacco exposure. Use your EHR reports to help measure results.
Some think they know who the smokers are and do not bother asking.	
Suggested Ideas for Change	<ul style="list-style-type: none"> • Make it a policy to ask <u>every</u> family. You cannot be sure who smokes by how they smell or look. Studies suggest that systematic screening identifies a high proportion of smokers who are missed by spontaneous screening (http://www.socialclimate.org/). • Ask, even if you know the person you're screening does not smoke. The tobacco user may not be at the visit, but the family may still be exposed to secondhand smoke. Knowing which families are exposed to tobacco use makes it easier to develop a plan for helping eliminate that exposure.
Still Not Seeing Results?	For a couple of weeks, use the AAP CEASE Action Sheet to learn which families have a tobacco user and/or exposure to tobacco smoke in the home or car. In how many of those families was it a surprise to learn that there was tobacco smoke exposure or a tobacco user in the household? Those are the families you would have missed had you not used a systematic screening process.
Some do not know how to address home and car smoking rules with those who deny smoking although they smell strongly of cigarette smoke.	
Suggested Ideas for Change	<ul style="list-style-type: none"> • Keep asking about tobacco use in a way that centers on the child, not the tobacco user. Using the question, "Does your child live with anyone who uses tobacco?" focuses on the child/patient, and not the tobacco user. • Define what is meant by "home"—every area that is covered by the roof, even the porch. • Define what is meant by "ever"—no exceptions to the smoking ban by any person at any time. • Educate staff and members of the health care team on the effects of thirdhand smoke and vaping to understand the need for house and car smoking bans. • Some family members may be heavily exposed to secondhand smoke themselves and may be unaware that they smell of secondhand smoke. Acknowledging that you can smell SHS and proposing that they may be exposed themselves creates a non-accusatory environment that may encourage discussion about safe and smoke-free air for the whole family. If the person is exposed outside of their home, help them to mitigate their exposure.
Still Not Seeing Results?	<ul style="list-style-type: none"> • Reassure family members that the child is your primary concern. If family members are especially resistant, frame the question around the home and car, rather than the tobacco use. • Keep asking. Family members may be resistant to questions if they do not understand why a no-smoking rule is important. Clarify that a no-smoking rule helps protect children in the home, even if the child is not there when the smoking happens.

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	<ul style="list-style-type: none"> • Educate staff/health care team members on motivational interviewing techniques to enable more productive conversations with families.
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Data Collection Question	Measure Name	Goal Percentage
Question 1b <i>Is it documented at any time within the last 12 months (or during last visit) that the family or caregiver of this patient was asked whether:</i> Anyone ever smoke or vape inside the patient's home (including garages, porches, windows)? <ul style="list-style-type: none"> • Yes • No 	% of patients' families or caregivers screened for smoking or vaping inside the patients' home	90%

Aim: Screen 90% of patients' families or caregivers for smoking or vaping inside the patients' home.

Gaps in Practice: Smoking and vaping in a patients' home not identified and documented.

Potential Barriers

Some do not believe that you know enough about vaping and e-cigarettes to get ready to identify it.

Suggested Ideas for Change	<ul style="list-style-type: none"> • Review the AAP Policy Statement on e-cigarettes • Use the EQIPP Tobacco Control Practice Survey to consider ways to make a personal, professional, and community commitment to a vape-free world. The questions can help you determine areas of strength and opportunities for development concerning tobacco control. Then, use the opportunities you identify for reflection, problem solving, and planning innovations. • Review the content for the key activities provided in this EQIPP course and share key information with your team. As a team, draft a brief office policy for tobacco control, and review as a team routinely. • Review the characteristics of your patient population. • Use the AAP CEASE Action Sheet with all families at least once a year and at every visit with families with tobacco users and/or tobacco smoke exposure in the home or car. This sheet can be given out at the front desk, during vital signs, or during the examination. A Spanish version of this sheet is also available.
Still Not Seeing Results?	<ul style="list-style-type: none"> • Consult with colleagues in practices in which tobacco control is well established. • Contact the AAP Richmond Center of Excellence or your state's tobacco control program for advice and guidance regarding tobacco control in the pediatric office setting.



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The practice does not have a systematic approach to routinely identify and document vaping use and home and car exposure to vape aerosol.

Suggested Ideas for Change	<ul style="list-style-type: none">Use the AAP CEASE Action Sheet with all families at least once a year and at every visit with families with tobacco users and/or tobacco smoke exposure in the home or car. This sheet can be given out at the front desk, during vital signs, or during the examination.Add questions about vape use and vape aerosol exposure in the home and car to your current health history form or your electronic medical record system. Make sure your system can generate reminders about vape users and/or exposure in the home and car.Work with your office to develop a key contact for identifying and documenting vape use and home and car vape aerosol exposure.Add vape use or vape aerosol exposure to the problem list.
Still Not Seeing Results?	<ul style="list-style-type: none">Review the AAP CEASE Implementation Guide from the AAP Richmond Center of Excellence/CEASE program toolkit for information on working toward an office-wide system to address family tobacco use and exposure in the home and car.Check in with staff to see where possible obstacles may be occurring. Work as a team to eliminate obstacles to asking every family about tobacco use and exposure.
Some find the functions of tobacco control complex, time-consuming, and frustrating.	
Suggested Ideas for Change	<ul style="list-style-type: none">Consider the benefits of having a tobacco-control champion in your office. This person can be any staff member who is passionate about helping families live healthier, tobacco-free lives and who can serve as a resource in your practice to help other staff members routinely and effectively address tobacco use with families. Decide how to involve the tobacco-control champion in your practice to help build relationships among all parties, coordinate information and follow-up, and identify community linkages and resources for tobacco use cessation.Keep materials for identifying vape users and vape aerosol exposure in the home and car in an easily accessible place.
Still Not Seeing Results?	<ul style="list-style-type: none">Review tobacco control functions that you already perform and who performs them for efficiency, appropriateness, and reliability. Use the AAP CEASE Implementation Guide to see where you and your staff can improve your current efforts.Review the importance of screening for tobacco use and exposure with staff members. Ensure that all are aware that tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit.
Some are reluctant to ask about vaping and exposure or believe that doing so at every visit is excessive.	
Suggested Ideas for Change	<ul style="list-style-type: none">Talk to staff members to learn why they are resistant to asking about tobacco status, including vaping. Work together to find ways to make asking about vaping and vape aerosol exposure part of your office's routine.Make sure that your administrative system is in place. Are the AAP CEASE Action Sheets easy to find? Is there a person in the office in charge of replacing the sheets when needed? Make it easy to ask about tobacco use and exposure.
Still Not Seeing Results?	<ul style="list-style-type: none">Review it a systematic part of office visits, and let this policy be known to all families. You can start by saying, "We know that secondhand smoke exposure is a really important health risk to our families, so we make it a priority to ask about tobacco use and exposure at every visit. Can you fill out this AAP CEASE Action Sheet for us, please?"Makes a contest of it. Do you have a competitive group? Offer a reward to the person who has the most AAP CEASE Action Sheets completed at the end of the day.

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Some think they know who is vaping and do not bother asking.	
Suggested Ideas for Change	<ul style="list-style-type: none"> Make it a policy to ask <u>every</u> family. You cannot be sure who vapes by how they smell or look. Studies suggest that systematic screening identifies a high proportion of smokers and vapers who are missed by spontaneous screening (http://www.socialclimate.org/). Ask, even if you know the person in front of you does not smoke or vape. The tobacco user may not be at the visit, but the family may still be exposed to secondhand smoke. Knowing which families have a tobacco exposure issue makes it easier to develop a plan for helping eliminate that exposure.
Still Not Seeing Results?	<ul style="list-style-type: none"> Challenge yourself. For a couple of weeks, use the AAP CEASE Action Sheet to learn which families have a tobacco user and/or exposure to tobacco smoke in the home or car. In how many of those families was it a surprise to learn that there was tobacco smoke exposure or a tobacco user in the household? Those are the families you would have missed had you not used a systematic screening process.

Data Collection Question	Measure Name	Goal Percentage
Question 1c <i>Is it documented at any time within the last 12 months (or during last visit) that the family or caregiver of this patient was asked whether:</i> Anyone ever smoke or vape inside the car? <ul style="list-style-type: none"> Yes No N/A, no car 	% of patients' families or caregivers screened for smoking inside the patients' car	90%

Aim: Screen 90% of patients' families or caregivers for smoking inside the patients' car.

Gaps in Practice: Smoking and vaping inside the car not identified and documented.

Potential Barriers

Some do not believe that you know enough about vaping and e-cigarettes to get ready to identify it.

Suggested Ideas for Change	<ul style="list-style-type: none"> Review the AAP Policy Statement on e-cigarettes Use the EQIPP Tobacco Control Practice Survey to consider ways to make a personal, professional, and community commitment to a vape-free world. The questions can help you determine areas of strength and opportunities for development concerning tobacco control. Then, use the opportunities you identify for reflection, problem solving, and planning innovations. Review the content for the key activities provided in this EQIPP course and share key information with your team. As a team, draft a brief office policy for tobacco control, and review as a team routinely. Review the characteristics of your patient population. Use the AAP CEASE Action Sheet with all families at least once a year and at every visit with families with tobacco users
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	and/or tobacco smoke exposure in the home or car. This sheet can be given out at the front desk, during vital signs, or during the examination.
Still Not Seeing Results?	<ul style="list-style-type: none">Consult with colleagues in practices in which tobacco control is well established.Contact the AAP Richmond Center of Excellence or your state's tobacco control program for advice and guidance regarding tobacco control in the pediatric office setting.
The practice does not have a systematic approach to routinely identify and document vaping use and home and car exposure to vape aerosol.	
Suggested Ideas for Change	<ul style="list-style-type: none">Use the AAP CEASE Action Sheet with all families at least once a year and at every visit with families with tobacco users and/or tobacco smoke exposure in the home or car. This sheet can be given out at the front desk, during vital signs, or during the examination.Add questions about vape use and vape aerosol exposure in the home and car to your current health history form or your electronic medical record system. Make sure your system can generate reminders about vape users and/or exposure in the home and car.Work with your office to develop a key contact for identifying and documenting vape use and home and car vape aerosol exposure.Add vape use or vape aerosol exposure to the problem list.
Still Not Seeing Results?	<ul style="list-style-type: none">Review the AAP CEASE Implementation Guide from the AAP Richmond Center of Excellence/CEASE program toolkit for information on working toward an office-wide system to address family tobacco use and exposure in the home and car.Check in with staff to see where possible obstacles may be occurring. Work as a team to eliminate obstacles to asking every family about tobacco use and exposure.
Some find the functions of tobacco control complex, time-consuming, and frustrating.	
Suggested Ideas for Change	<ul style="list-style-type: none">Consider the benefits of having a tobacco-control champion in your office. This person can be any staff member who is passionate about helping families live healthier, tobacco-free lives and who can serve as a resource in your practice to help other staff members routinely and effectively address tobacco use with families. Decide how to involve the tobacco-control champion in your practice to help build relationships among all parties, coordinate information and follow-up, and identify community linkages and resources for tobacco use cessation.Keep materials for identifying vape users and vape aerosol exposure in the home and car in an easily accessible place.
Still Not Seeing Results?	<ul style="list-style-type: none">Review tobacco control functions that you already perform and who performs them for efficiency, appropriateness, and reliability. Use the AAP CEASE Implementation Guide to see where you and your staff can improve your current efforts.Review the importance of screening for tobacco use and exposure with staff members. Ensure that all are aware that tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit.

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Some are reluctant to ask about vaping and exposure or believe that doing so at every visit is excessive.	
Suggested Ideas for Change	<ul style="list-style-type: none">• Talk to staff members to learn why they are resistant to asking about tobacco status, including vaping. Work together to find ways to make asking about vaping and vape aerosol exposure part of your office's routine.• Make sure that your administrative system is in place. Are the AAP CEASE Action Sheets easy to find? Is there a person in the office in charge of replacing the sheets when needed? Make it easy to ask about tobacco use and exposure.
Still Not Seeing Results?	<ul style="list-style-type: none">• Review it a systematic part of office visits, and let this policy be known to all families. You can start by saying, "We know that secondhand smoke exposure is a really important health risk to our families, so we make it a priority to ask about tobacco use and exposure at every visit. Can you fill out this AAP CEASE Action Sheet for us, please?"• Makes a contest of it. Do you have a competitive group? Offer a reward to the person who has the most AAP CEASE Action Sheets completed at the end of the day.
Some think they know who is vaping and do not bother asking.	
Suggested Ideas for Change	<ul style="list-style-type: none">• Make it a policy to ask every family. You cannot be sure who vapes by how they smell or look. Studies suggest that systematic screening identifies a high proportion of smokers and vapers who are missed by spontaneous screening (http://www.socialclimate.org/).• Ask, even if you know the person in front of you does not smoke or vape. The tobacco user may not be at the visit, but the family may still be exposed to secondhand smoke. Knowing which families have a tobacco exposure issue makes it easier to develop a plan for helping eliminate that exposure.
Still Not Seeing Results?	<ul style="list-style-type: none">• Challenge yourself. For a couple of weeks, use the AAP CEASE Action Sheet to learn which families have a tobacco user and/or exposure to tobacco smoke in the home or car. In how many of those families was it a surprise to learn that there was tobacco smoke exposure or a tobacco user in the household? Those are the families you would have missed had you not used a systematic screening process.

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Data Collection Question		Measure Name	Goal Percentage
Question 2	<p>Has the patient or family been asked about use of ANY non-cigarette tobacco products (including electronic cigarettes, chewing tobacco, hookah, cigarillos or little cigars, etc.) within the last 12 months (or during last visit)?</p> <ul style="list-style-type: none"> • Yes • No 	% of patients' families screened for use of ANY non-cigarette tobacco products	90%
Aim: Screen 90% of patients' families or caregivers for use of ANY non-cigarette tobacco products.			
Gaps in Practice: Use of ANY non-cigarette tobacco product by the patient or family not identified and documented.			
Potential Barriers			
Some do not believe that you know enough about non-cigarette tobacco products (including electronic cigarettes, chewing tobacco, hookah, cigarillos or little cigars, etc.) to get ready to identify it.			
Suggested Ideas for Change	<ul style="list-style-type: none"> • Use the EQIPP Tobacco Control Practice Survey to consider ways to make a personal, professional, and community commitment to a tobacco-free world. The questions can help you determine areas of strength and opportunities for development concerning tobacco control. Then, use the opportunities you identify for reflection, problem solving, and planning innovations. • Review the content for the key activities provided in this EQIPP course and share key information with your team. As a team, draft a brief office policy for tobacco control, and review as a team routinely. • Review the characteristics of your patient population. • Use the AAP CEASE Action Sheet with all families at least once a year and at every visit with families with tobacco users and/or tobacco smoke exposure in the home or car. This sheet can be given out at the front desk, during vital signs, or during the examination. Spanish version. 		
Still Not Seeing Results?	<ul style="list-style-type: none"> • Consult with colleagues in practices in which tobacco control is well established. • Contact the AAP Richmond Center of Excellence or your state's tobacco control program for advice and guidance regarding tobacco control in the pediatric office setting. 		
Some find the functions of tobacco control complex, time-consuming, and frustrating.			
Suggested Ideas for Change	<ul style="list-style-type: none"> • Consider the benefits of having a tobacco-control champion in your office. This person can be any staff member who is passionate about helping families live healthier, tobacco-free lives and who can serve as a resource in your practice to help other staff members routinely and effectively address tobacco use with families. Decide how to involve the tobacco-control champion in your practice to help build relationships among all parties, coordinate information and follow-up, and identify community linkages and resources for tobacco use cessation. • Keep materials for identifying vape users and vape aerosol exposure in the home and car in an easily accessible place. 		



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Still Not Seeing Results?	<ul style="list-style-type: none">Review tobacco control functions that you already perform and who performs them for efficiency, appropriateness, and reliability. Use the AAP CEASE Implementation Guide to see where you and your staff can improve your current efforts.Review the importance of screening for tobacco use and exposure with staff members. Ensure that all are aware that tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit.
Some are reluctant to ask about vaping and exposure or believe that doing so at every visit is excessive.	
Suggested Ideas for Change	<ul style="list-style-type: none">Talk to staff members to learn why they are resistant to asking about tobacco status, including non-cigarettes. Work together to find ways to make asking about all tobacco products exposure part of your office's routine.Make sure that your administrative system is in place. Are the AAP CEASE Action Sheets easy to find? Is there a person in the office in charge of replacing the sheets when needed? Make it easy to ask about tobacco use and exposure.
Some think they know who is using other tobacco products and do not bother asking.	
Suggested Ideas for Change	<ul style="list-style-type: none">Make it a policy to ask <u>every</u> family. You cannot be sure who uses non-cigarette tobacco by how they smell or look. Studies suggest that systematic screening identifies a high proportion of tobacco users who are missed by spontaneous screening (http://www.socialclimate.org/).Ask, even if you know the person in front of you does not use any tobacco products. The tobacco user may not be at the visit, but the family may still be exposed to secondhand smoke. Knowing which families have a tobacco exposure issue makes it easier to develop a plan for helping eliminate that exposure.
Still Not Seeing Results?	<ul style="list-style-type: none">Challenge yourself. For a couple of weeks, use the AAP CEASE Action Sheet to learn which families have a tobacco user and/or exposure to tobacco smoke in the home or car. In how many of those families was it a surprise to learn that there was tobacco smoke exposure or a tobacco user in the household? Those are the families you would have missed had you not used a systematic screening process.

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Data Collection Question		Measure Name	Goal Percentage		
Question 3	<p>Was a confidential adolescent screener interview (Home, Education/employment, peer group Activities, Drugs, Sexuality, and Suicide/depression) done ensuring appropriate adolescent confidentiality?</p> <ul style="list-style-type: none"> • Yes • No 	% of patients who received a confidential adolescent screener interview	90%		
Aim: Screen and document that a confidential adolescent screener interview was done for 90% of all patients.					
Gaps in Practice: Confidential adolescent screening with the patient not completed and documented.					
Potential Barriers					
Challenging to separate adolescent from parent					
Suggested Ideas for Change	<p>Normalize one-on-one conversations with teenagers by saying something like "we like to talk to every teenager without a parent for a few minutes. Is that ok?" (Ask the parent to please step out?)</p> <p>Educate parents about confidential discussion at the yearly visit prior to the first HEADSS exam. Work with staff to develop language to introduce the concept of the confidential discussion (for example, "As we feel it is important for adolescents to learn to advocate for their own health, it is standard practice for us, once a patient is 13 years old, to speak with them confidentially, without the parent present. At your child's next visit, we will be asking you to step out of the room."</p>				
Still Not Seeing Results?	At the 9, 10 and 11-year-old visits, begin to introduce the idea that you will be talking to the teen alone when they get older, so parents and patients understand the expectation for confidential conversations in advance.				
EHR not set up to document sensitive information for teens					
Suggested Ideas for Change	Talk with your EHR team about how and where to document sensitive information in the EHR				
Not enough time to complete the HEADSS assessment					
Suggested Ideas for Change	Schedule longer session for adolescent well visits				

General Pediatric
Barriers and Suggested Ideas for Change
Key Clinical Activity 1: Screen and Educate

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General Pediatric - Barriers and Suggested Ideas for Change

Key Clinical Activity 1: Screen and Educate

Data Collection Question		Measure Name	Goal Percentage
Question 1a	<p><i>Is it documented at any time within the last 12 months (or during the last visit) that the family or caregiver of this patient was asked whether:</i></p> <p>Any member of the family or caregiver of the patient uses cigarettes?</p> <ul style="list-style-type: none"> • Yes • No 	% of patients' families or caregivers screened for cigarette use	90%
Aim: Screen 90% of patients' families or caregivers for cigarette use.			
Gaps in Practice: Cigarette use not identified and documented.			
Potential Barriers			
Some feel they lack the knowledge to identify tobacco use and exposure.			
Suggested Ideas for Change	<ul style="list-style-type: none"> • Review the: <ul style="list-style-type: none"> ◦ Clinical Practice Policy to Protect Children from Tobacco, Nicotine, and Tobacco Smoke ◦ Characteristics of your patient population and identify how the health of your patients may be improved by decreasing tobacco exposure. ◦ Tobacco Free Kids Web site ◦ EQIPP Tobacco Control Practice Survey to consider ways to make a personal, professional, and community commitment to a tobacco-free world. The questions can help you determine areas of strength and opportunities for development concerning tobacco control. Use the identified opportunities for reflection, problem solving, and planning innovations. ◦ Key Clinical Activity content provided in this EQIPP course and share key information with your team. As a team, draft and implement a brief office or hospital policy for tobacco control, and routinely review as a team. • Educate staff/health care team on the effects of tobacco smoke exposure. 		
Still Not Seeing Results?	<ul style="list-style-type: none"> • Consult with colleagues where tobacco control is well established. • Contact the AAP Richmond Center of Excellence or your state's tobacco control program for guidance regarding tobacco control in the pediatric office setting. • Utilize free resources from your state's quitline to educate. 		
The practice/hospital does not have a systematic approach to routinely identify and document tobacco use and home and car exposure to tobacco smoke.			
Suggested Ideas for Change	<ul style="list-style-type: none"> • Meet with practice/hospital leadership to make sure they understand the value of screening for tobacco exposure. Ask for their support in implementing interventions. • Add questions about tobacco use and tobacco smoke exposure in the home and car to your current health history form or your electronic medical record system. Make sure your system can generate reminders about tobacco users and exposure in the home and car. • Look for state or federal incentive programs that will generate money for your clinic for identifying and addressing tobacco use. 		

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General Pediatric - Barriers and Suggested Ideas for Change

Key Clinical Activity 1: Screen and Educate

	<p>Identifying such incentive programs can help get buy-in from clinic leadership around tobacco control efforts.</p> <ul style="list-style-type: none">• Add “Secondhand Smoke Exposure (ICD Z77.22) to the patient’s problem list.• Use stickers or an electronic flag in the EHR to mark patients’ charts to identify family tobacco use and home/car exposure.• Use the AAP CEASE Action Sheet with all families at least once a year and at every visit with families with tobacco users and/or tobacco smoke exposure in the home or car. This sheet can be given out at the front desk, during vital signs check, or during the examination. A Spanish version of this sheet is also available.• Identify a tobacco champion in your office to help centralize efforts and motivate your team around documenting tobacco use and home and care exposure.• If inpatient,<ul style="list-style-type: none">◦ work with members of the healthcare team (i.e., respiratory therapists, nurses, social workers, smoking cessation counselors) to confirm assignments during the inpatient process (who will do what, and when?).◦ work with information technology staff to build changes within the EMR system.
Still Not Seeing Results?	<ul style="list-style-type: none">• Review the AAP CEASE Implementation Guide for information on working toward an office-wide system to address family tobacco use and exposure in the home and car.• Use your EHR to generate a report that will help you review screening data monthly. Use the report as a tool to check in with staff to see where possible obstacles may be occurring. Work as a team to eliminate obstacles to asking every family about tobacco use and exposure.• Check in with staff or members of the healthcare team to see where possible obstacles may be occurring. Work as a team to eliminate obstacles for asking every family about tobacco use and exposure.
Some find the functions of tobacco control complex, time-consuming, and frustrating.	
Suggested Ideas for Change	<ul style="list-style-type: none">• Consider the benefits of having a tobacco-control champion. This person can be an employee who is passionate about helping families live healthier, tobacco-free lives and who can serve as a resource to help other staff members routinely and effectively address tobacco use with families. Decide how to involve the tobacco-control champion to help build relationships among all parties, coordinate information and follow-up, and identify community linkages and resources for tobacco use cessation.• Educate staff/members about the services provided by your state quitline.• Keep materials for identifying tobacco users and tobacco smoke exposure in the home and car in an easily accessible place.• Add tobacco control resources, such as free tobacco cessation quitlines and cessation materials, to your EHR to make it easy for everyone to access. These resources can include:<ul style="list-style-type: none">◦ AAP Julius B. Richmond Center of Excellence◦ Truth Initiative (formerly American Legacy Foundation)◦ American Cancer Society◦ Your state's tobacco control program or quitline
Still Not Seeing Results?	<ul style="list-style-type: none">• Review tobacco control functions that are already performed and who performs them for efficiency, appropriateness, and reliability. Use the AAP CEASE Implementation Guide to see where you and staff can improve your current efforts.• Review the importance of screening for tobacco use and exposure with the healthcare team. Ensure that all are aware that tobacco dependence is a chronic disease that often requires repeated intervention and multiple attempts to quit.



EQIPP: Treating Tobacco Product Use and Exposure in Families

General Pediatric - Barriers and Suggested Ideas for Change

Key Clinical Activity 1: Screen and Educate

	<ul style="list-style-type: none">Convene a task force of champions to implement a quality improvement process to improve screening and educating about tobacco.
Some are reluctant to ask about tobacco use and exposure or believe that doing so at every visit is excessive.	
Suggested Ideas for Change	<ul style="list-style-type: none">Add tobacco screening to the EHR to make the screening process quick and easy. Let families know this is a routine question asked of all families.Use the problem list or stickers/flags on charts to identify families who are exposed to tobacco.Talk to members of the team to understand resistance for asking about tobacco status. Work together to find ways to make asking about tobacco use and secondhand smoke exposure part of everyone's routine.Make sure the administrative system is in place. Make it easy to ask about tobacco use and exposure. Are the AAP CEASE Action Sheets easy to find? Is there a person in charge of replacing the sheets when needed?
Still Not Seeing Results?	<ul style="list-style-type: none">Make a contest of it and offer a reward to the person who has the highest screening rate for tobacco exposure. Use your EHR reports to help measure results.Employ a task force to utilize quality improvement strategies to create and improve a systematic process.
Some think they know who the smokers are and do not bother asking.	
Suggested Ideas for Change	<ul style="list-style-type: none">Make it a policy to ask <u>every</u> family. You cannot be sure who smokes by how they smell or look. Studies suggest that systematic screening identifies a high proportion of smokers who are missed by spontaneous screening (http://www.socialclimate.org/).Ask, even if you know the person you're screening does not smoke. The tobacco user may not be at the visit, but the family may still be exposed to secondhand smoke. Knowing which families are exposed to tobacco use makes it easier to develop a plan for helping eliminate that exposure.
Still Not Seeing Results?	<ul style="list-style-type: none">For a couple of weeks, use the AAP CEASE Action Sheet to learn which families have a tobacco user and/or exposure to tobacco smoke in the home or car. In how many of those families was it a surprise to learn that there was tobacco smoke exposure or a tobacco user in the household? Those are the families you would have missed had you not used a systematic screening process.Employ a task force to utilize quality improvement strategies to create and improve a systematic process.
Some do not know how to address home and car smoking rules with those who deny smoking although they smell strongly of cigarette smoke.	
Suggested Ideas for Change	<ul style="list-style-type: none">Keep asking about tobacco use in a way that centers on the child, not the tobacco user. Using the question, "Does your child live with anyone who uses tobacco?" focuses on the child/patient, and not the tobacco user.Define what is meant by "home"—every area that is covered by the roof, even the porch.Define what is meant by "ever"—no exceptions to the smoking ban by any person at any time.Educate staff and members of the health care team on the effects of thirdhand smoke and vaping to understand the need for house and car smoking bans.
Still Not Seeing Results?	<ul style="list-style-type: none">Reassure family members that the child is your primary concern. If family members are especially resistant, frame the question around the home and car, rather than the tobacco use.Keep asking. Family members may be resistant to questions if they do not understand why a no-smoking rule is important. Clarify

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	<ul style="list-style-type: none"> that a no-smoking rule helps protect children in the home, even if the child is not there when the smoking happens. Educate staff/health care team members on motivational interviewing techniques to enable more productive conversations with families.
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Data Collection Question	Measure Name	Goal Percentage
Question 1b <i>Is it documented at any time within the last 12 months (or during last visit) that the family or caregiver of this patient was asked whether:</i> Anyone ever smoke or vape inside the patient's home (including garages, porches, windows)? <ul style="list-style-type: none"> Yes No 	% of patients' families or caregivers screened for smoking or vaping inside the patients' home	90%

Aim: Screen 90% of patients' families or caregivers for smoking or vaping inside the patients' home.

Gaps in Practice: Smoking and vaping in a patients' home not identified and documented.

Potential Barriers	
Some feel that asking about smoking habits is enough and that asking about smoking or vaping in the house is redundant.	
Suggested Ideas for Change	<ul style="list-style-type: none"> Educate staff/healthcare team members about secondhand and thirdhand smoke. Educate about emerging data regarding vaping and secondhand aerosol and the potential for toxic exposures. Treat vape exposure the same way as smoke exposure.
Still Not Seeing Results?	<ul style="list-style-type: none"> Streamline the process by building questions into the EMR (work with IT).
Some do not understand the importance of eliminating thirdhand smoke.	
Suggested Ideas for Change	<ul style="list-style-type: none"> Educate staff/healthcare team members about secondhand and thirdhand smoke. Educate about emerging data regarding vaping and secondhand aerosol and the potential for toxic exposures. Treat vape exposure the same way as smoke exposure.
Still Not Seeing Results?	<ul style="list-style-type: none"> Streamline the process by building questions into the EMR (work with IT).

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Key Clinical Activity 1: Screen and Educate

Data Collection Question		Measure Name	Goal Percentage
Question 1c	<p><i>Is it documented at any time within the last 12 months (or during last visit) that the family or caregiver of this patient was asked whether:</i></p> <p>Anyone ever smoke or vape inside the car?</p> <ul style="list-style-type: none"> • Yes • No • N/A, no car 	% of patients' families or caregivers screened for smoking inside the patients' car	90%
Aim: Screen 90% of patients' families or caregivers for smoking inside the patients' car.			
Gaps in Practice: Smoking and vaping inside the car not identified and documented.			
Potential Barriers	Some feel that asking about smoking habits is enough and that asking about smoking or vaping in the car is redundant.		
Suggested Ideas for Change	<ul style="list-style-type: none"> • Educate staff/healthcare team members about secondhand and thirdhand smoke. • Educate about emerging data regarding vaping and secondhand aerosol and the potential for toxic exposures. Treat vape exposure the same way as smoke exposure. 		
Still Not Seeing Results?	<ul style="list-style-type: none"> • Streamline the process by building questions into the EMR (work with IT). 		
Potential Barriers	Some do not understand the importance of eliminating thirdhand smoke.		
Suggested Ideas for Change	<ul style="list-style-type: none"> • Educate staff/healthcare team members about secondhand and thirdhand smoke. • Educate about emerging data regarding vaping and secondhand aerosol and the potential for toxic exposures. Treat vape exposure the same way as smoke exposure. 		
Still Not Seeing Results?	<ul style="list-style-type: none"> • Streamline the process by building questions into the EMR (work with IT). 		

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Key Clinical Activity 1: Screen and Educate

Data Collection Question		Measure Name	Goal Percentage
Question 2	Has the patient or family been asked about use of ANY non-cigarette tobacco products (including electronic cigarettes, chewing tobacco, hookah, cigarillos or little cigars, etc.) within the last 2 months (or during last visit)? <ul style="list-style-type: none"> • Yes • No 	% of patients' families screened for use of ANY non-cigarette tobacco products	90%
Aim: Screen 90% of patients' families or caregivers for use of ANY non-cigarette tobacco products.			
Gaps in Practice: Use of ANY non-cigarette tobacco product by the patient or family not identified and documented.			
Potential Barriers	Some do not feel they know enough about non-cigarette tobacco products to discuss the available services or which to recommend.		
Suggested Ideas for Change	<ul style="list-style-type: none"> • Refer to the AAP Electronic Nicotine Delivery Systems Policy statement. • Work with staff/healthcare team to develop an approach to addressing use of other tobacco products. 		
Still Not Seeing Results?	<ul style="list-style-type: none"> • Provide information sheets on other tobacco products (available from CDC, AAP) to staff/other healthcare workers and families. 		



Adolescent Provider
Barriers and Suggested Ideas for Change
Key Clinical Activity 2: Motivate and Present Options to Quit

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Adolescent Provider - Barriers and Suggested Ideas for Change

Key Clinical Activity 2: Motivate and Present Options to Quit

Data Collection Question		Measure Name	Goal Percentage
Question 4a	<p><i>If the patient screened positive for ANY tobacco use:</i> Were the benefits of quitting tobacco use discussed?</p> <ul style="list-style-type: none"> • Yes • No 	% of patients' who screened positive for ANY tobacco use who received a message about the benefits of quitting tobacco use	100%
Aim: Discuss the benefits of quitting tobacco use to 100% of patients who screened positive for tobacco use.			
Gaps in Practice: Benefits of quitting tobacco use or vaping is not discussed with the patient or documented.			
Question 4b	<p><i>If the patient screened positive for ANY tobacco use:</i> Was a recommendation made to the patient to quit tobacco use?</p> <ul style="list-style-type: none"> • Yes • No 	% of patients' who screened positive for ANY tobacco use who received a recommendation to quit tobacco use	100%
Aim: Recommend the patient quit using tobacco for 100% of patients who screened positive for tobacco use.			
Gaps in Practice: Recommendations for quitting tobacco use or vaping is not discussed with present family members or documented.			
Question 4c	<p><i>If the patient screened positive for ANY tobacco use:</i> Was information presented to the patient about the quitline or another available cessation service?</p> <ul style="list-style-type: none"> • Yes • No • N/A, no programs available for teens in my area 	% of patients' who screened positive for ANY tobacco use who was presented information about the quitline or another cessation service	100%
Aim: Present information about the quitline or another cessation service for 100% of patients who screened positive for tobacco use.			
Gaps in Practice: Information is not presented to patients who screen positive for tobacco use or vaping about the quitline or another cessation service.			
Question 4d	<p><i>If the patient screened positive for ANY tobacco use:</i> Was an offer made to enroll the patient in the quitline or another available cessation service?</p> <ul style="list-style-type: none"> • Yes • No • N/A, no programs available for teens in my area 	% of patients' who screened positive for ANY tobacco use where an offer was made to enroll the patient into a cessation program	100%
Aim: Offer to enroll the patient all age eligible patients into a cessation program for 100% of patients who screened positive for tobacco use and vaping.			
Gaps in Practice: Enrollment into a cessation program for patients who screened positive for tobacco is not offered or documented.			



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Adolescent Provider - Barriers and Suggested Ideas for Change

Key Clinical Activity 2: Motivate and Present Options to Quit

Potential Barriers

Some do not know how to craft a motivational message about offering quitline services to an intermittent or occasional tobacco user or vaper.

Suggested Ideas for Change	<ul style="list-style-type: none">Consider using the Hooked on Nicotine Checklist (HONC) to assess user nicotine dependenceUse Step 1 on the AAP CEASE Action Sheet to determine if the user have interest in learning how quit. Then, offer resources available through the quitline or local services.Review the 5As for talking to teens about tobacco cessationOffer to help with enrollment. Sample verbiage includes:<ul style="list-style-type: none"><i>If you fill out the enrollment form now, I'll fax it for you.</i><i>I have the quitline number right here. Why not call it now?</i><i>Refer to the quitline through the EMR</i>
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Still Not Seeing Results?	<ul style="list-style-type: none">Brainstorm ideas to create a motivational message about offering quitline services to support the user's efforts to quit.Practice fine tuning your message through role play.
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Some may be providing motivational messages about the benefits of quitting tobacco use or vaping but not documenting them.

Suggested Ideas for Change	<ul style="list-style-type: none">Use the AAP CEASE Action Sheet as a model for providing and documenting all pediatrics-based tobacco control services. The form provides cues and locations for documenting services provided and can be incorporated within the patients' charts/encounter.Add a task or reminder to your electronic health record system to prompt for tobacco control services to ensure they are completed and documented.Utilize dot phrases for more efficient charting
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Still Not Seeing Results?	<ul style="list-style-type: none">Document all tobacco control discussions with family members on the child's chart.
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Some may be hesitant to extend the visit time for tobacco control assistance.

Suggested Ideas for Change	<ul style="list-style-type: none">Consider having a dedicated cessation educator who may be able to continue a visit or encounter and provide education. This can be done by any trained person (nurse, community health worker, or medical assistant)
Still Not Seeing Results?	<ul style="list-style-type: none">Refer to the list of quitline or cessation program and services available for youths and adultsConsider a second visit; commit to continue the conversation at the next opportunity (visit or encounter).

There is a concern about billing for extending the visit time for tobacco control assistance.

Suggested Ideas for Change	<ul style="list-style-type: none">Refer to the ICD-10 Coding ResourcesRefer to the AAP Tobacco Coding Fact Sheet
Still Not Seeing Results?	<ul style="list-style-type: none">Consider incentives, if possible, for extended time billing depending on your state/location.Refer to additional Coding and Payment compensation resources on the AAP Richmond Center of Excellence Web Site

Some are unaware of their state's quitline or other online cessation services and the services they provide.

Suggested Ideas for	<ul style="list-style-type: none">Consult the North American Quitline Consortium map to learn about your state's quitline services. Typical offerings can include the
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Adolescent Provider - Barriers and Suggested Ideas for Change

Key Clinical Activity 2: Motivate and Present Options to Quit

Change	following: <ul style="list-style-type: none">○ Free nicotine replacement medicine○ One-on-one informational and/or counseling sessions with specially trained quit coaches○ Educational materials mailed to the user
Still Not Seeing Results?	<ul style="list-style-type: none">• Research other cessation services that may be offered locally, including group meeting or individual counseling.
The adolescent is too young to enroll in the quitline program.	
Suggested Ideas for Change	Provide direct cessation services to the user Prescribe NRT as long as there is clear evidence of nicotine dependence (Policy and key resource)

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Key Clinical Activity 2: Motivate and Present Options to Quit

Data Collection Question		Measure Name	Goal Percentage
Question 5a	<p><i>If the patient has a family member or caregiver who use ANY tobacco:</i> Was an offer made to send the quitline enrollment information home?</p> <ul style="list-style-type: none"> • Yes • No 	% of patients' who has a family member or caregiver who use ANY tobacco where an offer was made to send quitline enrollment information home	90%
Aim: Offer to send quitline enrollment information to 90% of patients who has a family member or caregiver who use ANY tobacco.			
Gaps in Practice: Sending information home about the quitline or other online cessation services for a family member or caregiver who use ANY tobacco is not offered or documented.			
Potential Barriers Some do not know how to craft a motivational message about offering quitline services to an intermittent or occasional tobacco user or vaper.			
Suggested Ideas for Change	<ul style="list-style-type: none"> • Consider using the Hooked on Nicotine Checklist (HONC) to assess user nicotine dependence • Use Step 1 on the AAP CEASE Action Sheet to determine if the user have interest in learning how quit. Then, offer resources available through the quitline or local services. • Review the 5As for talking to teens about tobacco cessation • Offer to help with enrollment. Sample verbiage includes: <ul style="list-style-type: none"> ◦ <i>If you fill out the enrollment form now, I'll fax it for you.</i> ◦ <i>I have the quitline number right here. Why not call it now?</i> ◦ <i>Refer to the quitline through the EMR</i> 		
Still Not Seeing Results?	<ul style="list-style-type: none"> • Brainstorm ideas to create a motivational message about offering quitline services to support the user's efforts to quit. • Practice fine tuning your message through role play. 		
Potential Barriers Some are unaware of their state's quitline or other online cessation services and the services they provide.			
Suggested Ideas for Change	<ul style="list-style-type: none"> • Consult the North American Quitline Consortium map to learn about your state's quitline services. Typical offerings can include the following: <ul style="list-style-type: none"> ◦ Free nicotine replacement medicine ◦ One-on-one informational and/or counseling sessions with specially trained quit coaches ◦ Educational materials mailed to the user 		
Still Not Seeing Results?	<ul style="list-style-type: none"> • Research other cessation services that may be offered locally, including group meeting or individual counseling. 		

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Adolescent Provider - Barriers and Suggested Ideas for Change

Key Clinical Activity 2: Motivate and Present Options to Quit

Data Collection Question		Measure Name	Goal Percentage
Question 6	<p>Was age-appropriate education about the harms of tobacco use and exposure provided to the family and patient (5 years and older) within the last 12 months (or in the last visit)?</p> <ul style="list-style-type: none"> • Yes • No 	% of patients and families who receive information about the harms of tobacco use and exposure	90%
Aim: Provide education about the harms of tobacco use and exposure to 90% of patients and families.			
Gaps in Practice: Education to patients and family members about the harms of tobacco use or vaping and exposure is not provided or documented.			
Potential Barriers			
Some are unaware of what is considered age-appropriate education or do not know how to tailor tobacco-control messages to different populations.			
Suggested Ideas for Change	<ul style="list-style-type: none"> • Review the table on age-appropriate education. It provides background information about the different attitudes, challenges, and health risks associated with tobacco use or vaping among various populations. It also offers specific language to use when discussing tobacco control with different age groups: children, adolescents, and adults. 		
Still Not Seeing Results?	<ul style="list-style-type: none"> • Craft your own educational messages for the different populations represented in your practice. 		
Some do not remember to make education part of the visit. Or, they are providing education, but not documenting it.			
Suggested Ideas for Change	<ul style="list-style-type: none"> • As a team, discuss the unique role of pediatricians and staff to educate patients and families about the harms of tobacco use or vaping and tobacco smoke exposure. Review what the Clinical Practice Policy to Protect Children From Tobacco, Nicotine, and Tobacco Smoke says about this important responsibility. • Brainstorm ways to make education a systematic part of your practice, built into regular prevention activities and other "teachable moments" such as an asthma checkup, the birth of a baby, and others. Also discuss obstacles and ways to overcome them. • Make sure that your administrative system is in place. Are educational materials easy to find? Is there a person in the office in charge of replacing materials when needed? Make it easy to give out materials. 		
Still Not Seeing Results?	<ul style="list-style-type: none"> • With staff, brainstorm obstacles for consistent documentation and ways to overcome them. Emphasize that payment will not be received for provided services not documented or education may not have been completed. 		
The practice cannot afford tobacco-control education materials.			
Suggested Ideas for Change	<ul style="list-style-type: none"> • Download and print free tobacco education materials available in the Resource section of this EQIPP course. • Visit your health department's tobacco control website. Many states offer free materials to health care providers. 		
Still Not Seeing Results?	<ul style="list-style-type: none"> • Create your own educational materials. A fun way to get materials for your office is to sponsor a coloring contest for a no-smoking sign. Invite patients to submit their best sign and post them around the office. 		
The office is crowded, and it is hard to find a place to display educational materials.			
Suggested Ideas for Change	<ul style="list-style-type: none"> • Provide education through CEASE posters (i.e., asthma, cessation medication, thirdhand smoke). Posters take up little space and can be rotated frequently to keep the message fresh. 		



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Adolescent Provider - Barriers and Suggested Ideas for Change

Key Clinical Activity 2: Motivate and Present Options to Quit

	<ul style="list-style-type: none">Instead of displaying materials, keep them in examination rooms to hand out to families. Handing the materials out to families can be tied with a strong message to quit smoking.Show information on an electronic screen or tv.Run videos in the sitting areas or rooms while patients are waiting to be seen.
Still Not Seeing Results?	<ul style="list-style-type: none">Use multi-purpose materials like the CEASE brochure (available in English, Spanish and Portuguese). This material covers many of the key educational messages about smoke-free home and car rules, quitting smoking, and connecting to free services.

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Key Clinical Activity 2: Motivate and Present Options to Quit

Data Collection Question		Measure Name	Goal Percentage
Question 7	<p>Were the benefits of a tobacco-free home and car discussed?</p> <ul style="list-style-type: none"> • Yes • No 	% of patients where the benefits of a tobacco free home and car discussed	90%
Aim: Discuss the benefits of a tobacco-free home and car with 90% of patients and families			
Gaps in Practice: Benefits of smoke-free homes and cars are not routinely discussed and documented.			
Potential Barriers			
Some do not believe it is their responsibility to advise families to keep smoke-free homes and cars.			
Suggested Ideas for Change	<ul style="list-style-type: none"> • Review the AAP Clinical Practice Policy to Protect Children From Tobacco, Nicotine, and Tobacco Smoke • Tobacco free kids.org • The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. 		
Still Not Seeing Results?	<ul style="list-style-type: none"> • AMA Policy Electronic Cigarettes, Vaping, and Health: 2014 Update H-495.972 which supports efforts by appropriately licensed health care professionals to identify and treat tobacco dependence in any person seen in any clinical encounter. 		
Some are unaware of what a motivational message is or how it differs from advice.			
Suggested Ideas for Change	<ul style="list-style-type: none"> • Review the content on motivational messages for this key activity in this EQIPP course. It provides specific language that can be used when discussing tobacco cessation, smoke exposure, medication options, and use of free quitline services. The messages are crafted in a way that supports the listener's self-confidence without arousing defensiveness. 		
Still Not Seeing Results?	<ul style="list-style-type: none"> • As a team, identify which free resources provide motivational messages that you would like to use in your practice. 		
Some are unsure about what to include in a motivational message about keeping smoke-free homes and cars or how to give the message. This is especially true for cars, which people may think of as outdoor space, especially if they keep the windows open.			
Suggested Ideas for Change	<ul style="list-style-type: none"> • Use Step 1 on the AAP CEASE Action Sheet to determine the family's home and car smoking behavior. If you learn that the home or car is not completely smoke-free, consider using a statement like the following: <ul style="list-style-type: none"> ○ <i>I see you don't have a smoke-free home and car. What ideas do you have on how to eliminate or reduce your child's exposure to tobacco toxins?</i> ○ <i>Setting a completely smoke-free rule for your child's environment, including the home and car, can help you never expose the children to toxins from smoke. When would you be willing to take that step?</i> ○ <i>Keeping your car smoke-free is important. Cars are small, enclosed spaces with porous surfaces that hold the tobacco toxins. These toxins react with ozone and other car emissions to create and release new and dangerous poisons. When can you set rules for a completely smoke-free car?</i> • Review the tips presented in the content for this key activity, including the following: (1) helping the user visualize the benefits of quitting, (2) showing authentic interest in the challenges of quitting and learning how to support families' efforts, (3) showing empathy, (4) addressing intermittent or occasional smoking, (5) reaching tobacco users who are not at the visit, and (6) encouraging people with previous failed attempts using nicotine replacement therapy (NRT) to quit. 		



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Key Clinical Activity 2: Motivate and Present Options to Quit

Still Not Seeing Results?	<ul style="list-style-type: none">• Review the 5As for talking to teens about tobacco cessation• With staff, brainstorm ideas to create a motivational message about maintaining smoke-free homes and cars.• Use meeting time to role play and fine-tune your messages. Practice your delivery until the message feels natural and unrehearsed.
Some may be delivering motivational messages about maintaining tobacco-free homes and cars but not documenting them.	
Suggested Ideas for Change	<ul style="list-style-type: none">• Incorporate an electronic health record system reminder or prompt to provide and document motivational messaging about the benefits of smoke-free homes and cars.• Use the Step 2-AAP CEASE Action Sheet, to guide documentation in the patient's electronic record.• Create dot phrases to facilitate efficient charting.
Still Not Seeing Results?	<ul style="list-style-type: none">• Remind members of the healthcare team that provided services not documented will not be paid or services not documented may not have been completed (possibly goes against the practices' policy for providing those services).• Brainstorm obstacles for consistent documentation and ways to overcome them.• Engage IT specialists to help with managing documentation in the EMR.• Use note templates or pre-written text with tobacco interventions listed.• View the AAP Julius B. Richmond Center of Excellence website for various reimbursement resources for services provided related to tobacco use and exposure, such as the:<ul style="list-style-type: none">○ Coding and Payment – includes articles and guidelines detailing appropriate coding for services○ Tobacco Coding Fact Sheet for Primary Care Pediatrics – coding resource for services provided related to tobacco prevention and control counseling

General Pediatric
Barriers and Suggested Ideas for Change
Key Clinical Activity 2: Motivate and Present Options to Quit

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General Pediatric - Barriers and Suggested Ideas for Change

Key Clinical Activity 2: Motivate and Present Options to Quit

Data Collection Question		Measure Name	Goal Percentage
Question 4a	<p><i>For the family member not present who uses tobacco:</i> Was an offer made to send quitline enrollment information home?</p> <ul style="list-style-type: none"> • Yes • No 	% of patients with an offer made to send quitline enrollment information home for a family member that uses tobacco who was not present.	90%
Aim: Send quitline enrollment information home with 90% of patients that have a family member that uses tobacco who was not present.			
Gaps in Practice: Sending quitline enrollment information home with patients for a family member or caregiver who use tobacco is not offered or documented.			
Potential Barriers			
Some are unaware of the services provided by their state's quitline or other cessation programs.			
Suggested Ideas for Change	<ul style="list-style-type: none"> • Consult the North American Quitline Consortium map to learn about your state's quitline services. Typical offerings can include the following: <ul style="list-style-type: none"> ◦ Free nicotine replacement medicine ◦ One-on-one informational and/or counseling sessions with specially trained quit coaches ◦ Educational materials mailed to the user • Offer IQUIT text services where smokers can text 47848 to request cessation details. • Use Step 1 on the AAP CEASE Action Sheet to determine if the user have interest in learning how quit. Then, offer resources available through the quitline or local services. • Review the 5As for talking to teens about tobacco cessation • If the service is available, offer to help in the following ways: <ul style="list-style-type: none"> ◦ Fax the enrollment form to the quitline for the smoker ◦ Call the quitline with the smoker ◦ Refer the smoker to the quitline through the EMR system 		
Still Not Seeing Results?	<ul style="list-style-type: none"> • Research other cessation services that may be offered locally, including group meeting or individual counseling • Learn about services available to uninsured and/or undocumented smokers. Sometimes these smokers can be reluctant to seek help because of perceived financial or other risk. • Contact your state quitline to discuss services and ways of connecting smokers for services. • Research if your state's quitline have incentives for smokers to enroll in services, and if they do, let your patients know about them. • Educate members of the healthcare team on motivational interviewing techniques that can be used in discussing referral to the Quitline and other options to quit. <ul style="list-style-type: none"> ◦ Utilizing online resources such as the Changetalk app, which is a resource for learning motivational interviewing. ◦ With members of the healthcare team, brainstorm ideas to create a motivational message about offering quitline services to support the user's efforts to quit. Use the meeting time to role play and fine-tune your messages. Practice your delivery until the message feels natural and unrehearsed. 		

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Key Clinical Activity 2: Motivate and Present Options to Quit

Quitline services are explained and offered to family members but are not documented.	
Suggested Ideas for Change	<ul style="list-style-type: none">• Attach the AAP CEASE Action Sheet to the patient's chart as a reminder that completion is required and documentation is critical. The form provides cues and locations for documenting services provided.• Create dot phrases/macros to facilitate efficient charting.
Still Not Seeing Results?	<ul style="list-style-type: none">• Document all tobacco control discussions with family members on the child's chart.• Add a task or reminder to your electronic health record system to prompt for tobacco control services to ensure they are completed and documented.
Smoker is not in attendance at the appointment.	
Suggested Ideas for Change	<ul style="list-style-type: none">• Provide a follow-up appointment and send encouragement for the smoker to attend.• Create informational packets and provide materials to send home to the smoker.
Still Not Seeing Results?	<ul style="list-style-type: none">• Research if your state's quitline have incentives for smokers to enroll in services, and if they do, let your patients know about them.
Some are unsure about crafting a message for tobacco users not present at the visit.	
Suggested Ideas for Change	<ul style="list-style-type: none">• Urge the person who is present to invite the user to the next visit.• Send home the resources listed on the AAP CEASE Action Sheet which includes NRT prescriptions, the state quitline phone number and the text-2-quit resource.• Send home other material detailing cessation programs and services.• Offer to send a letter directly to the user with the resource information.• Offer to call the tobacco user directly. Consider the following statement: <i>If you think it would help, I'd be glad to phone the family member to talk about the importance of tobacco cessation and how I can assist.</i>• Add information on the dangers of SHSE along with the quitline number to the after-visit summary that the patient receives at the end of the visit. Ask the adult present to show this information to the smoker at home.
Still Not Seeing Results?	<ul style="list-style-type: none">• Offer to write a prescription to help the family member quit or cut down on tobacco use.• With members of the healthcare team, brainstorm ideas about what information to include in a motivational message about quitting tobacco use for smokers not present at the visit.• Use meeting time to role play and fine-tune your message and practice your message delivery.

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Key Clinical Activity 2: Motivate and Present Options to Quit

Data Collection Question		Measure Name	Goal Percentage
Question 5	<p>Was a recommendation made to the family member to quit tobacco use?</p> <ul style="list-style-type: none"> • Yes • No 	% of present family members that uses tobacco in which a recommendation to quit tobacco use was given	90%
Aim: Recommend quitting tobacco use to 90% of family members who use tobacco that are present at the visit.			
Gaps in Practice: Recommendations for quitting tobacco use is not discussed with present family members or documented.			
Potential Barriers			
Some do not believe it is their responsibility to advise persons who are not patients to quit using tobacco.			
Suggested Ideas for Change	<ul style="list-style-type: none"> • Review the: <ul style="list-style-type: none"> ◦ AAP Clinical Practice Policy to Protect Children from Tobacco, Nicotine, and Tobacco Smoke, which recommends that pediatricians and their staff routinely offer help and referral to those who use tobacco—even if the person is not a patient. ◦ The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General and discuss the health risks smoking presents to smokers and their families. 		
Still Not Seeing Results?	<ul style="list-style-type: none"> • Review the AMA Policy Electronic Cigarettes, Vaping, and Health: 2014 Update H-495.972 which supports efforts by appropriately licensed health care professionals to identify and treat tobacco dependence in any person seen in any clinical encounter. • Research specific data for smoking such as information from Tobacco Free Kids https://www.tobaccofreekids.org/. 		
Some do not know how to begin a motivational message about smoking cessation.			
Suggested Ideas for Change	<ul style="list-style-type: none"> • Use Step 1 on the AAP CEASE Action Sheet to determine if the user have interest in learning how quit. Then, offer resources available through the quitline or local services. Depending on the expressed level of interest, consider a statement like the following: <ul style="list-style-type: none"> ◦ If the user is interested in quitting: <i>Quitting tobacco is one of the best things you can do for your health and the health of your family. I can help.</i> ◦ If the user is not interested in quitting: <i>Quitting tobacco is one of the best things you can do for your health and the health of your family. I can help when you feel ready to quit.</i> ◦ If the user is not sure: <i>Quitting tobacco can be a tough decision to make on your own. I can provide you with some free resources that you may consider using when you're ready.</i> • Review the 5As for talking to teens about tobacco cessation 		
Still Not Seeing Results?	<ul style="list-style-type: none"> • Educate members of the healthcare team on motivational interviewing techniques that can be used in discussing referral to the Quitline and other options to quit. <ul style="list-style-type: none"> ◦ Utilize online resources such as the Changetalk app, which is a resource for learning motivational interviewing. ◦ With your healthcare team, brainstorm ideas to create a motivational message about quitting tobacco use. Use meeting time to role play and fine-tune your messages. Practice your delivery until the message feels natural and unrehearsed. 		

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Key Clinical Activity 2: Motivate and Present Options to Quit

Some are unsure about crafting a message to address an intermittent or occasional smoker.

Suggested Ideas for Change	<ul style="list-style-type: none"> Many people who do not smoke every day, smoke when they are with others who smoke, or smoke only when they drink alcohol, typically say they are not 'really' smokers. Often presented by both teen and adults, this thinking is often correlated with believing that they are not addicted and do not have smokers' health risks. When addressing an intermittent or occasional smoker, consider a statement like one of the following: <ul style="list-style-type: none"> <i>Even smoking occasionally is not recommended because nicotine is highly addictive. Do you agree? Do you mind if I ask you about it again the next time I see you?</i> <i>Do you notice after not smoking for a while, you crave a cigarette, are more irritable than usual, or have trouble concentrating? Do you think these could be withdrawal symptoms or signs that you are addicted to tobacco?</i>
Still Not Seeing Results?	<ul style="list-style-type: none"> Review the article <i>Health Effects of Light and Intermittent Smoking: A Review</i> from the <i>Journal of American Heart Association</i> and discuss with your team about the dangers of light and intermittent smoking. Research additional reading material or videos to support eliminating light and intermittent smoking. With members of the healthcare team, brainstorm ideas about what information to include in a motivational message about quitting tobacco use for intermittent or occasional smokers. Use meeting time to role play and fine-tune your message and practice your message delivery.

A smoker may be reluctant to enroll in behavioral counseling.

Suggested Ideas for Change	<ul style="list-style-type: none"> Discuss the high success rates when counseling and medications are combined. Talk about smoking as both a physical AND a behavioral addiction, and let the smoker know that their odds of remaining tobacco-free are much higher if they treat both parts of the addiction. Review the 5As for talking to teens about tobacco cessation
Still Not Seeing Results?	<ul style="list-style-type: none"> Think about whether you can add an incentive to smokers who enroll in behavioral counseling and bring proof of enrollment.

A smoker may be reluctant to accept Quitline services, or may have utilized a quitline and not quit in the past.

Suggested Ideas for Change	<ul style="list-style-type: none"> Explain the overall success of quitlines (approximately 30% of smokers who work with quitlines quit), explain that prior quit attempts predict future success
Still Not Seeing Results?	<ul style="list-style-type: none"> Get a commitment from the smoker to consider Quitline services in the future

Some find it difficult to make time to discuss tobacco cessation when families have pressing concerns to discuss during the visit unrelated to tobacco use.

Suggested Ideas for Change	<ul style="list-style-type: none"> Develop a system that routinely provides information about a tobacco user's interest in quitting and one that makes tobacco use part of the expected agenda for that visit. Use Step 1 of the AAP CEASE Action Sheet on how to elicit this information. At a time when family concerns are not pressing, the process should include checks and balances to ensure tobacco use is addressed. If appropriate, suggest a follow up visit to discuss additional concerns. Make a direct connection between the reason for the visit and tobacco exposure (i.e., discuss SHSE in the context of safe sleep during a newborn visit, or discuss tobacco smoke as a potent trigger for asthmatics).
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Key Clinical Activity 2: Motivate and Present Options to Quit

Still Not Seeing Results?	<ul style="list-style-type: none">Determine the most relevant tobacco intervention for your practice, perhaps involving patients with clinical needs related to tobacco exposure, such as asthma exacerbations or otitis media. The more you integrate tobacco control discussions in patient visits, the more comfortable you will be making a quick offer of cessation support that flows seamlessly from your general visit management style.For the inpatient setting, identify admission diagnoses which are most strongly affected by tobacco smoke exposure (i.e., asthma, bronchiolitis, pneumonia) and build a systematic approach utilizing members of the healthcare team to discuss tobacco cessation (i.e., provide at the time of discharge from the hospital).
Some may be providing motivational messages about the benefits of quitting tobacco use but not documenting them.	
Suggested Ideas for Change	<ul style="list-style-type: none">Incorporate an electronic health record system reminder or prompt to provide and document motivational messaging about tobacco control.Use note templates or pre-written text with tobacco interventions listed.Use a paper-based system, such as the AAP CEASE Action Sheet, to guide documentation in the patient's electronic record.Create dot phrases to facilitate efficient charting.
Still Not Seeing Results?	<ul style="list-style-type: none">Brainstorm obstacles for consistent documentation and ways to overcome them.Engage IT specialists to help with managing documentation in the EMR.
Some may be hesitant to extend the visit time for tobacco control assistance. There is a concern about billing for these additional services. Or, some do not know how to bill for tobacco control services.	
Suggested Ideas for Change	<ul style="list-style-type: none">For the inpatient setting, consider coding for discharge >30 minutes if that time was spent discussing tobacco smoke exposure.Work with IT to automatically add codes for second-hand smoke exposure when a parent/caregiver is documented as a smoker.View the AAP Julius B. Richmond Center of Excellence website for various reimbursement resources for services provided related to tobacco use and exposure, such as the:<ul style="list-style-type: none">Coding and Payment – includes articles and guidelines detailing appropriate coding for servicesTobacco Coding Fact Sheet for Primary Care Pediatrics – coding resource for services provided related to tobacco prevention and control counseling
Still Not Seeing Results?	<ul style="list-style-type: none">Consult with your billing department to identify and eliminate obstacles for billing tobacco control services provided.Review the AAP Practice Management website to learn of methodologies and tools to advocate for appropriate payment.

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Key Clinical Activity 2: Motivate and Present Options to Quit

Data Collection Question		Measure Name	Goal Percentage
Question 6	<p>Were medication options discussed with the family member for tobacco cessation and exposure reduction (eg, nicotine replacement to quit)?</p> <ul style="list-style-type: none"> Yes No 	% of present family members that use tobacco in which medication options for tobacco cessation and smoke exposure reduction were discussed	90%
Aim: Discuss medication options for tobacco cessation and smoke exposure reduction with 90% of family members who use tobacco that are present at the visit.			
Gaps in Practice: Medication options for tobacco cessation and smoke exposure reduction are not discussed with family members who use tobacco that are present at the visit.			
Potential Barriers			
Some do not believe it is their responsibility to discuss or prescribe medicine for persons who are not their patients.			
Suggested Ideas for Change	<ul style="list-style-type: none"> Review the AAP Clinical Practice Policy to Protect Children from Tobacco, Nicotine, and Tobacco Smoke, which: <ul style="list-style-type: none"> recommends that pediatricians and staff offer help and refer those who use tobacco—even if the person is not a patient. recommends pharmacotherapy as an effective component of tobacco-use cessation treatment in adults. resolves any concerns about implementing this policy. 		
Still Not Seeing Results?	<ul style="list-style-type: none"> Review the AMA Policy Electronic Cigarettes, Vaping, and Health: 2014 Update H-495.972 which supports efforts by appropriately licensed health care professionals to identify and treat tobacco dependence in any person seen in any clinical encounter. Discuss the unique role of pediatricians and staff to empower family members to quit using tobacco, particularly because they operate within an existing partnership of care and can provide valuable information, resources, and follow-up. Use the argument that NRT medication is over-the-counter, but with a prescription, the person who smokes may be able to obtain it free or for the price of a copay. 		
Some do not know how to craft a motivational message about offering medicine to help the user quit.			
Suggested Ideas for Change	<ul style="list-style-type: none"> Use Step 1 on the AAP CEASE Action Sheet to determine if the user have interest in learning how quit. Depending on the expressed level of interest, consider a statement like the following: <ul style="list-style-type: none"> <i>Nicotine replacement patch and gum can increase your chances of quitting. I can write a prescription for you today.</i> <i>Cutting down to quit is a strategy that many people have used successfully. I can write prescriptions for nicotine replacement patch and gum to help you do that.</i> <i>When you are ready for it, I can write prescriptions for you to make it easier to quit or cut down.</i> Review the 5As for talking to teens about tobacco cessation 		
Still Not Seeing Results?	<ul style="list-style-type: none"> Brainstorm ideas with the team to create a motivational message about offering medicine to help a tobacco user quit smoking. Role play and fine-tune your messages by practicing your delivery until the message feels natural and unrehearsed. Utilize online resources such as the Changetalk app, which is a resource for learning motivational interviewing. 		

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Key Clinical Activity 2: Motivate and Present Options to Quit

Some are not aware of NRT options and dosing recommendations.

Suggested Ideas for Change	<ul style="list-style-type: none">Review the following:<ul style="list-style-type: none">Information provided in the Motivate and Present Options to Quit key activity of this EQIPP course about effective medications, precautions, and medicine dosages.Clinicians' FAQs about nicotine replacement therapy.Tobacco users' FAQs about nicotine replacement therapy.Have pre-printed NRT prescriptions with dosage guides available in clinic to make the prescribing process easier for the provider.
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Still Not Seeing Results?	<ul style="list-style-type: none">Place copies in examination rooms of NRT options and dosing guidelines; also discussed in Key Clinical Activity: Motivate and Options to Quit and discussed in the Clinicians' FAQs.
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Some do not know how to encourage tobacco users with previous failed attempts using NRT to quit.

Suggested Ideas for Change	<ul style="list-style-type: none">Remind smokers that it often takes more than one attempt to quit.Emphasize the importance of combining patch and gum, using <i>enough</i> nicotine replacement is important.Re-evaluate dosing. Sufficient dose and frequency of nicotine are necessary to control cravings.Emphasize using the nicotine replacement, especially "chew and park".Recommend an alternate form or a flavor. Nicotine replacements are available in many forms and in flavors.
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Still Not Seeing Results?	<ul style="list-style-type: none">Encourage smokers to see their own primary care physicians for additional medication optionsRecommend free counseling if available through your states' tobacco quitline. Using the patch and gum while participating in counseling increases cessation success rates.
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Some are reluctant to offer tobacco cessation medicines because insurance providers may not cover the expense.

Suggested Ideas for Change	<ul style="list-style-type: none">Refer patients to the state quitline if tobacco cessation medicines are free.
Still Not Seeing Results?	<ul style="list-style-type: none">Learn whether your state offers free cessation medication by visiting the North American Quitline Consortium website which also details the state-specific services available.

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Discussions for smoking cessation medication with family members occur but are not documented.

Suggested Ideas for Change	<ul style="list-style-type: none">Use the AAP CEASE Action Sheet as a model for providing and documenting all pediatrics-based tobacco control services. The form provides cues and locations for documenting services provided and can be attached to patients' charts.Document all tobacco control discussions with family members on the child's chart.Utilize dot phrases for more efficient charting
Still Not Seeing Results?	<ul style="list-style-type: none">Add a task or reminder to your electronic health record system to prompt for tobacco control services to ensure they are completed and documented.

Data Collection Question	Measure Name	Goal Percentage
Question 7 Was a prescription offered/written to the family member for medication to quit or cut down tobacco use? <ul style="list-style-type: none">Yes, prescription offered and declinedYes, prescription offered and acceptedNoN/A, contraindications present or not covered by insurance	% of present family members that use tobacco in which a prescription was offered/written to quit or cut down tobacco use	90%

Aim: Offer/write a prescription to quit or cut down tobacco use for 90% of family members who use tobacco that are present at the visit.

Gaps in Practice: A prescription to quit or cut down tobacco use is not offered/written for family members who use tobacco that are present at the visit.

Potential Barriers	
Offers/Prescriptions for smoking cessation medication with family members occur but are not documented.	
Suggested Ideas for Change	<ul style="list-style-type: none">Document all tobacco control discussions with family members on the child's chart. Use the AAP CEASE Action Sheet as a model.Utilize dot phrases for more efficient charting
Still Not Seeing Results?	<ul style="list-style-type: none">Add a task or reminder to your electronic health record system to prompt for tobacco control services to ensure they are completed and documented.

Some are reluctant to prescribe tobacco cessation medicines because insurance providers may not cover the expense.

Suggested Ideas for Change	<ul style="list-style-type: none">Refer patients to the state quitline if tobacco cessation medicines are free.Learn whether your state offers free cessation medication by visiting the North American Quitline Consortium website which also details the state-specific services available.
Still Not Seeing Results?	<ul style="list-style-type: none">View the AAP Julius B. Richmond Center of Excellence website for various reimbursement resources for services provided related to tobacco use and exposure, such as the:<ul style="list-style-type: none">Coding and Payment – includes articles and guidelines detailing appropriate coding for servicesTobacco Coding Fact Sheet for Primary Care Pediatrics – coding resource for services provided related to tobacco prevention and control counseling



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Key Clinical Activity 2: Motivate and Present Options to Quit

Some are concerned about the legal liability of prescribing medicine to persons who are not their patients.

Suggested Ideas for Change	<ul style="list-style-type: none">Review the AMA Policy Electronic Cigarettes, Vaping, and Health: 2014 Update H-495.972 which supports efforts by appropriately licensed health care professionals to identify and treat tobacco dependence in any person seen in any clinical encounter.Discuss how prescribing the patch and gum should not be concerning to the prescriber:<ul style="list-style-type: none">It is supported by AAP policy.It is well accepted in pediatrics. The first trials were conducted more than 10 years ago.Prescriptions to non-patients are written for parents in other situations, such as prophylaxis for infectious exposures, treatment of families of children with lice or scabies, etc.It is available over the counter
Still Not Seeing Results?	<ul style="list-style-type: none">Review the Clinicians' FAQs about nicotine replacement therapy.
Providers are required to prescribe only electronically without a paper prescription.	
Suggested Ideas for Change	<ul style="list-style-type: none">Double-check with local and state authorities regarding calling in prescriptions.Implement reminders in the EMR to call in the prescription

Data Collection Question		Measure Name	Goal Percentage
Question 8	Was information presented to the family member about the quitline or another available cessation service? <ul style="list-style-type: none">YesNo	% of present family members that use tobacco in which information was presented about the quitline or another cessation service	90%
Aim: Present information about the quitline or another cessation service to 90% of family members who use tobacco that are present at they visit.			
Gaps in Practice: Information about the quitline or another cessation service is not presented to family members that use tobacco.			
Potential Barriers			
Some are unaware of their state's quitline or other online cessation services and the services they provide.			
Suggested Ideas for Change	<ul style="list-style-type: none">Consult the North American Quitline Consortium map to learn about your state's quitline services. Typical offerings can include the following:<ul style="list-style-type: none">Free nicotine replacement medicineOne-on-one informational and/or counseling sessions with specially trained quit coachesEducational materials mailed to the user		
Still Not Seeing Results?	<ul style="list-style-type: none">Research other cessation services that may be offered locally, including group meeting or individual counseling.		

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Key Clinical Activity 2: Motivate and Present Options to Quit

Some do not know how to craft a motivational message about offering quitline services. They may have concerns about giving the impression that they are offloading the person's care to another provider.

Suggested Ideas for Change	<ul style="list-style-type: none">• Use Step 1 on the AAP CEASE Action Sheet to determine if the user have interest in learning how quit. Then, offer resources available through the quitline or local services.• Offer to help with enrollment. Sample verbiage includes:<ul style="list-style-type: none">◦ <i>If you fill out the enrollment form now, I'll fax it for you.</i>◦ <i>I have the quitline number right here. Why not call it now?</i>◦ <i>Refer to the quitline through the EMR</i>
Still Not Seeing Results?	<ul style="list-style-type: none">• Brainstorm ideas to create a motivational message about offering quitline services to support the user's efforts to quit.• Use meeting time to role play and fine-tune your messages. Practice your delivery until the message feels natural and unrehearsed.
Quitline services are explained and offered to family members but are not documented.	
Suggested Ideas for Change	<ul style="list-style-type: none">• Use the AAP CEASE Action Sheet as a model for providing and documenting all pediatrics-based tobacco control services. The form provides cues and locations for documenting services provided and can be attached to patients' charts.• Add a task or reminder to your electronic health record system to prompt for tobacco control services to ensure they are completed and documented.• Utilize dot phrases for more efficient charting
Still Not Seeing Results?	<ul style="list-style-type: none">• Document all tobacco control discussions with family members on the child's chart.

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Data Collection Question		Measure Name	Goal Percentage
Question 9	Was an offer made to enroll the family member in the quitline or another available cessation service? <ul style="list-style-type: none"> • Yes • No 	% of present family members that use tobacco that had an offer made to enroll in the quitline or another available cessation service	90%
Aim: Offer enrollment in the quitline or another available cessation service to 90% of family members who use tobacco that are present at the visit.			
Gaps in Practice: Enrollment in the quitline or another cessation service for family members that use tobacco is not offered or documented.			
Potential Barriers			
Lack of a system to fax or electronically refer smokers to the Quitline.			
Suggested Ideas for Change	<ul style="list-style-type: none"> ▪ Utilize the patient's tablet or phone to access the Quitline's website to enroll 		
Still Not Seeing Results?	<ul style="list-style-type: none"> ▪ Discuss ways to implement fax referrals with staff ▪ Engage IT and Quitline staff to build electronic referrals ▪ Utilize an on-site computer or tablet to access the Quitline's website 		
Parents don't want to share their phone number.			
Suggested Ideas for Change	<ul style="list-style-type: none"> ▪ Consider text to quit option; parent can sign up right then 		
Still Not Seeing Results?	<ul style="list-style-type: none"> ▪ Give information regarding Quitline to review for later ▪ Encourage smoker to sign up later 		
Language barriers			
Suggested Ideas for Change	<ul style="list-style-type: none"> ▪ Utilize language translation services to discuss Quitline options ▪ Consult your state quitline (utilize NAQC) to see which languages they support 		
Still Not Seeing Results?	<ul style="list-style-type: none"> ▪ Look into local options for in-person counseling that may be in the client's native language. 		

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Data Collection Question		Measure Name	Goal Percentage
Question 11	<p>Was age-appropriate education about the harms of tobacco use and exposure provided to the family and patient (5 years and older) within the last 12 months (or in the last visit)?</p> <ul style="list-style-type: none"> Yes No 	% of patients and families who receive information about the harms of tobacco use and exposure	90%
Aim: Provide education about the harms of tobacco use and exposure to 90% of patients and families.			
Gaps in Practice: Education to patients and family members about the harms of tobacco use and exposure is not provided or documented.			
Potential Barriers			
Some are unaware of the harms of tobacco use and exposure			
Suggested Ideas for Change	<ul style="list-style-type: none"> Review statistics on the harm of tobacco in your state https://www.tobaccofreekids.org/us-resources Review data and statistics in the Surgeon General Report from 2014 and 2016 https://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/ 		
Still Not Seeing Results?	<ul style="list-style-type: none"> Educate staff regarding harms of tobacco use and exposure 		
Some are unaware of what is considered age-appropriate education or do not know how to tailor tobacco-control messages to different populations.			
Suggested Ideas for Change	<ul style="list-style-type: none"> Review the table on age-appropriate education. It provides background information about the different attitudes, challenges, and health risks associated with tobacco use among various populations. It also offers specific language to use when discussing tobacco control with different age groups: children, adolescents, and adults. 		
Still Not Seeing Results?	<ul style="list-style-type: none"> Craft your own educational messages for the different populations represented in your practice. 		
Some do not remember to make education part of the visit. Or, they are providing education, but not documenting it.			
Suggested Ideas for Change	<ul style="list-style-type: none"> As a team, discuss the unique role of pediatricians and staff to educate patients and families about the harms of tobacco use and tobacco smoke exposure. Review what the Clinical Practice Policy to Protect Children From Tobacco, Nicotine, and Tobacco Smoke says about this important responsibility. Brainstorm ways to make education a systematic part of your practice, built into regular prevention activities and other "teachable moments" such as an asthma checkup, the birth of a baby, and others. Also discuss obstacles and ways to overcome them. Make sure that your administrative system is in place. Are educational materials easy to find? Is there a person in the office in charge of replacing materials when needed? Make it easy to give out materials. 		
Still Not Seeing Results?	<ul style="list-style-type: none"> With staff, brainstorm obstacles for consistent documentation and ways to overcome them. Emphasize that payment will not be received for provided services not documented or education may not have been completed. 		
The practice cannot afford tobacco-control education materials.			

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Key Clinical Activity 2: Motivate and Present Options to Quit

Suggested Ideas for Change	<ul style="list-style-type: none">Download and print free tobacco education materials available in the Resource section of this EQIPP course.Visit your health department's tobacco control website. Many states offer free materials to health care providers.
Still Not Seeing Results?	<ul style="list-style-type: none">Create your own educational materials. A fun way to get materials for your office is to sponsor a coloring contest for a no-smoking sign. Invite patients to submit their best sign and post them around the office.
The office is crowded, and it is hard to find a place to display educational materials.	
Suggested Ideas for Change	<ul style="list-style-type: none">Provide education through CEASE posters (i.e., asthma, cessation medication, thirdhand smoke). Posters take up little space and can be rotated frequently to keep the message fresh.Instead of displaying materials, keep them in examination rooms to hand out to families. Handing the materials out to families can be tied with a strong message to quit smoking.Show information on an electronic screen or tv.Run videos in the sitting areas or rooms while patients are waiting to be seen.
Still Not Seeing Results?	<ul style="list-style-type: none">Use multi-purpose materials like the CEASE brochure (available in English, Spanish and Portuguese). This material covers many of the key educational messages about smoke-free home and car rules, quitting smoking, and connecting to free services.

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Key Clinical Activity 2: Motivate and Present Options to Quit

Data Collection Question		Measure Name	Goal Percentage
Question 12	<p>Were the benefits of a tobacco-free home and car discussed?</p> <ul style="list-style-type: none"> • Yes • No 	% of patients and families with the benefits of a tobacco free home and car discussed	90%
Aim: Discuss the benefits of a tobacco-free home and car with 90% of patients and families			
Gaps in Practice: Patients and families are not routinely advised about the benefits of smoke-free homes and cars.			
Potential Barriers			
Some do not believe it is their responsibility to advise families to keep smoke-free homes and cars.			
Suggested Ideas for Change	<ul style="list-style-type: none"> ▪ Review the Clinical Practice Policy to Protect Children From Tobacco, Nicotine, and Tobacco Smoke and The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. ▪ Resolve any concerns staff members have about implementing this policy in the practice. 		
Still Not Seeing Results?	<ul style="list-style-type: none"> ▪ Review the AMA Policy Electronic Cigarettes, Vaping, and Health: 2014 Update H-495.972 which supports efforts by appropriately licensed health care professionals to identify and treat tobacco dependence in any person seen in any clinical encounter. 		
Some are unaware of what a motivational message is or how it differs from advice.			
Suggested Ideas for Change	<ul style="list-style-type: none"> ▪ Review the content on motivational messages for this key activity in this EQIPP course. It provides specific language that can be used when discussing tobacco cessation, smoke exposure, medication options, and use of free quitline services. The messages are crafted in a way that supports the listener's self-confidence without arousing defensiveness. 		
Still Not Seeing Results?	<ul style="list-style-type: none"> ▪ As a team, identify which free resources provide motivational messages that you would like to use in your practice. 		
Some are unsure about what to include in a motivational message about keeping smoke-free homes and cars or how to give the message. This is especially true for cars, which people may think of as outdoor space, especially if they keep the windows open.			
Suggested Ideas for Change	<ul style="list-style-type: none"> ▪ Use Step 1 on the AAP CEASE Action Sheet to determine the family's home and car smoking behavior. If you learn that the home or car is not completely smoke-free, consider using a statement like the following: <ul style="list-style-type: none"> ○ <i>I see you don't have a smoke-free home and car. What ideas do you have on how to eliminate or reduce your child's exposure to tobacco toxins?</i> ○ <i>Setting a completely smoke-free rule for your child's environment, including the home and car, can help you never expose the children to toxins from smoke. When would you be willing to take that step?</i> ○ <i>Keeping your car smoke-free is important. Cars are small, enclosed spaces with porous surfaces that hold the tobacco toxins. These toxins react with ozone and other car emissions to create and release new and dangerous poisons. When can you set rules for a completely smoke-free car?</i> ▪ Review the tips presented in the content for this key activity, including the following: (1) helping the user visualize the benefits of 		

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	quitting, (2) showing authentic interest in the challenges of quitting and learning how to support families' efforts, (3) showing empathy, (4) addressing intermittent or occasional smoking, (5) reaching tobacco users who are not at the visit, and (6) encouraging people with previous failed attempts using nicotine replacement therapy (NRT) to quit.
Still Not Seeing Results?	<ul style="list-style-type: none">With staff, brainstorm ideas to create a motivational message about maintaining smoke-free homes and cars.Use meeting time to role play and fine-tune your messages. Practice your delivery until the message feels natural and unrehearsed.
Some may be delivering motivational messages about maintaining tobacco-free homes and cars but not documenting them.	
Suggested Ideas for Change	<ul style="list-style-type: none">Incorporate an electronic health record system reminder or prompt to provide and document motivational messaging about the benefits of smoke-free homes and cars.Use Step 2 of the AAP CEASE Action Sheet, to guide documentation in the patient's electronic record.Create dot phrases to facilitate efficient charting.
Still Not Seeing Results?	<ul style="list-style-type: none">Remind members of the healthcare team that provided services not documented will not be paid or services not documented may not have been completed (possibly goes against the practices' policy for providing those services).Brainstorm obstacles for consistent documentation and ways to overcome them.Engage IT specialists to help with managing documentation in the EMR.Use note templates or pre-written text with tobacco interventions listed.View the AAP Julius B. Richmond Center of Excellence website for various reimbursement resources for services provided related to tobacco use and exposure, such as the:<ul style="list-style-type: none">Coding and Payment – includes articles and guidelines detailing appropriate coding for servicesTobacco Coding Fact Sheet for Primary Care Pediatrics – coding resource for services provided related to tobacco prevention and control counseling

Barriers and Suggested Ideas for Change
Key Clinical Activity 3: Follow-up for Families to Quit
Tobacco Use

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Barriers and Suggested Ideas for Change

Key Clinical Activity 3: Follow-up for Families to Quit Tobacco Use

Data Collection Question		Measure Name	Goal Percentage
Question 4e <small>Adolescent Audience</small>	<p><i>If the patient screened positive for ANY tobacco use:</i> Was a follow-up plan established (eg, phone call or written plan)?</p> <ul style="list-style-type: none"> • Yes • No 	% of patients' who screened positive for ANY tobacco use where a follow-up plan was established	100%
Aim: Establish a follow-up plan for 100% of patients who screened positive for tobacco use.			
Gaps in Practice: Follow-up with patients who screened positive for tobacco use or exposure is not completed and documented.			

Data Collection Question		Measure Name	Goal Percentage
Question 10 <small>General Peds Audience</small>	<p>Was a follow-up plan established (eg, phone call or written plan)?</p> <ul style="list-style-type: none"> • Yes • No 	% of present family members that use tobacco with a follow-up plan (phone call or written plan)	90%
Aim: Follow-up with 90% of family members who use tobacco that are present at the visit by establishing a follow up plan (eg, phone call or written plan).			
Gaps in Practice: Follow-up with families who use tobacco is not completed and documented.			
Potential Barriers			
Some do not recognize the importance of follow-up to ensure successful family behavior changes concerning tobacco use and exposure.			
Suggested Ideas for Change	<ul style="list-style-type: none"> Review the following and then discuss the health risks that smoking presents to smokers and their families: <ul style="list-style-type: none"> ○ Clinical Practice Policy to Protect Children From Tobacco, Nicotine, and Tobacco Smoke which recommends that pediatricians and their staff routinely offer help and referral to those who use tobacco—even if the person is not a patient. Resolve any concerns staff members may have about implementing this policy in your practice. ○ Electronic Nicotine Delivery Systems (AAP) ○ E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General ○ The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General ○ Public Health Consequences of E-Cigarettes (National Academy of Science) 		
Still Not Seeing Results?	Review the AMA Policy Electronic Cigarettes, Vaping, and Health: 2014 Update H-495.972 which supports efforts by appropriately licensed health care professionals to identify and treat tobacco dependence in any person seen in any clinical encounter.		

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Barriers and Suggested Ideas for Change

Key Clinical Activity 3: Follow-up for Families to Quit Tobacco Use

Follow-up on families' agreed behavioral changes for tobacco use and exposure are unknown or not documented.

Suggested Ideas for Change	<ul style="list-style-type: none">Use the patient's electronic health record to document when tobacco exposure has been identified in the household.Incorporate a system reminder in the EHR system to follow-up on family tobacco use and exposure. Or, use Step 2 of the AAP CEASE Action Sheet as a cue, to guide documentation in the patient's electronic health record to indicate that follow-up is needed and/or was provided. Families with an identified tobacco user in the household should receive this follow-up at every visit. You may also choose to scan the AAP CEASE Action Sheet into the electronic health record.Create a Tobacco Disease Registry to include the names of patients and their family members who use tobacco or are exposed to tobacco. Maintaining this registry will allow your practice to keep a detailed record of high risk patients who will benefit from follow up regarding tobacco control and assistance. Review the Tobacco Disease Registry Guide for more information on how to integrate this follow-up tool into your practice.
Still Not Seeing Results?	Remind staff that provided services not documented cannot be paid. Brainstorm how to eliminate obstacles and encourage consistent documentation.
Some do not know how to begin follow-up about agreed behavior changes concerning tobacco use and exposure.	
Suggested Ideas for Change	<ul style="list-style-type: none">Work with the family to devise a practical strategy to implement the change.Summarize the plan at the end of the visit by restating the strategy clearly and specifying concrete next steps.Ask permission to check on progress at the next visit.Document the plan and need for a progress check at the next visit in the patient's electronic health record.
Still Not Seeing Results?	<ul style="list-style-type: none">With staff, brainstorm ways to ensure follow-up with families about quitting tobacco use. Be sure to consider obstacles and ways to overcome them.Brainstorm ways to be creative in your follow-up and demonstrate your support and encouragement, for example, write personal notes or letters.Hang tobacco control posters or flyers in your reception area, staff lounge, or examination rooms to remind staff of the importance your practice places on tobacco control. Free resources can be found at http://smokefree.gov/free-resources.
It is unclear which staff member is responsible for tobacco control follow-up at patients' visits.	
Suggested Ideas for Change	<ul style="list-style-type: none">Develop and maintain a tobacco disease registry to establish routine follow-up procedures with high risk patients who have been identified as having tobacco exposure in the household. See Tobacco Disease Registry Guide for more information.Identify someone in the practice to be the Tobacco Control Coordinator. This person can assist in follow-up, facilitate documentation, maintain the Tobacco Disease Registry, and fulfill other tobacco control related duties.Ensure routine documentation of patients' tobacco use or exposure to tobacco in the electronic health record.Develop and document a consistent, sustainable smoking cessation plan of action for the practice. Include wall posters and free print resources that will help remind others about the commitment to tobacco control in the office.Establish and record the current provision of smoking cessation services and support to identify gaps. Specific systems for provision of pharmacotherapy to tobacco users and quit-line enrollment should be perfected so that everyone who wants these services gets them as many times as necessary to ensure successful quitting.Put processes in place to ensure that completed quitline enrollment forms are faxed to the state's quitline program at the end of the day. Work to create an online enrollment process to your state's quitline if not already in place.

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Barriers and Suggested Ideas for Change

Key Clinical Activity 3: Follow-up for Families to Quit Tobacco Use

	<ul style="list-style-type: none">▪ Promote smoking cessation and preventive services to various populations identified in the practice. This may also include employees.▪ Work with other agencies, organizations, and professions to promote smoking cessation and prevention within the community.▪ Ensure effective communications and coordination on tobacco-related issues—within the practice and externally to the community.▪ Represent the practice and its tobacco smoking cessation and prevention efforts and ideals to the local community and beyond.
Still Not Seeing Results?	<ul style="list-style-type: none">▪ As a team, decide on the roles and responsibilities for effective tobacco control coordination, and assign them to specific people according to their strengths and availability.▪ Talk to other pediatric practices to learn how they coordinate tobacco control efforts and apply ideas that work for them to your own practice.▪ Work with your state's tobacco control department on ways to enhance state efforts for family tobacco control that can be part of your practice's follow-up routine.