

ISQIC Smoking Cessation Toolkit



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How to Use This Toolkit

Implementing a smoking cessation protocol requires coordination between care teams within a hospital. There are protocol components that must be completed by the patient prior to surgery, and documented by members of the care team. Many excellent resources have been created by groups across the country; therefore, this toolkit is meant to house many of those resources so you can easily see what each has to offer. Additionally, we've reached out to ISQIC hospitals for their experiences implementing interventions, bundles, and protocols for smoking cessation so we can all learn from each other the different ways to implement a project such as this.

We hope you will find the resources and case studies in this toolkit useful and that you can easily tailor the interventions to your institution's needs.

The following functions have been added to this pdf to make it easy to navigate:

1. This pdf is searchable so you can type a page number or word into the search box to be taken to places in the toolkit where that search item appears.
2. Clicking on any section header or sub-header in the Table of Contents will take you directly to that section.
3. Clicking on the ISQIC logo in the bottom right corner of each page will take you back to the Table of Contents.
4. Clicking on the reference to an appendix in the text will take you directly to that appendix.
5. You may double click any caption that says "Double click image to open attachment" and the attachment will open. To get back to the Toolkit, click on 'Close' in the file menu and you will be able to re-open the Toolkit. Adobe Reader is the preferred method for viewing attachments.

Feedback on This Toolkit

We hope this toolkit will assist your hospital in deciding how to implement the smoking cessation bundle and which tools and interventions may be optimal in your local care context. We welcome all feedback so we can iteratively update the toolkit to highlight new interventions, clarify existing ones, and generally make the toolkit more user-friendly and helpful. Please send any questions, comments, or overviews of what your institution implemented to us at info@isqic.org.

Implementing a Smoking Cessation Program

Utilizing a systematic approach to smoking cessation

Abdominal and gastrointestinal surgery can lead to a range of postoperative complications impacting the patient and health care system. In a broad sense, surgical complications arise from potentially modifiable and non-modifiable patient, provider, and health care system factors. Prehabilitation refers to a series of interventions occurring between diagnosis and surgical treatment that includes physical, nutritional, and psychological assessments that promote physical and psychological health to reduce the incidence and/or severity of future impairments¹. Smoking cessation, as well as implementation of prehabilitation programs targeting optimization of modifiable patient factors have been associated with improvements in perioperative outcomes for a variety of surgeries^{2,3}

American College of Surgeons Strong for Surgery

The American College of Surgeons' Strong for Surgery program is a prominent example of a national effort to improve surgical outcomes by incorporating bundled quality improvement (QI) interventions. Strong for Surgery is a combination of evidence-based checklists, targeted interventions, and best practice recommendations developed by the Comparative Effectiveness Research Translation Network (CERTAIN) in partnership with the Surgical Care and Outcomes Assessment Program (SCOAP) launched in the state of Washington in 2012. In aggregate, the Strong for Surgery program is comprised of pre- and peri-operative QI elements intended to assess, optimize, and intervene upon patients in domains of nutrition, prehabilitation, smoking cessation, opioid usage, glycemic control, delirium avoidance, perioperative medication management, and establishing patient directives. Participating institutions are encouraged to adopt portions of Strong for Surgery to drive desired improvements.

Multiple studies confirm smoking increases the incidence of pulmonary complications after an anesthetic as much as six times. Smoking has been shown to be an independent risk factor for complications ranging from complications of lung function to wound healing to cardiovascular events such as heart attack.

ISQIC will be focusing on the nutrition, physical function, smoking cessation, and cognitive preparedness modules of prehabilitation optimization for all laparoscopic, robotic, and open ACS NSQIP targeted colectomy and proctectomy CPT codes for the study period. The ACS has provided literature to support implementation for colorectal patients⁴⁻⁶.



(click to view the resource)

Consulting with care teams

As you've learned through the ISQIC quality and process improvement curriculum, a project team with defined ownership, accountability, and role definitions is critical to success. Teams consist of sponsors,

process and improvement leaders, and other members. For a reminder of their roles as defined in the ISQIC curriculum, click [here](#).

Team members are responsible for contributing to the project’s direction and implementation; therefore, it is important to ensure teams represent multiple disciplines and include most, if not all, of the relevant stakeholders. In addition to your ISQIC team, you may want to consider inviting a representative from some or all of these cohorts as needed, along with others based on your local care context: surgeons, anesthesiologists, OR managers, educators, in- and out-patient nurses, patient safety representatives, and pre-, intra-, and post-operative services representatives.

Challenges to buy-in

One of the most common questions the ISQIC Coordinating Center receives is whether there is literature to support each bundle component. Most clinicians ask patients whether they smoke. Yet, despite evidence that clinician assistance can more than double the odds of quitting only a small minority of clinicians are involved in helping patients quit⁷.

Delivering evidence-based smoking cessation interventions to patients facing procedural-based subspecialty care has been shown to be a potentially effective treatment paradigm⁸. The gold standard for initiating smoking cessation treatment is the 5 As: asking about tobacco use, advising tobacco users to quit, assessing readiness to make a quit attempt, assisting with the quit attempt, and arranging follow-up care. A truncated version of the 5As using “ask, advise, and act” has also been shown to be effective. It is important for a clinician to ask the patient if he or she uses tobacco and advise him or her to quit.

Table 3.1 The “5 A’s” model for treating tobacco use and dependence

Ask about tobacco use.	Identify and document tobacco use status for every patient at every visit. (Strategy A1)
Advise to quit.	In a clear, strong, and personalized manner, urge every tobacco user to quit. (Strategy A2)
Assess willingness to make a quit attempt.	Is the tobacco user willing to make a quit attempt at this time? (Strategy A3)
Assist in quit attempt.	For the patient willing to make a quit attempt, offer medication and provide or refer for counseling or additional treatment to help the patient quit. (Strategy A4) For patients unwilling to quit at the time, provide interventions designed to increase future quit attempts. (Strategies B1 and B2)
Arrange followup.	For the patient willing to make a quit attempt, arrange for followup contacts, beginning within the first week after the quit date. (Strategy A5) For patients unwilling to make a quit attempt at the time, address tobacco dependence and willingness to quit at next clinic visit.

From: [3. Clinical Interventions for Tobacco Use and Dependence](#)

 Treating Tobacco Use and Dependence: 2008 Update.
Tobacco Use and Dependence Guideline Panel.
Rockville (MD): US Department of Health and Human Services; 2008 May.

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Smoking Cessation Protocol

The protocol was selected for use by the collaborative because it has been validated, shown to be effective, has a precedent for implementation at other institutions, and provides a cost-effective set of interventions.

Protocol Overview

The following bundle should be implemented for all NSQIP elective open, laparoscopic, and robotic colectomy and proctectomy procedures (e.g. low anterior resection, abdominoperineal resection). Additional detail on the questions for abstraction can be found in the Prehabilitation Optimization Abstraction Guide available at isqicdata.org.

1. Patient smoking status is documented by the surgical team within 90 pre-operative days
2. For active and former smokers, smoking burden (in pack-years) is documented pre-operatively by the surgical team
3. Active smokers are told by the attending surgeon to quit smoking within 90 pre-operative days
4. Active smokers are prescribed smoking cessation pharmacotherapy within 90 pre-operative days
5. Active smokers are provided or referred to smoking cessation counselling within 90 pre-operative days
6. Intervention assessment: Did the active smoker cease smoking or reduce the number of daily cigarettes by at least 50% by the day before surgery

Supporting Literature

Click on the publication title below to access the article providing support for the bundle. Please note that this is a selection of articles but is not all inclusive.

- Goodney, P. P., Spangler, E. L., Newhall, K., Brooke, B. S., Schanzer, A., Tan, T. W., . . . Farber, A. (2017). Feasibility and pilot efficacy of a brief smoking cessation intervention delivered by vascular surgeons in the Vascular Physician Offer and Report (VAPOR) Trial. *J Vasc Surg*, 65(4), 1152-1160 e1152. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/28190719>.
- Jha, P. (2009). Avoidable global cancer deaths and total deaths from smoking. *Nat Rev Cancer*, 9(9), 655-664. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/19693096>.
- Lindstrom, D., Sadr Azodi, O., Wladis, A., Tonnesen, H., Linder, S., Nasell, H., . . . Adami, J. (2008). Effects of a perioperative smoking cessation intervention on postoperative complications: a randomized trial. *Ann Surg*, 248(5), 739-745. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/18948800>.
- Mason, D. P., Subramanian, S., Nowicki, E. R., Grab, J. D., Murthy, S. C., Rice, T. W., & Blackstone, E. H. (2009). Impact of smoking cessation before resection of lung cancer: a Society of Thoracic Surgeons General Thoracic Surgery Database study. *Ann Thorac Surg*, 88(2), 362-370; discussion 370-361. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/19632374>.
- Moller, A. M., Villebro, N., Pedersen, T., & Tonnesen, H. (2002). Effect of preoperative smoking intervention on postoperative complications: a randomised clinical trial. *Lancet*, 359(9301), 114-117. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/11809253>.

- Safety Committee of Japanese Society of, A. (2017). A guideline for perioperative smoking cessation. *J Anesth*, 31(2), 297-303. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/28144781>.
- Sharma, A., Deeb, A. P., Iannuzzi, J. C., Rickles, A. S., Monson, J. R., & Fleming, F. J. (2013). Tobacco smoking and postoperative outcomes after colorectal surgery. *Ann Surg*, 258(2), 296-300. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23059503>.
- Sorensen, L. T. (2012). Wound healing and infection in surgery. The clinical impact of smoking and smoking cessation: a systematic review and meta-analysis. *Arch Surg*, 147(4), 373-383. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22508785>.
- Surgeons, American College of. (2014). Statement on the Effects of Tobacco Use on Surgical Complications and the Utility of Smoking Cessation Counseling. *Bulletin of the American College of Surgeons*, 99(8), 55. Retrieved from <https://www.facs.org/~media/files/publications/bulletin/2014/2014%20august.ashx>.
- Turan, A., Mascha, E. J., Roberman, D., Turner, P. L., You, J., Kurz, A., . . . Saager, L. (2011). Smoking and perioperative outcomes. *Anesthesiology*, 114(4), 837-846. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/21372682>.
- Warner, D. O. (2006). Perioperative abstinence from cigarettes: physiologic and clinical consequences. *Anesthesiology*, 104(2), 356-367. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/16436857>.
- Wischmeyer, P. E., Carli, F., Evans, D. C., Guilbert, S., Kozar, R., Pryor, A., . . . Perioperative Quality Initiative, W. (2018). American Society for Enhanced Recovery and Perioperative Quality Initiative Joint Consensus Statement on Nutrition Screening and Therapy Within a Surgical Enhanced Recovery Pathway. *Anesth Analg*, 126(6), 1883-1895. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/29369092>.

Resource Overview

If you are interested in materials, please click on the material(s) listed to go directly to those pages.

1. SMOKING STATUS AND BURDEN

Asking about tobacco use

For Providers

- Identify and document tobacco users
 - Implement a system that ensures tobacco-use status is obtained and recorded at every patient visit and integrate EMR changes to systematically identify all tobacco users at every visit

Table A1 Strategy. Ask—Systematically identify all tobacco users at every visit

Action	Strategies for implementation
Implement an officewide system that ensures that, for every patient at every clinic visit, tobacco use status is queried and documented. ^a	Expand the vital signs to include tobacco use, or use an alternative universal identification system. ^b VITAL SIGNS Blood Pressure: _____ Pulse: _____ Weight: _____ Temperature: _____ Respiratory Rate: _____ Tobacco Use (circle one): Current Former Never

a Repeated assessment is *not* necessary in the case of the adult who has never used tobacco or has not used tobacco for many years and for whom this information is clearly documented in the medical record.
 b Alternatives to expanding the vital signs include using tobacco use status stickers on all patient charts or indicating tobacco use status via electronic medical records or computerized reminder systems.

Other Provider Resources

- [Developing a culture that promotes tobacco cessation](#)
 - [Evaluate current system and identify office champion](#)
 - [Guide to Integrating Tobacco Cessation Into Electronic Health Records](#)
- Recommendations for creating a template to ensure tobacco exposure is addressed with patients and treatment is adequately documented.

2. SURGEON-MANDATED CESSATION

Advising tobacco users to quit

For Providers

- Strongly urge all tobacco users to quit

Table A2 Strategy. Advise—Strongly urge all tobacco users to quit

Action	Strategies for implementation
<p>In a <i>clear, strong, and personalized</i> manner, urge every tobacco user to quit.</p>	<p>Advice should be:</p> <ul style="list-style-type: none"> • <i>Clear</i>—“It is important that you quit smoking (or using chewing tobacco) now, and I can help you.” “Cutting down while you are ill is not enough.” “Occasional or light smoking is still dangerous.” • <i>Strong</i>—“As your clinician, I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future. The clinic staff and I will help you.” • <i>Personalized</i>—Tie tobacco use to current symptoms and health concerns, and/or its social and economic costs, and/or the impact of tobacco use on children and others in the household. “Continuing to smoke makes your asthma worse, and quitting may dramatically improve your health.” “Quitting smoking may reduce the number of ear infections your child has.”

Advise

Advise all tobacco users to quit.

Use clear, strong, and personalized language. For example,

“Quitting tobacco is the most important thing you can do to protect your health.”

Other Provider Resources

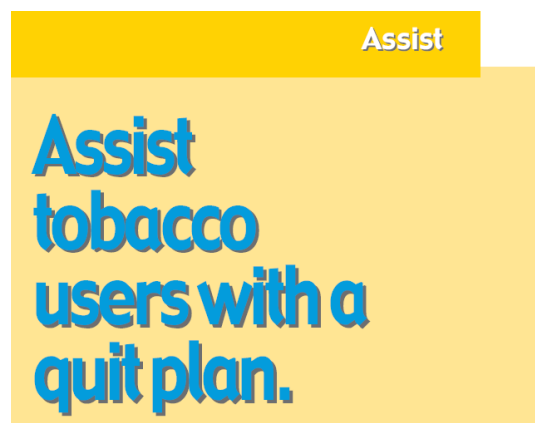
- [Emmi Programs](#) – Emmi is a library of online presentations that make complex medical information easy to understand. With animated graphics and easy-to-read text, the presentations walk you through your upcoming surgical procedures and help you understand every step. Most Emmi programs take about 20 minutes to complete and are available in Spanish and English. They can be viewed as many times as patients would like and they can be shared with friends and family anywhere in the world.
- [Addressing problems encountered by former smokers](#) - Specific problems likely to be reported by former smokers and potential responses (Treating Tobacco Manual)
- [Assess Willingness & Readiness To Quit](#) Specific problems likely to be reported by former smokers and potential responses
- [Pocket card entitled “Helping Smokers Quit: A Guide for Clinicians” \(U.S. DHHS, Public Health Service\)](#)
- [Illinois Tobacco Quitline Media Resources](#), Print ads, digital social media marketing materials

Other Patient Resources

- [Now is the time to quit smoking handout](#) (from surgeon general’s report)
- [Quit Smoking Before your Operation handout](#) (ACS)

3. SMOKING PHARMACOTHERAPY

Assisting with quit attempt - Refer/ Arrange Follow up Care



For Providers

- U.S. Department of Health and Human Services Suggestions for the Clinical Use of Medications pocket card

Suggestions for the Clinical Use of Medications for Tobacco Dependence Treatment ^d					
Medication	Precautions/Contraindications	Side Effects	Dosage	Duration	Availability
Nicotine Patch		Local skin reaction Insomnia	21 mg/24 hours 14 mg/24 hours 7 mg/24 hours	4 weeks then 2 weeks then 2 weeks	Prescription and OTC ^b
Nicotine Gum		Mouth soreness Dyspepsia	1-24 cigs/day-2mg gum (up to 24 pcs/day) 25+ cigs/day-4 mg gum (up to 24 pcs/day)	Up to 12 weeks	OTC ^b only
Nicotine Nasal Spray		Nasal irritation	8-40 doses/day	3-6 months	Prescription only
Nicotine Inhaler		Local irritation of mouth and throat	6-16 cartridges/day	Up to 6 months	Prescription only
Nicotine Lozenge		Local irritation of throat Hiccups Heartburn/Indigestion Nausea	First am cigarette after 30 minutes from waking: 2 mg (up to 20 pcs/day) First am cigarette before 30 minutes from waking: 4 mg (up to 20 pcs/day)	12 weeks	OTC ^b only
Bupropion SR	History of seizure History of eating disorder Use of MAO inhibitors in past 14 days	Insomnia Dry mouth	150 mg every morning for 3 days then 150 mg twice daily (Begin treatment 1-2 weeks pre-quit)	7-12 weeks maintenance up to 6 months	Prescription only
Varenicline	Monitor for changes in mood, behavior, psychiatric symptoms, and suicidal ideation	Nausea Trouble sleeping	0.5 mg once daily for days 5-7 before quit date 0.5 mg twice daily for days 1-4 before quit date 1 mg twice daily starting on quit date	3 months, maintenance up to 6 months	Prescription only

^dThe information contained within this table is not comprehensive.

^bOTC refers to over the counter.

Please see medication package inserts for additional information.

Other Provider Resources

- Insurance Coverage for Pharmacotherapy

The Centers for Medicare and Medicaid Services encourage state partners to support smoking cessation by ensuring coverage of all FDA-approved smoking cessation medication (prescription and over the-

counter [OTC]) without a copayment requirement or other financial barrier.

Medications Approved by the U.S. Food and Drug Administration (FDA) for Smoking Cessation:

- Nicotine gum
- Nicotine lozenge
- Nicotine transdermal patch
- Nicotine nasal spray
- Nicotine inhaler
- Bupropion SR
- Varenicline

Source: Rx for Change, Pharmacologic Product Guide. 2017

4. SMOKING COUNSELLING

Assisting with quit attempt - Refer/ Arrange Follow up Care

For Providers

Assist the smoker to:

- ▶ Set a quit date, ideally within 2 weeks.

Provide resources:

- ▶ Recommend toll free 1-800-QUIT NOW (784-8669), the national access number to State-based quitline services.
- ▶ Refer to Web sites for free materials:

Quit Line Resources

- Quit Line 1-800-QUIT-NOW

For support in quitting, including free quit coaching, a free quit plan, free educational materials, and referrals to local resources.

How to refer your patients to a quitline

There are several successful strategies for referring a patient to a quitline:

- Provide a brief description of what services are available and address common misconceptions. For example, “This service has been shown to help people who smoke quit. It is staffed by people skilled at helping people quit. They will not try to make you feel guilty about smoking, and any information you supply will be kept confidential.”



For Patients

Web based resources

General

- A website dedicated to helping you quit smoking.
<https://smokefree.gov/>
- Help for Smokers and Other Tobacco Users - a booklet that tells you about ways you can quit.
<https://www.ahrq.gov/prevention/guidelines/tobacco/clinicians/tearsheets/helpsmokers.html>
- Freedom from Smoking (American Lung Association)
<https://www.lung.org/stop-smoking/join-freedom-from-smoking/>
- American Cancer Society - Guide to quitting smoking
<https://www.cancer.org/healthy/stay-away-from-tobacco/guide-quitting-smoking/deciding-to-quit-smoking-and-making-a-plan.html>
- BecomeAnEX.org - a free, online plan to help you quit smoking.
<https://www.becomeanex.org/>
- Illinois Tobacco Quitline - a free resource to quit for good.
<https://quityes.org/>

Youth

- SmokefreeTXT Free 24/7 quit help for adults and young adults texted to your phone.
<https://smokefree.gov/tools-tips/text-programs/quit-for-good/smokefreetxt>
- Smokefree Teen - a website that helps teens quit smoking.
<https://teen.smokefree.gov/>

Women

- Smokefree Women - a website that helps women quit smoking.
<https://women.smokefree.gov/>

Seniors

- Smokefree60+ - a website with information about topics that are often important to older adults.
<https://60plus.smokefree.gov/>

Veterans

- Quit Tobacco—You Can Quit 2 - a DoD-sponsored Web site for military personnel and their families.
<https://www.ycq2.org/>
- SmokefreeVet - a mobile text messaging service for veterans getting health care through the VA.
<https://smokefree.gov/tools-tips-vet/smokefreevet>

Spanish

- Smokefree.gov en Español - a Web site in Spanish dedicated to helping you quit smoking.
<https://espanol.smokefree.gov/>

African Americans

- Pathways to Freedom: Winning the Fight Against Tobacco – a guide that addresses tobacco issues specific to African Americans.
https://www.cdc.gov/tobacco/quit_smoking/how_to_quit/pathways/pdfs/pathways.pdf

Mobile Applications

- Smokefree QuitGuide App - Track your progress, receive encouraging reminders, and more on your smartphone. Available from iTunes.
<https://smokefree.gov/tools-tips/apps>

- quitSTART App - a free app that helps you quit smoking with tailored tips, inspiration, and challenges. Available for download from Google Play and the Apple Store.

For Providers

- [1-800-QUIT-NOW Notepads for Health Care Providers & Counselors](#)

These notepads include the quit line number, 1-800-QUIT-NOW, and the CDC's Tips From Former Smokers campaign website address, www.cdc.gov/tips, on each page. Health care providers, counselors, and other professionals can use these to write notes and instructions for smoking patients, who may want and need resources to help them quit.

- Insurance Coverage for Counseling

In 2014, the Patient Protection and Affordable Care Act (ACA) began requiring insurance plans to cover many clinical preventive services. Two of the covered preventive services include:

- Tobacco use screening for adults and adolescents
- Tobacco cessation counseling for adults and adolescents who use tobacco, and expanded counseling for pregnant women

MEDICARE - For counseling to qualify for Medicare payment, the following criteria must be met at the time of service:

- Patients must be competent and alert at the time the counseling is provided.
- Counseling must be provided by a physician or other Medicare-recognized health care professional. ([Coding Reference, p 17](#))

PRIVATE INSURANCE: Private insurers are required to provide evidence-based tobacco cessation counseling and interventions to all adults and pregnant women. ([Coding Reference, p 17](#))

- [Medical Billing and Coding for Tobacco Dependence Treatment Services Resource List](#)
- [Get Paid for Smoking Cessation](#) – Proper documentation and verifying coverage criteria prior to claim submission can improve your chances for reimbursement.
- [Quick Guide: Billing for Smoking Cessation Counseling 99406 and 99407](#) How to bill the patient's insurance company correctly.

CODING REFERENCE

Tobacco Use Prevention and Cessation Counseling

In 2014, the Patient Protection and Affordable Care Act (ACA) began requiring insurance plans to cover many clinical preventive services. Two of the covered preventive services include:

- Tobacco use screening for adults and adolescents
- Tobacco cessation counseling for adults and adolescents who use tobacco, and expanded counseling for pregnant women

Medicare

Medicare Part B covers two levels of tobacco cessation counseling for symptomatic and asymptomatic patients: intermediate and intensive.

Two cessation attempts are covered per 12-month period. Each attempt may include a maximum of four intermediate or intensive counseling sessions. Therefore, the total annual benefit covers up to eight smoking cessation counseling sessions in a 12-month period.

The patient may receive another eight counseling sessions during a second or subsequent year once 11 full months have passed since the first Medicare-covered cessation counseling session took place. For counseling to qualify for Medicare payment, the following criteria must be met at the time of service:

- Patients must be competent and alert at the time the counseling is provided.
- Counseling must be provided by a physician or other Medicare-recognized health care professional.

Medicare no longer differentiates between symptomatic and asymptomatic patients as of October 1, 2016. Codes G0436 and G04037 were deleted that represented asymptomatic cessation counseling. According to the Medicare Preventive Services guide, Medicare suggests the use of codes 99406 and 99407.

Both symptomatic and asymptomatic patients are covered for care if they:

- Use tobacco, regardless of whether they exhibit signs or symptoms of tobacco-related disease
- Are competent and alert at the time of counseling

- Receive counseling furnished by a qualified physician or other Medicare-recognized practitioner

A notable change as of October 1, 2016 is that the copayment/coinsurance as well as the deductible for 99406 and 99407 are now waived. The Medicare beneficiary has a zero dollar out-of-pocket liability.

HCPCS/CPT Code	Type of Counseling	Description
99406	Intermediate	Smoking and tobacco use cessation counseling visit is greater than three minutes, but not more than 10 minutes
99407	Intensive	Smoking and tobacco use cessation counseling visit is greater than 10 minutes

ICD-10 CM Diagnosis Code	Description
F17200	Nicotine dependence, unspecified, uncomplicated
F17201	Nicotine dependence, unspecified, in remission
F17210	Nicotine dependence, cigarettes, uncomplicated
F17211	Nicotine dependence, cigarettes, in remission
F17220	Nicotine dependence, chewing tobacco, uncomplicated
F17221	Nicotine dependence, chewing tobacco, in remission
F17290	Nicotine dependence, other tobacco product, uncomplicated
F17291	Nicotine dependence, other tobacco product, in remission
T65.211A	Toxic effect of chewing tobacco, accidental (unintentional)
T65.212A	Toxic effect of chewing tobacco, intentional self-harm
T65.213A	Toxic effect of chewing tobacco, assault
T65.214A	Toxic effect of chewing tobacco, undetermined
T65.221A	Toxic effect of tobacco cigarettes, accidental (unintentional)
T65.222A	Toxic effect of tobacco cigarettes, intentional self-harm
T65.223A	Toxic effect of tobacco cigarettes, assault
T65.224A	Toxic effect of tobacco cigarettes, undetermined
T65.291A	Toxic effect of other tobacco and nicotine, accidental (unintentional)
T65.292A	Toxic effect of other tobacco and nicotine, intentional self-harm
T65.293A	Toxic effect of other tobacco and nicotine, assault
T65.294A	Toxic effect of other tobacco and nicotine, undetermined
T87.891	Personal history of nicotine dependence

continued

Coding Reference: Tobacco Use Prevention and Cessation Counseling, page 2

Medicaid

Many states offer some payment for individual cessation and treatment counseling for Medicaid patients. For example, the ACA requires states to expand Medicaid coverage of cessation services for pregnant women. You are encouraged to contact your state Medicaid office for coverage information in your specific state.

The Centers for Medicare and Medicaid Services encourage state partners to support smoking cessation by ensuring coverage of all FDA-approved smoking cessation medication (prescription and over-the-counter (OTC)) without a copayment requirement or other financial barrier.

Private/Commercial Insurance Carriers

Private insurers are required to provide evidence-based tobacco cessation counseling and interventions to all adults and pregnant women. Private payer benefits are subject to specific plan policies. Check with individual insurance plans to determine what specific interventions are included and the extent to which these interventions are covered.

HCPCS/CPT Code	Type of Counseling	Description
99406	Intermediate	Smoking and tobacco use cessation counseling visit is greater than three minutes, but not more than 10 minutes
99407	Intensive	Smoking and tobacco use cessation counseling visit is greater than 10 minutes
S9453	Smoking cessation classes	Non-physician provider, per session
9938199397	Preventive medicine services	Comprehensive, preventive evaluation based on age and gender to include appropriate history, examination, counseling/anticipatory guidance, risk factor reduction interventions, and related plan of care
99078	Physician educational services	Group setting (e.g., prenatal, obesity, diabetes)

ICD-10 CM Diagnosis Code	Description
F17200	Nicotine dependence, unspecified, uncomplicated
F17201	Nicotine dependence, unspecified, in remission
F17210	Nicotine dependence, cigarettes, uncomplicated
F17211	Nicotine dependence, cigarettes, in remission
F17220	Nicotine dependence, chewing tobacco, uncomplicated
F17221	Nicotine dependence, chewing tobacco, in remission
F17290	Nicotine dependence, other tobacco product, uncomplicated
F17291	Nicotine dependence, other tobacco product, in remission
T65.211A	Toxic effect of chewing tobacco, accidental (unintentional)
T65.212A	Toxic effect of chewing tobacco, intentional self-harm
T65.213A	Toxic effect of chewing tobacco, assault
T65.214A	Toxic effect of chewing tobacco, undetermined
T65.221A	Toxic effect of tobacco cigarettes, accidental (unintentional)
T65.222A	Toxic effect of tobacco cigarettes, intentional self-harm
T65.223A	Toxic effect of tobacco cigarettes, assault
T65.224A	Toxic effect of tobacco cigarettes, undetermined
T65.291A	Toxic effect of other tobacco and nicotine, accidental (unintentional)
T65.292A	Toxic effect of other tobacco and nicotine, intentional self-harm
T65.293A	Toxic effect of other tobacco and nicotine, assault
T65.294A	Toxic effect of other tobacco and nicotine, undetermined
T87.891	Personal history of nicotine dependence

Self-pay Patients and Uninsured Patients

The following resources are for patients who do not have insurance, or who have limited insurance coverage:

- Quitline: 1-800-QUIT-NOW (1-800-784-8669)
- Flexible spending accounts, if smoking cessation is an allowable expense
- Employee assistance programs (EAPs), in some cases
- Community resources and support groups
- Out-of-pocket spending
- Online resources
 - Centers for Disease Control and Prevention
 - How to Quit: www.cdc.gov/tobacco/quit_smoking/how_to_quit/
 - Tips From Former Smokers: www.cdc.gov/tobacco/campaign/tips/
 - Quit Smoking: www.cdc.gov/tobacco/quit_smoking/
 - U.S. Department of Health and Human Services
 - Smokefree.gov: <http://smokefree.gov/>
 - SmokefreeTXT: <http://smokefree.gov/smokefree.txt>

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Existing Smoking Cessation Tools

The interventions highlighted in this section have been reviewed thoroughly by the ISQIC Coordinating Center. We believe that they have the highest potential for effective use because they contain practical examples and suggestions that can be tailored to your local care environment. Additional toolkits in appendix 1 provide additional resources that may be relevant to your hospital.

1. The World Health Organization e-Learning course Training for primary care providers: brief tobacco interventions <https://www.who.int/tobacco/quitting/training-for-primary-care-providers/en/>

Course information

The WHO e-Learning course “Training for primary care providers: brief tobacco interventions” is converted from Part III of WHO training package “Strengthening health systems for treating tobacco dependence in primary care”, which was published in 2013 to assist countries in taking one of their first steps towards providing comprehensive tobacco dependence treatment to all tobacco users by integrating brief tobacco interventions (brief advice) into primary care. The WHO e-Learning course is accessible to anyone free of charge.

WHO encourages primary care providers worldwide to attend this training to improve their knowledge, skills and confidence to assist tobacco users in quitting as part of routine practice in primary care.

Training contents

- Module 1: The role of primary care providers in tobacco control and tobacco dependence treatment
- Module 2: Basics of tobacco use and tobacco dependence.
- Module 3: Overview of brief tobacco interventions.
- Module 4: Asking, advising and assessing readiness to quit.
- Module 5: Dealing with low motivation.
- Module 6: Assisting and arranging for follow-up.

ISQIC- Created Resources

The resources listed below were created by the ISQIC Coordinating Center to assist your hospital in implementing the smoking cessation bundle. Click on the bulleted name of an item to open the item as a PDF. You can also access the resources in Word or PowerPoint format at isqicdata.org within the ISQIC Documents tab.

ISQIC Patient Handout

YOU CAN QUIT! NOW IS THE TIME!
Did you know that before surgery is the best time to quit smoking?

- You will decrease your risk of infections and complications by quitting.
- Smoking makes it harder for your wounds to heal.
- Hospitals are a smoke-free environment so you won't be tempted.
- The rate of success is much higher when you quit before your operation.

*Do your part to help yourself by quitting now!
Your surgical team is here to help!*

Quitting smoking is hard. Many studies have shown that the best approach for quitting is a combination of **counseling plus medication (pharmacotherapy)**. See below to decide which combination is best for you.

CHOOSE ONE OF EACH	
<p>COUNSELLING</p> <p>Smoking cessation counseling before a surgical procedure increases your chances of quitting.</p> <ol style="list-style-type: none"> Phone: Call 1-800-QUIT-NOW for confidential support in quitting, including free quit coaching, a free quit plan, free educational materials, and referrals to local resources. In-person: Your doctor may refer you to see an expert for tobacco cessation counseling. Make sure this is covered by your insurance. Online: See list of Web Based Resources on the next page. 	<p>MEDICATION</p> <p>The following treatments have been effective for smokers who want help to quit:</p> <ol style="list-style-type: none"> Nicotine replacement therapy (NRT) delivers a safer source of nicotine than cigarettes, may decrease withdrawal symptoms, and may help prevent overeating. These include patches, gum, nasal spray, and lozenges. Varenicline (Chantrel®) allows you to ease into quitting, "slow turkey" instead of "cold turkey". Bupropion (Wellbutrin®) is prescribed to help with quitting smoking while also treating anxiety and other mood disorders.

Oxygen is needed for your tissues to heal. Smoking can decrease the amount of blood, oxygen, and nutrients that go to your surgical site. A smoker has almost 4 times the risk of tissue damage at the surgical site.

ISQIC Surgeon/Physician Script Examples

1. It is important for you to quit smoking now and I can help you.
2. As your surgeon, I need you to know that quitting smoking is the most important thing you can do to protect your health now and in the future. The clinic staff (or surgery team) and I will help you.
3. You need to quit smoking before this surgery. It is very important.
4. I cannot perform this operation on someone who is a current smoker. It is best for your health that you quit.

ISQIC Hospital Case Studies

Robert H. Lurie Cancer Center Tobacco Cessation Program

A Comprehensive Tobacco Treatment Program for Lurie Cancer Center Patients: Integrated Within Cancer Care

Led by a team consisting of Preventive Medicine, the Lurie Cancer Center, Medical Social Sciences and Supportive Oncology, the Tobacco Cessation Program’s multidisciplinary team of healthcare professionals are experts in helping people with cancer stop smoking, safely and comfortably. Drawing on the National Comprehensive Cancer Network (NCCN) Practice Guidelines for Smoking Cessation, Tobacco Treatment Specialists offer personalized tools and strategies to help patients with cancer become – and stay – smoke free.

The Tobacco Cessation Program’s services are available to patients of the Lurie Cancer Center at Northwestern Memorial Hospital, and can be scheduled to coordinate with existing medical appointments or during infusion therapy. The program offers a full range of state-of-the-art treatment options to align with each patient’s individual needs and smoking history, including:

- In-person or telephone-based behavioral counseling with the program’s Tobacco Treatment Specialists, at no cost to patients
- Safe and effective smoking cessation medications to assist with quitting
- Supplemental behavioral support and medication at no cost through the Illinois Tobacco Quitline, along with NCI smartphone and web-based resources

Their patient education materials can give you an idea of the language used by the Tobacco Cessation Program of Lurie Cancer Center when describing the program and treatment approach to patients.



Maximize Cancer Treatment: Stop Smoking Support and Resources Available

We urge you to quit smoking during your cancer treatment.

Cigarette smoking is an addiction that can provide comfort in times of stress, such as after receiving a cancer diagnosis. However, cigarette smoking can reduce the effectiveness of your cancer treatment. Smoking can also worsen treatment side effects, such as fatigue, weight loss and risk of infection.

Quitting can be hard, especially now, but it can improve your cancer treatment outcome. That's why smoking cessation treatment is a critical part of your cancer treatment.

Improve your cancer treatment results
Quitting can result in:

- Better treatment outcome.
- Reduced chance of your cancer returning or developing a new cancer.
- Faster recovery time.
- Healthier quality of life.

Personalized resources for quitting smoking
It's never too late to quit smoking, and we can help. The Tobacco Cessation Program of Robert H. Lurie Comprehensive Cancer Center of Northwestern University at Northwestern Memorial Hospital is a resource provided through Supportive Oncology for our

patients who smoke cigarettes. Our team is specially trained to address your tobacco dependence through a treatment plan that complements your cancer treatment.

We follow the National Comprehensive Cancer Network's guidelines for smoking cessation. Treatment is tailored to your personal smoking behavior and made as convenient as possible:

- Individual behavioral counseling is available with one of our tobacco treatment specialists.
- Smoking cessation medications are covered by most insurance plans and are safe and effective to use during a cancer treatment.

Support may be provided by telephone, or smartphone or text messaging programs.

Appointments can be scheduled around your cancer treatment appointments and can even occur during your infusion.

If you're not ready to quit
Simply learning about how to stop or reduce smoking can be a positive step towards quitting. By participating in our program, you can play an active role in your cancer treatment and reach your full health potential.

Take the first step toward better cancer care.
Schedule an appointment with a tobacco treatment specialist through Lurie Cancer Center Supportive Oncology by calling 312.921.7848 (312.921.QUIT).
TTY for the hearing impaired 312.926.6363.

For more information, visit cancer.northwestern.edu/quit-smoking.

Northwestern Memorial Hospital
nm.org

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By participating in the Tobacco Cessation Program of Lurie Cancer Center, you can play an active role in maximizing your health potential. Our dedicated specialists are here to help.

Tobacco Cessation Program
of Lurie Cancer Center

Northwestern Medicine
Robert H. Lurie Comprehensive Cancer Center

Tobacco Cessation Program of Lurie Cancer Center
1500 East Superior Street
Suite 625, 6th Floor
Chicago, IL 60611
312.921.QUIT

TTY for the hearing impaired: 312.926.6363
cancer.northwestern.edu/quit-smoking

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Combination Nicotine Replacement Therapy Frequently Asked Questions

What is combination nicotine replacement therapy?

Combination nicotine replacement therapy (Combo NRT) is a method that uses both a long-acting and a short-acting form of nicotine replacement to help you quit smoking. For example, you might use the nicotine patch along with the nicotine gum or lozenge. Using 2 types of NRT products works better to help you quit than using either type alone. Combo NRT is one of the preferred methods to quit smoking for patients going through cancer treatment or who have had cancer in the past.



nm.org

Why do I need to use 2 types of nicotine replacement?

The nicotine patch is long-acting. It provides a steady dose of nicotine over a 24-hour period to provide relief from the withdrawal symptoms that you may have when you quit smoking. Oral forms of NRT, such as the nicotine gum or lozenge, provide a fast-acting dose of nicotine that lasts for about 15 to 20 minutes. This helps you manage cigarette cravings that may happen throughout the day. With combo NRT, you can wear the nicotine patch throughout the day and use the nicotine gum or lozenge every 1 to 2 hours to help handle sudden cravings.

How does combo NRT work to help you quit smoking?

Many tobacco users have some withdrawal symptoms when they stop smoking. The most common symptoms are irritability, headache, difficulty sleeping and difficulty concentrating. NRT provides relief from these symptoms and helps manage cigarette cravings. NRT is usually used for 3 to 6 months as the dose of nicotine is gradually reduced. If needed, it can safely be taken for up to a year.

Chantix® Frequently Asked Questions

What is Chantix?

Chantix, also known as varenicline, is a prescription medication that is used to help people quit smoking.

How do you take Chantix?

Chantix is a pill that you take after eating with a full glass of water. When starting Chantix, you will gradually increase your dose over the course of 1 week until you reach the full dosage of 2 pills per day, which will be 1 pill (1 mg) in the morning and 1 pill (1 mg) in the evening.

How does Chantix work to help you quit smoking?

Chantix works in 2 ways to help you quit. Chantix fills receptor sites in your brain where nicotine would normally go when you smoke. By doing this, the medicine activates these receptors a little bit throughout the day, providing relief from the uncomfortable withdrawal symptoms that many people have when they quit smoking. At the same time, if you smoke a cigarette while taking Chantix, the medicine works in the brain to reduce the pleasurable effects of the cigarette, and smoking may become less enjoyable.

Is Chantix safe for patients undergoing cancer treatment?

There have been many studies about the safety of the medicine, varenicline, when it is used by different types of people. In fact, a recent study done at Northwestern University showed the safety of varenicline in patients undergoing cancer treatment and cancer survivors. The National Comprehensive Cancer Network (NCCN) considers varenicline to be safe for use in patients with

cancer. All medicines to help you quit smoking that are used by the Tobacco Cessation Program of Lurie Cancer Center are recommended by the NCCN and by the U.S. Department of Health and Human Resources Public Health Service and have been proven safe and effective.

How effective is Chantix in helping people quit smoking?

Chantix is the single most effective medication offered to help people quit smoking. It can greatly increase your chances of quitting. It is very important to strictly follow the medication schedule in order to receive the benefit. Medications that help you quit smoking work best when combined with behavioral counseling.

What do I do if I miss a dose?

If you miss a dose of Chantix, take it as soon as you remember. If it is close to the time of your next dose, skip the missed dose and return to your normal schedule. Do not take 2 doses at the same time.

Are there any drug interactions with Chantix?

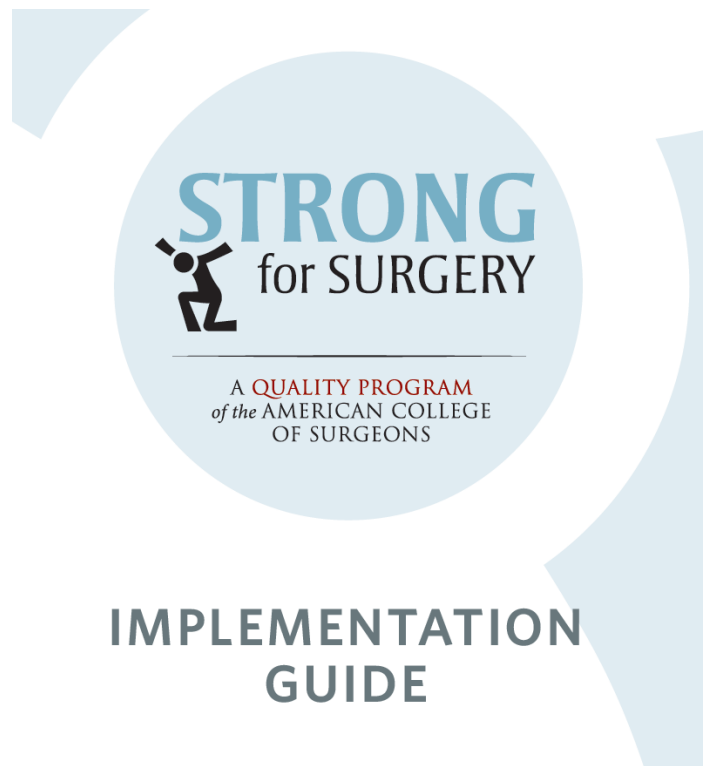
It is generally safe to take other medications with Chantix. Your tobacco treatment specialist will review your medical history and other medications with a pharmacist before prescribing Chantix. It is important to tell your healthcare provider about all of the medicines that you take, including prescription and over-the-counter medications. It is important to talk with your tobacco treatment specialist before taking Chantix while using other medicines to quit smoking.

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Appendix

1. Strong for Surgery Resources



2. Other Toolkits

1. [Tobacco Cessation Toolkit for Providers](#) – Patient Resources, Free marketing materials and brochures, are you ready for change quiz and tips (MD Wise)
2. [Train the Trainer Smoking Cessation Toolkit](#) (culturally specific for Latinos)
3. [Office Visit Protocol for Tobacco Cessation Counseling](#) – Resources for helping adult patients

3. Frequently Asked Questions

Q: Where can this documentation be found?

For each component of the smoking cessation intervention you have in place or will newly implement, you can refer to your registration form where you will indicate where the measure will be documented. Refer to the Abstraction Guide for detailed information on each measure and be as specific as possible when providing documentation details. For example, “using a specific dot phrase in EPIC under the patient instruction tab of the surgeon’s first office visit.”

4. Helpful Websites

The inclusion of Web sites in this appendix is intended to assist readers in finding additional information regarding the treatment of tobacco use and dependence and related topics and does not constitute endorsement of the contents of any particular site. All Web sites listed are either Government-sponsored organizations or nonprofit foundations.

- Addressing Tobacco in Healthcare (formerly Addressing Tobacco in Managed Care): www.atmc.wisc.edu
- Agency for Healthcare Research and Quality: www.ahrq.gov
- American Academy of Family Physicians: www.aafp.org
- American Cancer Society: www.cancer.org
- American College of Chest Physicians: www.chestnet.org
- American Legacy Foundation: www.americanlegacy.org
- American Lung Association: (maintains profiles of state tobacco control activities): www.lungusa.org
- American Psychological Association: www.apa.org
- Association for the Treatment of Tobacco Use and Dependence: www.attud.org
- Campaign for Tobacco-Free Kids: www.tobaccofreekids.org
- Chest Foundation: www.chestfoundation.org/tobaccoPrevention/index.php
- Kaiser Family State Health Facts: www.statehealthfacts.org
- Medicare and Medicaid: www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=130 and [www.cms.hhs.gov/Smoking Cessation](http://www.cms.hhs.gov/SmokingCessation)
- North American Quitline Consortium (NAQC): www.Naquitline.org
- National Cancer Institute: www.nci.nih.gov
- National Guideline Clearinghouse: www.guideline.gov
- National Heart, Lung, and Blood Institute: www.nhlbi.nih.gov
- National Institute on Drug Abuse: www.nida.nih.gov
- Office on Smoking and Health at the Centers for Disease Control and Prevention: www.cdc.gov/tobacco
- Robert Wood Johnson Foundation: www.rwjf.org
- Society for Research on Nicotine and Tobacco: www.srnt.org
- TobaccoFree Nurses: www.tobaccofreenurses.org
- Tobacco Technical Assistance Consortium: www.ttac.org
- University of Wisconsin Center for Tobacco Research and Intervention: www.ctri.wisc.edu
- World Health Organization: <https://www.who.int/tobacco/en/>
- World Health Organization - Tobacco Atlas: www.who.int/tobacco/statistics/tobacco_atlas/en
- Treating Tobacco Use and Dependence: 2008 Update <https://bit.ly/2tSGP4l>

5. Other Resources

Patient Education

1. [Quit Smoking Before Surgery](#)
2. [Become an Ex](#)
3. [Freedom from Smoking](#)
4. [SmokeFree.gov](#)
5. [1-800-Quit-Now](#)
6. [Help for Smokers and Other Tobacco Users Handout \(U.S. DHHS, Public Health Service\)](#)

7. [Plan-To-Quit Cards](#)
8. [Resources for Self-pay Patients and Uninsured Patients](#)
9. [Tobacco Cessation and Weight Management Programs](#)

Provider Education

10. [How Long Should Patients Be Off Cigarettes Before Surgery?](#)
11. [The Link Between Smoking and Colorectal Surgical Outcomes](#)

