



# Connect2Quit: How to Easily Connect Your Patients to Tobacco Cessation Resources

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Louisiana's Health Initiative

# Speaker

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# Learning Objectives

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- Describe the Louisiana Tobacco Quitline
- Explain Connect2Quit Louisiana and how to implement it in your practice
- Know how to ask patients about tobacco use
- Know how to enroll your patients easily in the Quitline
- Complete the certification quiz



# What is Connect2Quit?

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- Promotes tobacco cessation in Louisiana
- Connects healthcare providers to cessation resources
- Connects patients who are ready to quit tobacco to evidence-based quit support services

# THE LOUISIANA TOBACCO QUITLINE

# The Louisiana Tobacco Quitline

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- 1-800-QUIT-NOW
- Text2Enroll
  - Text “READY” to 200-400
- Online enrollment at [www.quitwithusla.org](http://www.quitwithusla.org)





# The Louisiana Tobacco Quitline

## 1-800-QUIT-NOW

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- **Telephone Coaching**
  - 5-call program
  - Special populations
- **Medication Support**
  - 2-week supply
  - Patches or gum
- **Self-help Materials**
  - Quit plan
  - Referral to resources
- **Web & Text**
  - Integrated or stand-alone
  - NRT Support
- **Phone quit rate: 31%**
- **Phone satisfaction rate: 89%**
- **Web quit rate: 17%**
- **Web satisfaction rate: 84%**



# Youth Cessation

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- [www.quitwithusla.org/act/quit-help-for-teens](http://www.quitwithusla.org/act/quit-help-for-teens)
- **Live Vape Free**
  - Text “VAPEFREE” to 873373
  - Unlimited access to a quit coach by simply texting the word “Coach”
  - Interactive features like videos, quizzes, self-assessments, flip cards and podcasts
  - Education on keys to quitting
  - Help to find their “why”



**CONNECT2QUIT LOUISIANA**

# Connect2Quit Louisiana

Clinician screens for tobacco use

Patient wishes to quit



Form is faxed or emailed to the Quitline

Referral is processed



Intake call is placed

Biweekly outcome reports

**New Verbal  
Consent and  
Email Referral  
Option!**

# IMPLEMENTING CONNECT2QUIT



# Connect2Quit Interventions

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- **5 As Model to Treating Tobacco Use:**
  - **Ask:** Identify tobacco use status
  - **Advise:** Recommend tobacco user to quit
  - **Assess:** Determine if the tobacco user is ready to quit
  - **Assist:** Connect to cessation services
  - **Arrange:** Schedule a follow up appointment



# Connect2Quit Interventions

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- **Simple Three Step Process for the Clinical Setting:**
  - **Ask:** Patient about tobacco use status
  - **Advise:** Patient to quit as soon as possible
  - **Refer:** Quitline or another approved cessation service

# Referring To The Quitline

## Who to Refer to the Quitline

Ready to quit in 30 days or less

Willing to receive Quitline calls, web chats, or texts

Has regular access to a phone or computer

## Who Not to Refer to the Quitline

Not ready to quit in 30 days

Not willing to receive Quitline calls, web chats, or texts

Does not have access to a phone or computer

# Integrating Connect2Quit Into Workflow

Designate Staff  
Members

Ask About  
Tobacco Use

Advise To Quit

Fill Out Referral  
Form

Fax or Email  
Referral Form to  
The Quitline

Provide Patients  
Not Ready to Quit  
with Quitline  
Information

# Sample Referral Form

Provided in the  
Connect2Quit  
Toolkit!

**QUIT WITH US, LA**  
LIVE LIFE TOBACCO - FREE

Louisiana Tobacco Quitline Referral Form  
Email: [SupportServices@optum.com](mailto:SupportServices@optum.com) Fax: 1-800-483-3114  
Sent Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider Information

HEALTHCARE FACILITY NAME \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
HEALTHCARE PROVIDER \_\_\_\_\_  
FAX NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
I AM A HIPAA-COVERED ENTITY (PLEASE CHECK ONE)  YES  NO  DON'T KNOW

Patient Information

PATIENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GENDER  M  F  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PRIMARY PHONE NUMBER \_\_\_\_\_ HM WK CEL    SECONDARY PHONE NUMBER \_\_\_\_\_ HM WK CEL     
LANGUAGE PREFERENCE (PLEASE CHECK ONE)  ENGLISH  SPANISH  OTHER \_\_\_\_\_

Verbal Consent

\_\_\_\_\_ I am ready to quit tobacco. I request a Louisiana Tobacco Quitline Quit Coach to contact me to create a quit plan.  
(Initial) *By participating in this program I understand that outcome information may be shared with my provider for purposes of my treatment.*

\_\_\_\_\_ I DO give my permission to a Louisiana Tobacco Quitline Quit Coach to leave a voicemail when contacting me.  
(Initial)

\_\_\_\_\_ I DO NOT give my permission to a Louisiana Tobacco Quitline Quit Coach to leave a voicemail when contacting me.  
(Initial) *By not initialing, you are giving your permission for a Quit Coach to leave a message.*

Patient Signature/Consent Given By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

A Louisiana Tobacco Quitline Quit Coach will call you. Please check the BEST 3-hour timeframe to reach you. **Note: the Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.**

6-9AM  9AM-12PM  12-3PM  3-6PM  6-9PM

WITHIN THIS 3-HOUR TIMEFRAME, PLEASE CONTACT ME AT (PLEASE CHECK ONE)  PRIMARY #  SECONDARY #

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# Patient Progress Report

Progress Reports Sent Bi-Weekly

**QUIT WITH US, LA**  
LIVE LIFE TOBACCO-FREE

**OPTUM**

### Participant Outcome Report

Your Clinic recently referred a patient via the Louisiana Tobacco Quitline Fax Referral Program. This form describes the type of service the patient received through the Louisiana Tobacco Quitline. Please place this in the patient's file.

**Clinic Information:**  
Clinic Name: \_\_\_\_\_  
Clinic Phone Number: \_\_\_\_\_ Clinic Fax Number: \_\_\_\_\_

**Patient Information:**  
Participant Name: \_\_\_\_\_  
Participant Address: \_\_\_\_\_  
Participant Primary Phone Number: \_\_\_\_\_ Participant Date of Birth: \_\_\_\_\_

**Outcomes:**  
Status: \_\_\_\_\_  
Program: \_\_\_\_\_  
NRT: \_\_\_\_\_  
Contact Date if Contacted: \_\_\_\_\_  
Planned Quit Date (if accepted services): \_\_\_\_\_

**Definitions of Outcomes Listed Above**

**Status**

- **Accepted Services:** Participant was reached and accepted service.
- **Declined Services:** Participant was reached and declined service.
- **Unable to Reach:** Attempts were made to contact the participant during their best time, but the quitline was unable to reach the participant.

**Disposition**

- **General Questions:** Participant inquired about the quitline and its services, but did not opt for an intervention or materials.
- **Materials Only:** Participant requested printed materials only.
- **One-Call:** Participant received a single call to talk with a Quit Coach.
- **Multi-Call:** Participant received an intervention with a Quit Coach and accepted additional proactive calls.
- **Web Only:** Participant enrolled in web-based cessation services.
- **Individual Services:** Participant may select any or all of the following 2-week supply of NRT, Email program, Text messaging program, Materials.

**NRT**

- Participant was screened and dosed for the above noted Nicotine Replacement Therapy (patch, gum, or lozenge).

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Part ID: \_\_\_\_\_ Print Date: \_\_\_\_\_

# **CESSATION COUNSELING AND MEDICATION**

# Recommended Comprehensive Cessation Coverage

- Screening for tobacco use
- 2 quit attempts per year, consisting of:
  - 4 sessions of telephone, individual and group cessation counseling
    - Lasting at least 10 minutes each per quit attempt
  - All 7 FDA approved medications for 90 days per quit attempt
    - Patch, gum, nasal spray, inhaler, lozenge, Bupropion, Varenicline
- No cost sharing or prior authorization





# Medicare Cessation Coverage and CPT Codes

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- Medicare covers 2 quit attempts per 12-month period
- Each quit attempt includes a maximum of 4 counseling sessions
  - Total benefit of 8 sessions per year
  - No cost sharing or prior authorization
- **CPT codes for cessation Counseling**
  - **99406**: Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes.
  - **99407**: Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes
- **Cessation medication coverage varies by Medicare plan**



# Louisiana Medicaid Cessation Coverage and CPT Codes

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- Louisiana Medicaid counseling coverage varies by Fee-For-Service and Managed Care Organizations
  - Cost sharing and prior authorization may apply
- CPT codes for cessation counseling
  - **99406**: Tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
  - **99407**: Tobacco use cessation counseling visit; intensive, greater than 10 minutes
- Louisiana Medicaid covers all 7 approved FDA cessation medications
  - Cost sharing may apply

# **ADDITIONAL PROVIDER RESOURCES**

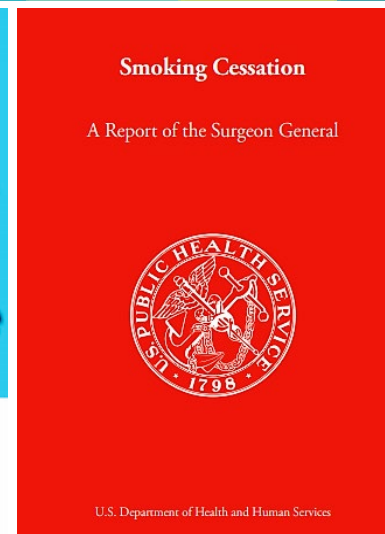
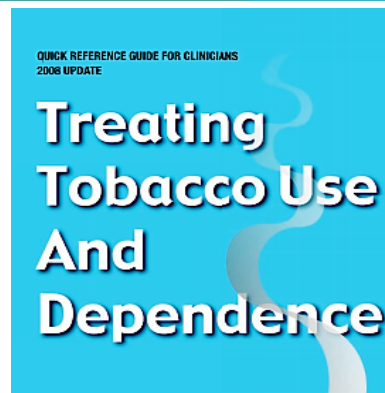
# Brief Tobacco Intervention Provider Training

- The Brief Tobacco Intervention (BTI) training aims to ensure tobacco users are screened for tobacco use, advised to quit, and referred to cessation services
  - Communication techniques
  - Evidence-based cessation treatments
  - Patient referral
  - Continuing education credits
  - Training available at [www.wellaheadla.com](http://www.wellaheadla.com)



# Additional Cessation Resources

- 2020 Surgeon General Report on Smoking Cessation
  - Proven health benefits, treatments, and strategies
- Million Hearts Tobacco Cessation Change Package
  - Quality improvement toolkit for health systems and providers
- Clinical Practice Guideline for Treating Tobacco Use and Dependence
  - Guidelines for delivering effective cessation interventions







# Contact Information

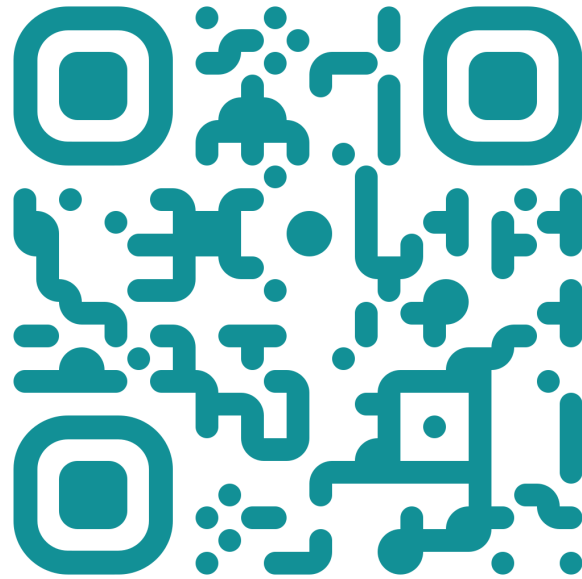
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- Well-Ahead Louisiana Provider Education Network
  - [www.wellaheadla.com/join-provider-education-network/](http://www.wellaheadla.com/join-provider-education-network/)
  - [wellahead@la.gov](mailto:wellahead@la.gov)
- Alissa Jordan
  - [Alissa.Jordan@la.gov](mailto:Alissa.Jordan@la.gov)

**QUESTIONS?**

**QUIZ**

# Connect2Quit Quiz



Please complete the quiz  
to finalize your training by visiting this link:  
[www.wellaheadla.com/connect2quit-quiz](http://www.wellaheadla.com/connect2quit-quiz)



# Provider Education Network

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- The Provider Education Network helps healthcare professionals address the challenges facing our communities
  - Education
  - Technical Assistance
  - Quality Improvement Strategies
  - Workforce Development
  - Patient Education Tools
  - Links to Community-Based Programs
- Join today at: [www.wellaheadla.com/join-provider-education-network](http://www.wellaheadla.com/join-provider-education-network)



Thank You for Joining Us!

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Louisiana's Health Initiative