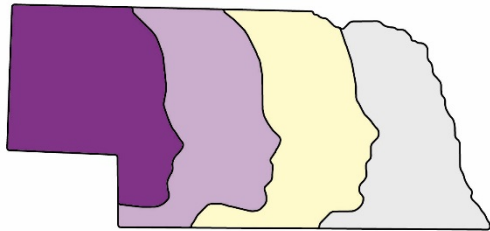


Referring Your Patients to the Nebraska Tobacco Quitline

Every Woman Matters

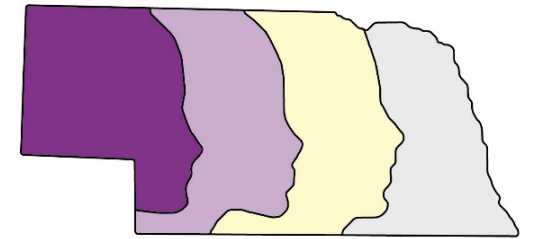


for a great state of health

Every Woman Matters (EWM)

- In addition to breast, cervical and colon cancer screening, EWM also provides heart disease and diabetes screening services.
- Heart disease and diabetes screening include referring clients to Healthy Behavior Support Services (HBSS). HBSS may include physical activity, diabetes education, nutrition education and referral to tobacco cessation counseling.

Every Woman Matters



EWM Healthy Lifestyle Questionnaire (HLQ)

- When clients enroll in the EWM Program for services they need to fill out an [EWM Healthy Lifestyle Questionnaire](#) (HLQ).
- The EWM HLQ asks clients about their smoking status.

SMOKING	1. Do you smoke ? Includes cigarettes, pipes, or cigars (<i>smoked tobacco in any form</i>)	<input type="radio"/> Current Smoker <input type="radio"/> Quit (1-12 months ago) <input type="radio"/> Quit (More than 12 months) <input type="radio"/> Never Smoked
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- Upon approval into the program for services, EWM will mail the client a Screening Card and a copy of their HLQ answers that they filled out. Clients are instructed to bring that paperwork to their appointment.



ASK patients about their tobacco status

- The front of the EWM Screening Card gives the client an opportunity to mark that they are a smoker and wants to improve the habit.
- Information marked in the table indicates whether or not she's ready to make a change.
- If client is not quite ready to make a quit attempt be sure to give positive reinforcement around quitting and reasons to quit.



Screening Card
for ALL Services



Clients - Please fill out this page!

This helps Every Woman Matters find the best tools and services to meet your goals.

Choose one or two areas you want to improve:

- Nutrition
- Physical Activity
- Smoking Cessation
- Taking medications as prescribed for high blood pressure
- Weight
- I don't want to improve anything

How ready are you to make changes?

Check the box by each statement that best describes your behavior.

Have concerns about getting to or from exams? Worry about finding someone to watch your kid(s)/parent(s) during exams? Your first language isn't English? Want someone to go with you to your exam? Need help filling out paperwork? Have other questions? Scan QR code to contact us!

Scan / Escanear

	Not ready to make a change	Thinking about making a change	Ready to make a change	Already making changes	Made changes and am trying to keep it up
1. Eating More Fruits and Vegetables					
2. Increasing Physical Activity					
3. Quitting Smoking					<input type="checkbox"/> I don't smoke
4. Taking medications as prescribed for high blood pressure					<input type="checkbox"/> I don't take medications for high blood pressure

ASK patients about their tobacco status

- When a client brings their Screening Card and HLQ answers to their appointment, be sure to review it with the client. Talk about risk factors and how they answered the questions.
- The time you invest helping patients quit tobacco could add years to their lives.
- The Nebraska Tobacco Quitline Fax Referral Program can assist you in supporting tobacco cessation among your patients.



REFER patients to the Quitline

- At the screening visit you'll use the Screening Card and mark what services she had.
- When you provide Cardiovascular Risk Reduction Counseling:
 - If the client identifies as a smoker, and;
 - If the client indicates that she would like to quit or is thinking of quitting
- **REFER** to the Quitline!!
Mark the appropriate box highlighted in yellow.

Cardiovascular Risk Reduction Counseling

Refer to the questions on the front of this card.
Check if counseling completed.

- Client counseled on low dose aspirin usage to decrease risk for CVD
- Medication Adherence for Hypertension Counseling

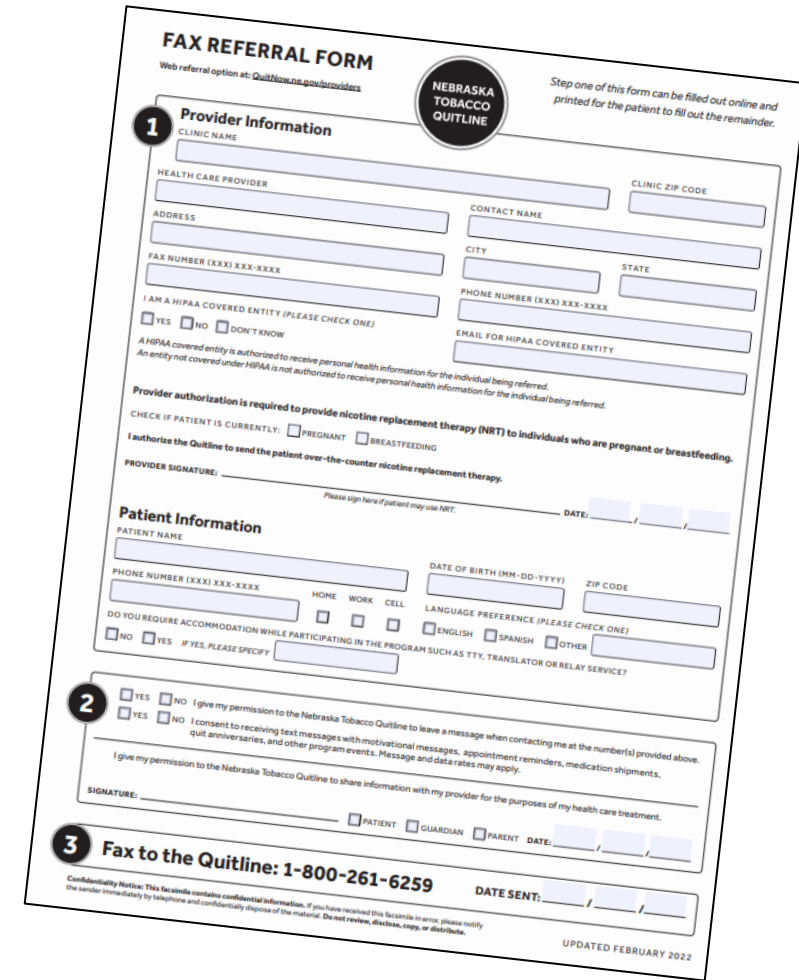
Healthy Behavior Support Services*:

- Check. Change. Control. Education/SMBP
- Living Well Education
- National Diabetes Prevention Program (NDPP)
- Walk & Talk Toolkit (Physical Activity)
- Tobacco Cessation Counseling
 - Client Referred to Statewide Quitline at 1-800-QUIT-NOW
 - Fax Referral to Statewide Quitline at 1-800-QUIT-NOW
 - Client Refused

Completion of this section is equivalent to submitting a claim for Risk Reduction Counseling.

REFER patients to the Quitline

- If they're ready to make a quit attempt, work with them to fill out the Nebraska Tobacco Quitline FAX REFERRAL FORM at QuitNow.ne.gov
- <https://dhhs.ne.gov/Documents/Quitline%20Fax-Referral-Form.pdf>
 - Section 1: Include your contact information and name of client you are referring
 - Section 2: Client will need to consent and sign the form
 - Section 3: Provider will include the date that the referral is sent to the Quitline
- FAX the completed and signed form to 1-800-261-6259.
- Referrals can also be done online or a live hand-off over the phone. Live hand-offs are recommended for patients who don't have reliable access to their own phone or computers.



FAX REFERRAL FORM
Web referral option at: QuitNow.ne.gov/providers
NEBRASKA TOBACCO QUITLINE
Step one of this form can be filled out online and printed for the patient to fill out the remainder.

1 Provider Information
CLINIC NAME: _____
HEALTH CARE PROVIDER: _____ CLINIC ZIP CODE: _____
ADDRESS: _____ CONTACT NAME: _____
FAX NUMBER (XXX) XXX-XXXX: _____ CITY: _____ STATE: _____
PHONE NUMBER (XXX) XXX-XXXX: _____
I AM A HIPAA COVERED ENTITY (PLEASE CHECK ONE)
 YES NO DON'T KNOW
EMAIL FOR HIPAA COVERED ENTITY: _____
A HIPAA covered entity is authorized to receive personal health information for the individual being referred.
An entity not covered under HIPAA is not authorized to receive personal health information for the individual being referred.

Provider authorization is required to provide nicotine replacement therapy (NRT) to individuals who are pregnant or breastfeeding.
CHECK IF PATIENT IS CURRENTLY: PREGNANT BREASTFEEDING
I authorize the Quitline to send the patient over-the-counter nicotine replacement therapy.
PROVIDER SIGNATURE: _____ DATE: ____/____/____
Please sign here if patient may use NRT.

Patient Information
PATIENT NAME: _____ DATE OF BIRTH (MM-DD-YYYY): _____ ZIP CODE: _____
PHONE NUMBER (XXX) XXX-XXXX: _____ HOME _____ WORK _____ CELL _____
LANGUAGE PREFERENCE (PLEASE CHECK ONE)
 NO YES IF YES, PLEASE SPECIFY _____
 ENGLISH SPANISH OTHER _____

2
 YES NO I give my permission to the Nebraska Tobacco Quitline to leave a message when contacting me at the number(s) provided above.
 YES NO I consent to receiving text messages with motivational messages, appointment reminders, medication shipments, quit anniversaries, and other program events. Message and data rates may apply.
I give my permission to the Nebraska Tobacco Quitline to share information with my provider for the purposes of my health care treatment.
SIGNATURE: _____
 PATIENT GUARDIAN PARENT DATE: ____/____/____

3 Fax to the Quitline: 1-800-261-6259
DATE SENT: ____/____/____
Confidentiality Notice: This form contains confidential information. If you have received this form in error, please notify the sender immediately by telephone and confidentially dispose of the material. Do not review, discuss, copy, or distribute.
UPDATED FEBRUARY 2022

How to **REFER** to the Quitline

Website

- Provider Web Referral
- Online Registration

Fax

- Fax Referral Form
- Provider or CHW

Telephone

- Live Referral
- Patient self Referral

Provider Website: www.QuitNow.ne.gov/providers

Participant

- Website: www.QuitNow.ne.gov – click “Quitline Services”
- Phone: 1-800-QUIT-NOW or 1-855-DÉJELO-YA (335-3569)

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

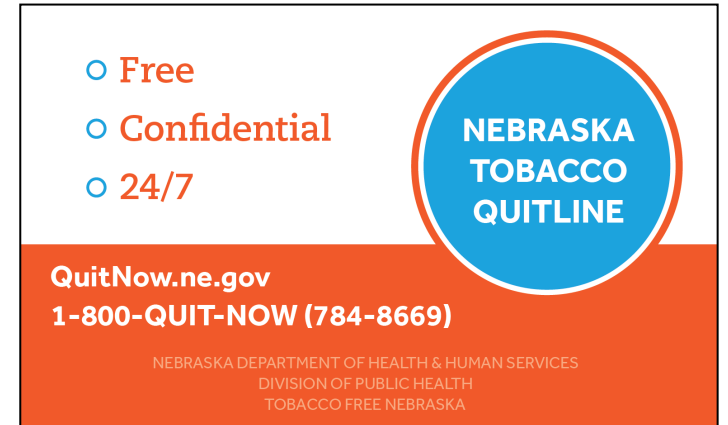
REFER patients to the Quitline

- If Providers mark “YES” that they are HIPAA compliant on the Nebraska Tobacco Quitline FAX REFERRAL they will receive an Outcome Report which tells the provider the status of the patient being referred.
- The Outcome Report will indicate one of the following:
 - Unreachable (Quitline tries 5 different times to contact patient)
 - Declined (Patient declined services)
 - Enrolled
 - Quit Date



ADVISE patients to quit

- Build their interest in the **FREE** and confidential Quitline phone counseling and other resources.
- TFN has provided the Nebraska Tobacco Quitline since 2006
- Quitlines are recognized as best practice by the Centers for Disease Control and Prevention (CDC)



○ Free
○ Confidential
○ 24/7

**NEBRASKA
TOBACCO
QUITLINE**

QuitNow.ne.gov
1-800-QUIT-NOW (784-8669)

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
TOBACCO FREE NEBRASKA

Nebraska Tobacco Quitline: 1-800-QUIT-NOW

- Hours of Operation
 - 24 hours a day
 - 7 days a week*
- 200+ Languages
 - **English:** 1-800-QUIT-NOW (784-8669)
 - **Spanish:** 1-855-DÉJELO-YA (335-3569)
- Certified Tobacco Cessation Counselors
 - 5 counseling sessions
 - Nicotine replacement therapy (NRT) / quit medication
 - Self-help materials
 - Digital workbook and chat features
 - Free to all Nebraskans



Nebraska Tobacco Quitline

- Who can call the Quitline?
 - Any Nebraska resident who is interested in quitting
 - (smoking, chew, pipe, cigar, & e-cigarettes)
 - If someone has quit and are experiencing cravings or relapsed
 - Anyone seeking information to help support someone quitting



Coaching

Participants can enroll online or on the phone. If referred, the enrollment process can be sped up.


During enrollment, the participant qualifies for relevant coaching and a welcome package.

- ~15 MINUTES
- Ex: Native American services, youth, LGBTQ+, type of tobacco, pregnancy

Coaching includes five coaching sessions and unlimited encouragement calls.

- ~30 MINUTE FIRST SESSION, ~20 MINUTE FOLLOW-UPS
- Coaches have Bachelor's degree or above with 2+ years of experience
- Talk therapy with online workbook
- Provide advice about triggers, concerns, and plan of action
- Quit medication selection

Opt-in for reminders and motivational texts.

- Quit date countdown
 - Motivation to continue the quit
 - Key-word support
 - Reminders to re-enroll
- 

Nicotine Replacement Therapy Starter Kits

- **No insurance required. Participants qualify by completing at least one counseling session.**
- Any Nebraskan resident over the age of 18
- Participants will be screened for medical eligibility. Callers with health conditions impacted by nicotine could require a healthcare provider signature
- After finishing first counseling session, caller qualifies for 2-week supply of nicotine gum, patches, or lozenges
- Insurance/Medicaid may cover additional quit medication

Nicotine Patches



Nicotine Gum



Lozenges



Special Programs to Address Health Disparities

▶ **Pregnancy and Post-Partum Program**

- Dedicated female PPP coach specialist
- Five coaching sessions during pregnancy and four coaching sessions postpartum


▶ **Behavioral Health Program**

- More than 50% of participants report a behavioral health condition
- Five coaching sessions followed by two sessions 30 and 60 days after the fifth call to help prevent relapse

▶ **American Indian Program**

- Up to 10 coaching calls with a dedicated American Indian Tobacco Cessation Coach.

▶ **Youth Smoking and Vaping Cessation Program**

- A youth-oriented cessation website, online enrollment form, and coach (mylifemyquit.com).
 - Tailored, developmentally appropriate educational and self-help materials for teens.
 - Youth can text “Start My Quit” to 36072 for coaching over text messaging
- 

Nebraska Tobacco Quitline



Success Rates, 2022

Key highlights include:

- Overall, 31% of Nebraska Tobacco Quitline phone coaching participants quit using tobacco.
- Phone participants who completed five or more coaching calls had a quit rate of 37%.
- Sixty-five percent of phone participants reported living with one or more behavioral health conditions.
- Among phone participants who received quit medications, 88% expressed satisfaction with the overall program.



Successes!



43% increase in referrals



2600 phone coaching sessions



1300 2-week quit medication kits

Tobacco Free Nebraska (TFN)

The TFN program works to:

- Help people quit
- Eliminate exposure to secondhand smoke
- Keep youth from starting
- Reach underserved populations



for a great state of health

Resources

- Free Nebraska Tobacco Quitline Materials Order Form
 - <https://dhhs.ne.gov/pages/QuitlineOrderForm.aspx>
- Quitline Business Cards
- Quitline Magnets
- Quitline What to Expect Brochures
- and many many more!



Resources

- List of Statewide Community Cessation Classes & Support Groups
 - QuitNow.ne.gov
- Free promotional materials & self-help guides can be found at:
 - QuitNow.ne.gov
- TFN Resource Directory
 - <http://dhhs.ne.gov/documents/TFNResources.pdf>

Questions about Tobacco Quitline Referral?



Tobacco Free Nebraska
dhhs.tfn@Nebraska.gov
402-471-2101