

## Tobacco and E-cigarette Cessation: Resources for Screening and Electronic Health Records

Tobacco use remains the leading cause of preventable death in the United States, and there is a growing epidemic of electronic cigarette (e-cigarette) use among youth and adolescents.<sup>1</sup> The American Academy of Family Physicians (AAFP) encourages family physicians to screen for tobacco and e-cigarettes. Electronic health records (EHRs) allow tobacco and e-cigarette screening and cessation services to be integrated into the practice workflow and systems-level changes. This resource aims to provide guidance to assist with tobacco and e-cigarette screening and help incorporate this into your EHR.

### Incorporating Tobacco and E-cigarette Cessation Data into Practice

Physicians should discuss the importance of e-cigarette and tobacco use screening with their care teams and identify members responsible for this screening. The team should decide where to incorporate screening questions in their patient workflow. The screening questions in this document can be used as a stand-alone survey for patient-reported information or integrated into the social health history section of your EHR for well-patient exams and prompted to appear when patients present with complaints such as cough, upper respiratory problems, and asthma.

EHR data fields are recommended to help document and analyze patients who use e-cigarettes. The following resources use EHR capabilities to incorporate information changes that support quality improvements for the care of patients who use electronic nicotine delivery systems (ENDS).

The AAFP advocates for EHRs with a template that prompts clinicians and their care team to collect information about tobacco, e-cigarette, and vape use, as well as secondhand smoke exposure, cessation interest, and past quit attempts. The EHR should also include automatic prompts that remind clinicians to:

- Encourage quitting
- Advise about smoke-free environments
- Connect patients and families to appropriate cessation resources and materials

- Follow up with patients about their readiness to quit or on their quit attempts
- Revisit with patients at every subsequent visit (as appropriate) who are still using tobacco or ENDS

The tobacco treatment template should be automated to appear when patients present with complaints such as cough, upper respiratory problems, diabetes, ear infections, hypertension, depression, anxiety, and asthma, as well as for new patient appointments and well-patient exams. Configure the EHR to accurately input the tobacco, e-cigarette, and vape use; type of use; amount used per day or week; history of use; and eligibility for lung cancer screening. Adding this screening to the EHR will allow physicians to identify all patients who use tobacco, e-cigarettes, or vape upon patient intake and ensure patients are asked their use status at every visit.

### Payment for Counseling

As tobacco, e-cigarette, and vape cessation efforts are incorporated in your practice's EHR templates, be sure to involve those who do medical billing and coding. Electronic claims systems may need to be modified to include tobacco dependence treatment codes and codes for lung cancer screening and shared decision making. For a list of CPT, ICD-9-CM, and ICD-10-CM codes related to tobacco cessation counseling, visit the [AAFP's Treating Tobacco Dependence Practice Manual](#) (pages 17-18).

### Tobacco-related Quality Measures

The Clinical Quality Measures (CQM) for smoking cessation can be tracked in your EHR. The National Quality Forum (NQF) for preventive care and screening of tobacco use (NQF# 0028e) measures the percent of patients 18 years and older screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user.<sup>2</sup> To track and report on this quality measure, ensure that you are recording the date of the most recent tobacco use screening for each patient.

## HISTORY

1. How would you classify your tobacco use (i.e., cigarettes, cigars, chewing tobacco) (check one)?

- Current everyday user
- Current some days user
- Former user: When was the last time you used tobacco: \_\_\_\_\_
- Unknown
- Passive exposure
- Never

2. What types of tobacco products do you use (if current user) (check all that apply and indicate whether amount is per day or per week)?

- Cigarettes: packs per day/week (20 cigarettes per pack) \_\_\_\_\_
- Pipe: bowls per day/week \_\_\_\_\_
- Cigars: number per week \_\_\_\_\_
- Smokeless: cans/pouches per day/week \_\_\_\_\_
- Other tobacco products (e.g., orbs, strips, sticks, hookah, snus) \_\_\_\_\_

3. How would you classify your e-cigarette use (i.e., vaping, JUUL, BLU) (check one)?<sup>3</sup>

- Current everyday user
- Current some days user
- Former user: When was the last time you used e-cigarettes? \_\_\_\_\_
- Unknown
- Passive exposure
- Never

4. What type(s) of e-cigarette devices do you use (if current user) (check all that apply)?

- Closed-pod systems (e.g., JUUL, BLU, NJOY, VUSE):  
Uses per day/week: \_\_\_\_\_
- Refillable systems (e.g., Box Mod, Sourin Drop, Sourin Air, NOVO):  
Uses per day/week: \_\_\_\_\_
- Disposables (e.g., BIDI stick, Cuvie (HQD), Puff Bars, Posh Vape, Stiq):  
Uses per day/week: \_\_\_\_\_

Substances vaped:

- Nicotine
- Cannabinoids (e.g., CBD, THC)

## ASSESSMENT

5. How ready are you to quit using tobacco products (check one)?

- Would like to quit now or within the next month
- Would like to quit sometime, but not within the next month
- Not interested in quitting

6. How ready are you to quit using e-cigarettes (check one)?

- Would like to quit now or within the next month
- Would like to quit sometime, but not within the next month
- Not interested in quitting

7. Are you exposed to any of the following in your house (check all that apply)?

- Tobacco smoke
- E-cigarette vapor

**Plan (for internal use if the patient answered they 'Would like to quit now or within the next month')**

**COUNSELING**

1. Topics counseled for (check all that apply):
  - Tobacco
  - E-cigarettes
  
2. Time counseled (check one):
  - Less than three minutes
  - 3 to 10 minutes
  - Greater than 10 minutes
  
3. Topics covered (check all that apply):
  - Smoke-free home and car
  - Changing daily routines
  - Dealing with urges to smoke
  - Anticipating/avoiding triggers
  - Secondhand smoke
  - Teach behavioral skills
  - Reinforce benefits
  - Counseling notes: \_\_\_\_\_
  
4. Quit date established (check one):
  - Yes: Quit date: \_\_\_\_\_
  - No

**PHARMACOTHERAPY**

5. Topics pharmacotherapy provided for (check all that apply):
  - Tobacco
  - E-cigarettes
  
6. Recommended over-the-counter (OTC) options (check all that apply):
  - Nicotine replacement therapy (NRT) gum
  - NRT lozenge
  - NRT patch
  - NRT patch plus (combination of patch plus gum or lozenge)

7. Medical prescription treatment (check all that apply):
  - NRT nasal spray: Dosing: 1-2 doses/hour (8-40 doses/day); one dose = one spray in each nostril; each spray delivers 0.5 milligrams (mg) of nicotine
  - NRT oral inhaler: Dosing: 6-16 cartridges/day; initially use one cartridge every 1-2 hours (best effects with continuous puffing for 20 minutes)
  - Bupropion SR: Begin 1-2 weeks prior to quit date; 150 mg orally every morning for three days (as tolerated); then increase to 150 mg orally twice a day unless contraindications, such as head injury, seizures, eating disorders, monoamine oxidase (MAO) inhibitor therapy
  - Varenicline: Dosing: Begin at least one week prior to quit date; days 1-3: 0.5 mg orally every morning; days 4-7: 0.5 mg orally twice a day; weeks 2-12: 1 mg orally twice a day; monitor neuropsychiatric symptoms

**FOLLOW-UP PLAN**

8. Follow-up plan (check all that apply):
  - Referral to quitline
  - Referred to cessation program: Name of program: \_\_\_\_\_
  - Follow-up visit in two weeks
  - Staff to follow up in \_\_\_\_\_ weeks
  - Quit date call: \_\_\_\_\_
  - Address at next visit \_\_\_\_\_

**REFERENCES**

1. U.S. Department of Health and Human Services. E-cigarette use among youth and young adults. A report of the Surgeon General. Public Health Service. Office of the Surgeon General. Accessed March 18, 2021. [https://e-cigarettes.surgeongeneral.gov/documents/2016\\_SGR\\_Full\\_Report\\_non-508.pdf](https://e-cigarettes.surgeongeneral.gov/documents/2016_SGR_Full_Report_non-508.pdf)
2. Electronic Clinical Quality Improvement (eCQI) Resource Center. Preventive care screening: tobacco use: screening and cessation intervention. Accessed March 18, 2021. <https://ecqi.healthit.gov/ecqm/ep/2019/cms138v7>
3. Pearson JL, Reed DM, Villanti AC. Vapes, e-cigs, and mods: what do young adults call e-cigarettes? *Nicotine Tob Res.* 2020;22(5):848-852.

# Tobacco and E-cigarettes Come in all Shapes and Sizes

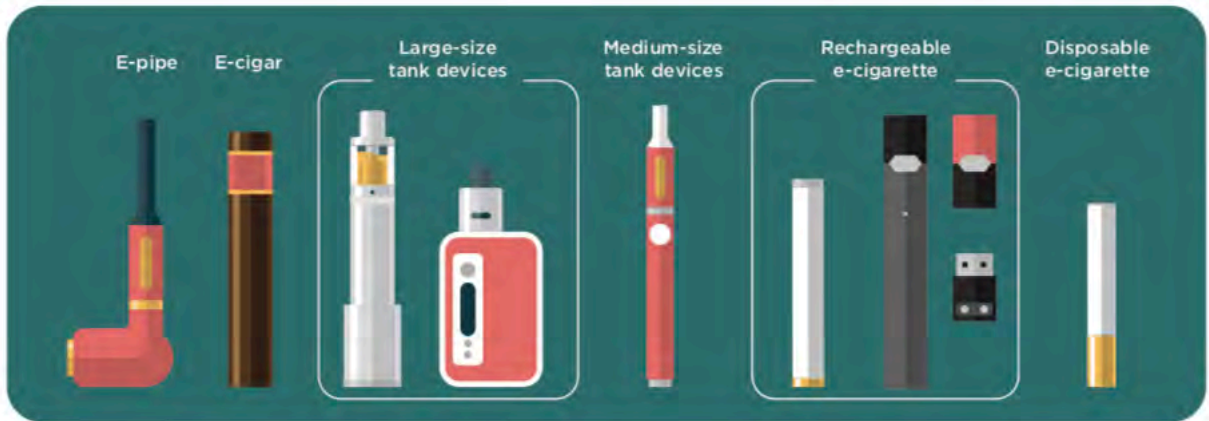


Image source: Centers for Disease Control and Prevention. Electronic cigarettes. What's the bottom line? Accessed March 14, 2021. [www.cdc.gov/tobacco/basic\\_information/e-cigarettes/pdfs/Electronic-Cigarettes-Infographic-508.pdf](http://www.cdc.gov/tobacco/basic_information/e-cigarettes/pdfs/Electronic-Cigarettes-Infographic-508.pdf)

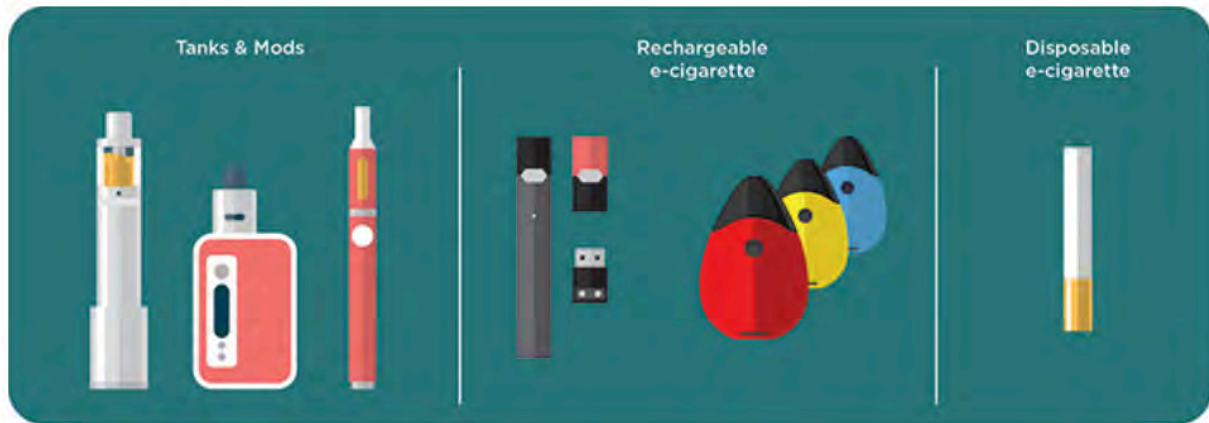


Image source: Centers for Disease Control and Prevention. About electronic cigarettes (e-cigarettes). Accessed March 14, 2021. [www.cdc.gov/tobacco/basic\\_information/e-cigarettes/about-e-cigarettes.html](http://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html)



Image source: National Institute on Drug Abuse. Mind matters: the body's response to nicotine, tobacco and vaping. Accessed March 15, 2021. <https://teens.drugabuse.gov/teachers/mind-matters/nicotine>