Smoking Cessation: An Addition to Plan 1st Protocol

Satellite Conference and Live Webcast
Wednesday, October 24, 2012
10:00 – 11:00 a.m. Central Time

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

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Director of Case Management / Care Coordination
Bureau of Family Health Services
Alabama Department of Public Health

Process

- **Nurse and patient**
- **Prescription and referral form**
- **The Care Coordinator's Role**
- **Changes to Protocol**

Medicaid Pharmacy Form

Alabama Medicaid Pharmacy
Smoking Cessation for Pregnant Women and Plan First Recipients
Prior Authorization Request Form

PATIENT INFORMATION

PRESCRIBER INFORMATION

DRUG-CLINICAL INFORMATION

DISPENSING PHARMACY INFORMATION

Quitline Referral form

ADPH Plan first Medicaid

PLAN FIRST SMOKING CESSATION PROGRAM
PATIENT REFERRAL/CONSENT FORM

Patient Information

Healthcare Provider

Quitline

Alabama Tobacco Quitline
1-800-QUIT-NOW
(1-800-784-8669)
Fax to:
IQH, Alabama Tobacco Quitline
1-501-666-9602

For additional forms PLEASE COPY or visit http://www.adph.org/planfirst

Quitline office hours: M-F 8am-6pm, Sat. 9am-5:30pm

OCTOBER 2012

Patient Information Section

Patient Information

Patient's Name: _____ Medicaid # _____ Date: _____

Telephone #: _____ *Best Contact Time: _____ *Daytime _____ *Evening _____

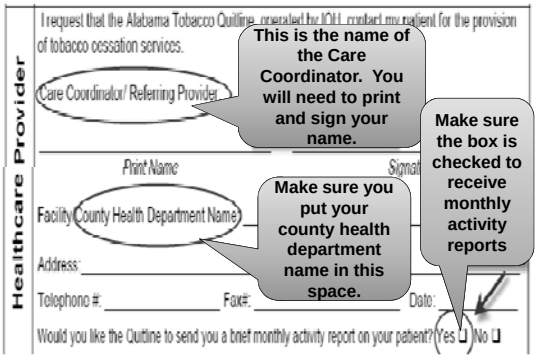
I hereby authorize my healthcare provider to release my contact information and information regarding my tobacco use to the Alabama Tobacco Quitline. This authorization is continuing. I *understand that the Alabama Tobacco Quitline will contact me to provide information, offer support* in quitting tobacco and will provide progress reports to my healthcare provider. I agree to take part in this program and I understand that my participation is voluntary. I understand that any information I provide will be kept confidential.

Patient/Client Signature for Consent: _____

Comments: _____

Best Contact Time

Healthcare Provider Section



Quitline Information

- **Office hours**
  - **Monday – Friday: 8:00 am – 8:00 pm**
  - **Saturday: 9:00 am – 5:30 pm**

Medicaid Fax Number

- **Fax the Medicaid Pharmacy Form and Quitline referral form to Medicaid at:**

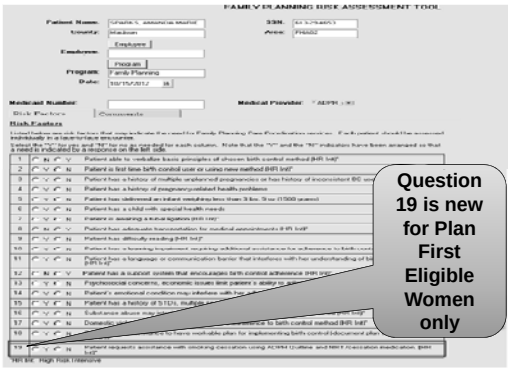
–1 – 800 – 748 – 0116

Quitline Fax Number

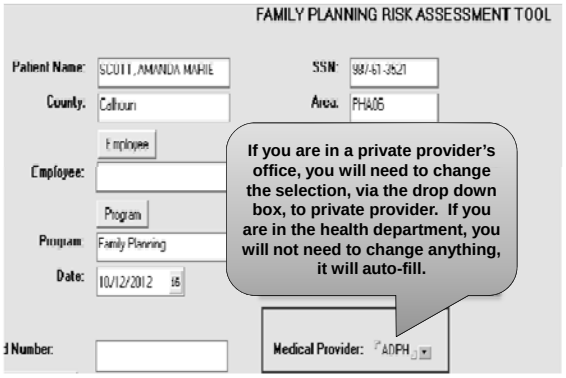
- **Fax only the Quitline referral form to the Quitline at:**

–1 – 601 – 899 – 8650

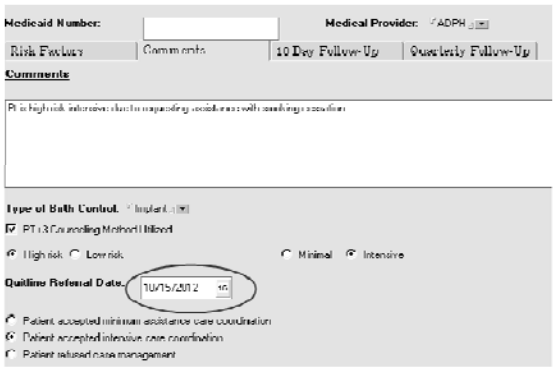
Risk Assessment Form



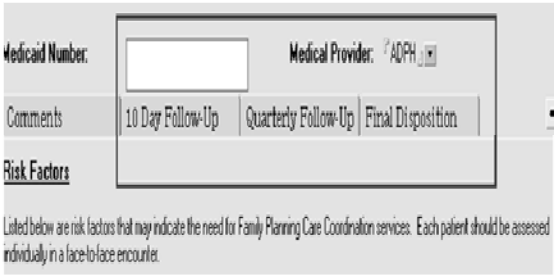
Risk Assessment Form



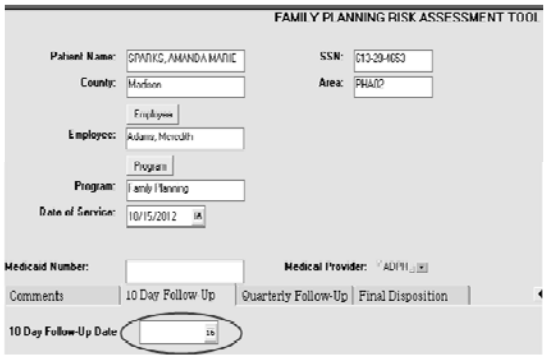
Comments Tab



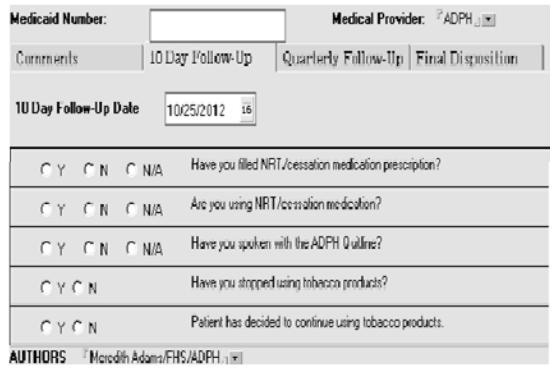
New Tabs to Risk Assessment



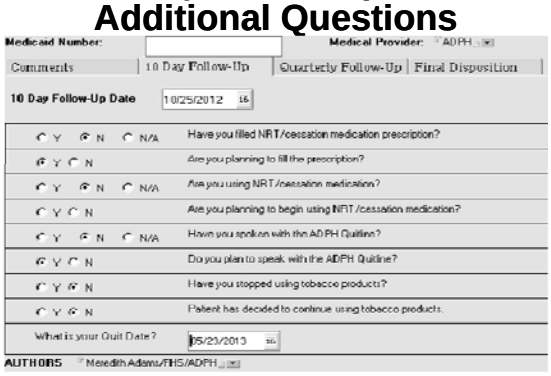
10 Day Follow-up Tab



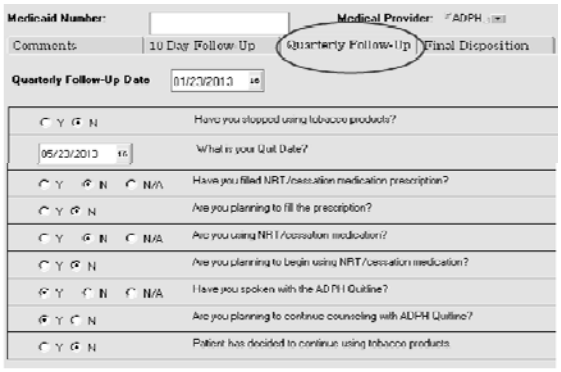
10 Day Follow-up Tab



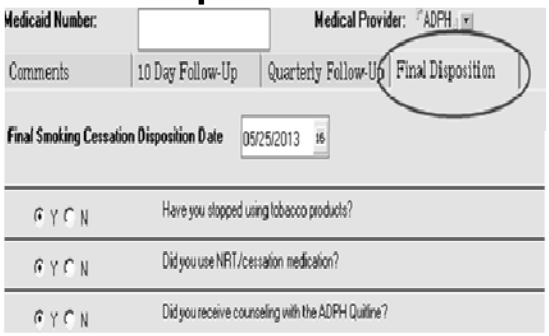
10 Day Follow-up with Additional Questions



Quarterly Follow-up Tab



Final Smoking Cessation Disposition Tab



Reminders

- **10 day follow-up reminder will be e-mailed 5 days prior to the required date of completion**
- **Quarterly follow-up reminder will be e-mailed 60 days from the date in the Quitline referral date box**
- **Final smoking cessation reminder**

Tips

- **When talking to the patient about the Quitline be sure to let them know the Quitline # is a 601 area code**
- **Send Quitline referrals daily**
- **Patient's phone number**
- **Monthly activity reports**

Possible Questions

- **Do we have to continue to follow as high risk intensive if the patient states they will continue to use tobacco products?**
- **How long before the patient can get the prescription filled?**
- **How long will the patient be on the phone with the Quitline?**

Possible Questions

- **Why does the additional question on the risk assessment not appear for a Patient 1st patient?**

Summary

- **Fax Quitline referral form and Medicaid Pharmacy form to Medicaid**
- **Fax Quitline referral form to Quitline**
- **Patients interested in smoking cessation medications will be high risk intensive and require 10 day follow-up and personal quarterly contact**