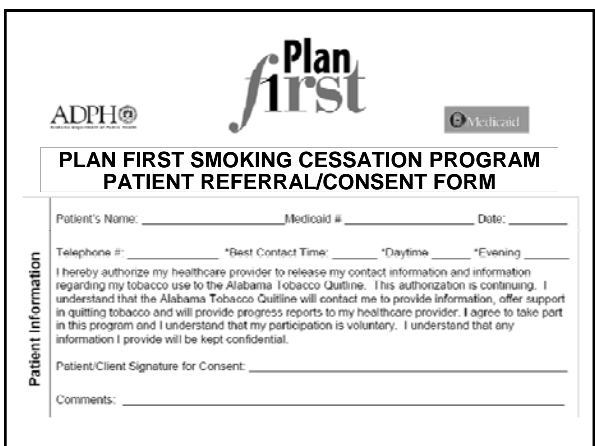
Preconception Care: Tobacco Cessation

Satellite Conference and Live Webcast
Tuesday, September 11, 2012
3:00 – 4:00 p.m. Central Time

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

Faculty

Annie Vosel, BSN, RN
Plan First Manager
Title X Training Coordinator
Bureau of Family Health Services
Alabama Department of Public Health



ADPH
Plan first
Medicaid

PLAN FIRST SMOKING CESSATION PROGRAM
PATIENT REFERRAL/CONSENT FORM

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: ____________

Healthcare Provider

I request that the Alabama Tobacco Quitline, operated by IQH, contact my patient for the provision of tobacco cessation services.

Care Coordinator/ Referring Provider:

____________ Print Name ____________ Signature

Facility/County Health Department Name: ____________

Address: ____________

Telephone #: ____________ Fax#: ____________ Date: ____________

Would you ... Quitline to send you a brief monthly activity report on your patient? Yes ☐ No ☐

Quitline

Alabama Tobacco Quitline
1-800-QUIT-NOW
Fax to:
IQH, Alabama Tobacco Quitline
1-601-899-8650

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

*Quitline office hours: M-F 8am-8pm; Sat. 9am-5:30pm OCTOBER 2012

Progress Report

- Monthly
  - Patient name
  - Medicaid #
  - Referral date
  - Date contacted
  - Date of intake
  - Quit date
  - # of sessions

Evaluation

- Project will be evaluated by UAB School of Public Health
  - Participation
    - Product
    - Counseling
  - Seven month quit rate

What Do I Need to Do?

- Ascertain tobacco use
- Determine tobacco use history
- Advise regarding smoking cessation project and determine willingness to participate
- Prescribe product
  - Give RX to patient

What Do I Need to Do?

- Complete:
  - Plan First Smoking Cessation Referral Form
  - Medicaid Pharmacy Form
- Fax both forms to Medicaid
  - 1 – 800 – 748 – 0116

What Do I Need to Do?

- Fax the Smoking Cessation Form only to the Quitline
  - 1 – 601 – 899 – 8650

Musts

- The patient must be a Plan First recipient – Aid Cat. 50 – Family Planning Only

Musts

- Must complete the Smoking Cessation Referral Form and the Medicaid Pharmacy Form
  - Fax the Smoking Cessation AND the Pharmacy Form to Medicaid
    - 1 – 800 – 748 – 0116
  - Fax the Smoking Cessation Referral Form to the Quitline
    - 1 – 601 – 899 – 8650

Helpful Hints

- Encourage the patient to start product after they are contacted by the Quitline
- Advise patient that when the Quitline staff calls them, they may see an unfamiliar area code (601)

Helpful Hints

- Quitline operating hours are:
  - 8 am – 8 pm, Monday-Friday
  - 9 am – 5:30 pm, Saturday
- Please do not "batch and send" the referrals
- EMR-Meaningful use

Forms

- Forms can be obtained at:
  - http://medicaid.alabama.gov/CONTENT/5.0_Resources/5.4_Forms_Library/5.4.5_Pharmacy_Forms.aspx
  - http://www.adph.org/planfirst