

CDS Starter Kit: Smoking Cessation

Introduction

CDS for smoking cessation is a relatively straightforward set of tools that is a good starting point for beginner-level CDS users. Smoking cessation is the subject of a core measure of Meaningful Use. Throughout this starter kit, it is assumed that the reader has implemented a Meaningful Use Certified product with all of its standard capabilities.

Treatment guidelines and logic used by the CDS

“All patients should be asked if they use tobacco and should have their tobacco-use status documented on a regular basis. The guidelines recommend that physicians advise all tobacco users identified during screening to seriously consider making an attempt to quit and that advice should be "clear," "strong," and "personalized". Physicians should assess the patient’s willingness to quit through a discussion of the health benefits of quitting, self-help materials, and referral to community groups. Patients who do not wish to quit should receive motivational interventions (e.g., the 5 R's: relevance, risks, rewards, roadblocks, and repetition).” (1)

User guide for smoking cessation tools

Initiating CDS

Many vendors include CDS for smoking cessation as a standard part of their EHR systems. While many systems have this feature activated by default, some may need user intervention to activate it.

Diagnosis & treatment

Step 1: Document smoking status

Smoking status can be entered in documentation templates. Smoking status is typically entered by the nurse or medical assistant during the intake assessment part of the clinical encounter workflow.

Step 2: Enter smoking status on problem list, if current smoker

If the patient is a current smoker, the next step is to enter tobacco use as a problem on the problem list. The documentation of current tobacco use in the problem list is very important because it is a trigger that gives the provider access to more CDS tools within the EHR. In some practices, this documentation may occur after a workflow transition between the intake assessment and the physician’s assessment. Transitions often present a challenge because information can be miscommunicated or not communicated at all. CDS tools can support documentation and communication between providers.

For example, the CDS can provide alerts to recommend further action (i.e., documentation and treatment) to the provider, or it can automatically document tobacco use as a current problem to be assessed later in the clinician's workflow. These types of tools support the documentation process and communication between providers

Step 3: Assess willingness to quit

Once the diagnosis is entered on the problem list, the provider, typically a physician or other senior clinician, assesses willingness to quit. A provider may have a standard list of questions s/he likes to use for this assessment

Step 4: Select treatment recommendations

The provider should select appropriate treatment recommendations based on the patient's willingness to quit. If the patient is willing to quit, next steps should be discussed.

Customization

Providers may be able to customize the CDS at Steps 3 & 4 by adding preferred notes or phrases to the documentation tools.

Monitoring and reporting

There are two tobacco cessation measures that are part of the Meaningful Use – Core Quality Measure Set (NQF 0028a & b). Providers can review their performance on these measures and assess how well the CDS is supporting their work. If the provider scores below the performance threshold, s/he may want to refine the CDS to better suit their workflow or seek more training on how to use the CDS tools to maximum effect. Reports on tobacco cessation measures are a standard part of all Meaningful Use-certified EHRs.

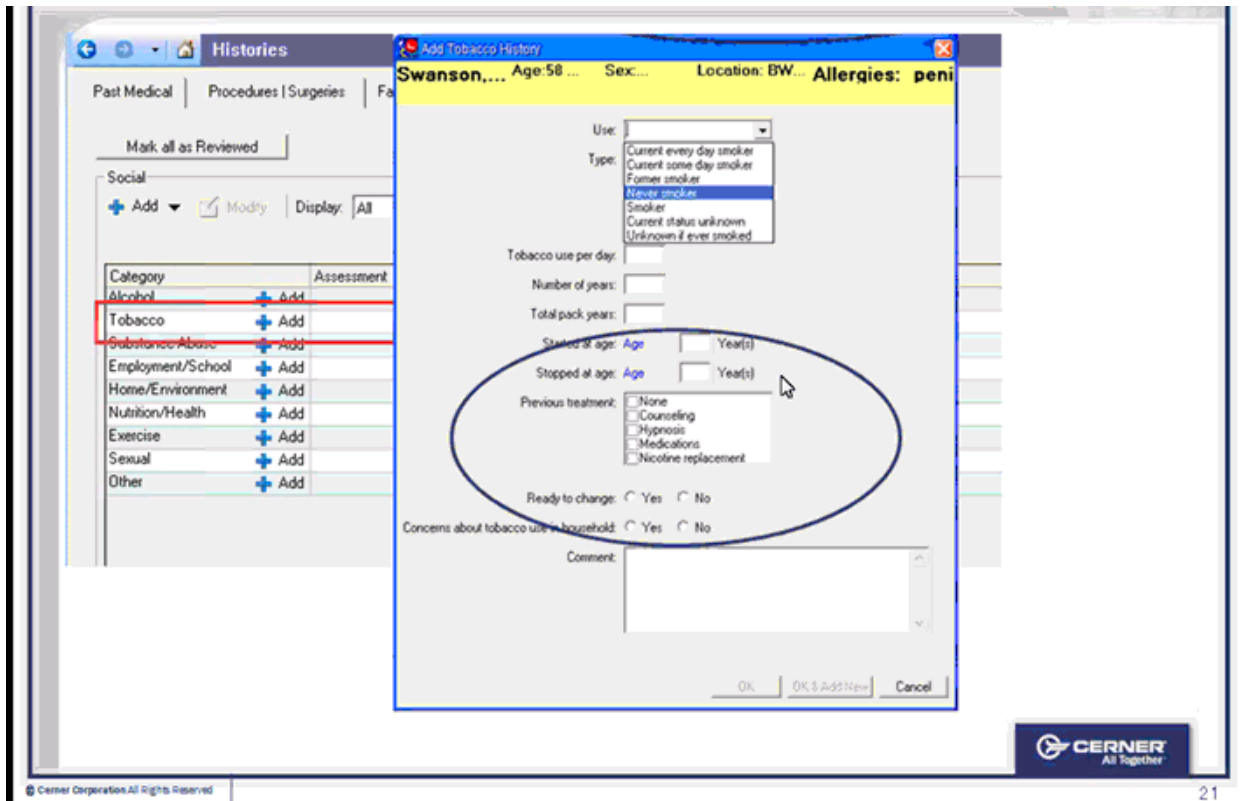
Examples

Example 1: Cerner Ambulatory EMR/EHR (2)

Diagnosis & Treatment

Step 1: Document smoking status:

Smoking status is documented in the "Histories - Social" section. The user can add information to the patient's history from the home screen by clicking on the "Add" button in the "Social History" heading. This will open up the histories form to the social history tab. The user can then add tobacco history and relevant details into a documentation template.



Step 2: Enter smoking status on problem list, if current smoker:

The CDS system takes information from the tobacco history section and compares the patient's smoking status to treatment guidelines. If the patient's smoking status is current tobacco use, then the system will automatically enter the problem on the problem list.

Ambulatory Summary
 Zztest, Ozzy M 60 Years DOB: 10/26/1950 MRN: 598 FIN: 15422 Visit Reason:
 This page is not a complete source of visit information.

Patient Information	Vitals and Measurements
Chief Complaint: back pain, dm follow up	BP: 138/82 (Latest 8 mos ago)
Primary Physician:	TEMP: 98.7 (11 hrs ago)
Emergency Contact:	HR: 72 (8 mos ago)
Emergency #:	Height: 69.00 (12 mins ago)
Advance Directive:	Weight: 231.00 (12 mins ago)
	Body Mass Index: 34.11 (12 mins ago)

Diagnoses (2 Active)	Social History (1)
Carbuncle of skin and subcutaneous tissue NOS. (680.9)	Tobacco:
Caries, dental NOS (521.00)	

Problems (8 Active)
Asthma (493.90)
Diabetes (250.00)
Erectile Dysfunction (607.84)
HTN (401.9)
Hyperazotemia (791.9)
Hyperlipemia (272.4)
Obese (278.00)
Tobacco user (305.1)

Entering Current Smoker in Social History places Tobacco User on Problem list

Steps 3 & 4: Assess willingness to quit & select treatment recommendations:

The user can document willingness to quit and treatment recommendations from the same documentation template. The “Smoking Cessation” template has a space to document “Readiness to Quit” (upper right corner). The provider can then document interventions for those who are willing, unwilling, or recently quit in the template. The template provides decision support by displaying a pick-list of treatment recommendations depending on the patient’s willingness to quit. The smoking cessation template also has space to document patient education and referrals.

Smoking Cessation - Nephron, Jennifer

Performed on: 04/27/2011 1556 CDT

Smoking Cessation

Attempt to Quit Smoking in Past Year

Established Quit Date: _____

Methods Attempted to Quit Smoking

None Nicotine inhaler Smoking cessation program
 Acupuncture Nicotine nasal spray Other
 Cold turkey Nicotine patch
 Hypnosis Oral medication
 Nicotine gum Salt

Readiness to Quit

Contemplating quitting
 Not motivated to quit
 Ready to quit
 Refuses to discuss

Interventions for Those Willing to Quit

Counseling provided Pharmacotherapy recommended as appropriate
 Extra treatment social support provided Quit plan developed
 Follow-up contact scheduled Supplementary materials provided
 Intra-treatment social support provided Other

Interventions for Those Unwilling to Quit

Benefits obtained from quitting discussed Other
 Risks of continuing to smoke discussed
 Specific personal reasons for quitting developed
 Things that make quitting difficult discussed

Interventions for Those Who Recently Quit

Problems encountered with quitting discussed Smoking cessation benefits reinforced
 Successes discussed Other

Potential Problems for Those Who Recently Quit

Lack of support Negative mood/depression
 Strong/Prolonged withdrawal symptoms
 Weight gain

Declining Motivation/Feeling Deprived

Any use makes quitting more difficult emphasized
 Probed to ensure no periodic tobacco use
 Reassured feelings are common
 Rewarding activities recommended
 Other

Lack of Support

Follow-up visits/telephone calls scheduled
 Helped patient identify sources of support
 Referred to cessation program
 Other

Negative Mood/Depression

Counseling provided Medications prescribed
 Referred to specialist
 Other

Strong/Prolonged Withdrawal Symptoms

Pharmacologic medications combined
 Pharmacotherapy extended
 Other

Weight Gain

Importance of healthy diet emphasized Strict dieting discouraged
 Pharmacologic therapy explained Weight gain common/self limiting explained

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Patient Education

Teaching Method

Demonstration Explanation Group Printed materials Video/Educational TV Other

Barriers to Learning

None evident Acuity of illness Cognitive deficit Cultural barrier Desire/Motivation Difficulty concentrating Emotional state Financial concerns Hearing deficit Language barrier Literacy Memory problems Vision Impairment Other

Home Caregiver Present for Session

Yes
 No
 Other

Risks/Benefits of Smoking Cessation	Verbalizes understanding	Demonstrates	Needs further teaching	Needs practice/supervision	Comment
Second Hand Smoke					
Smoking Cessation					
Smoking Cessation Programs					

Education Referral Made To

Behavioral health practitioner Primary care physician
 RN Educator Social services
 Nutrition Educator Support group
 Exercise Physiologist Other
 Home Health APRN Physician Specialist

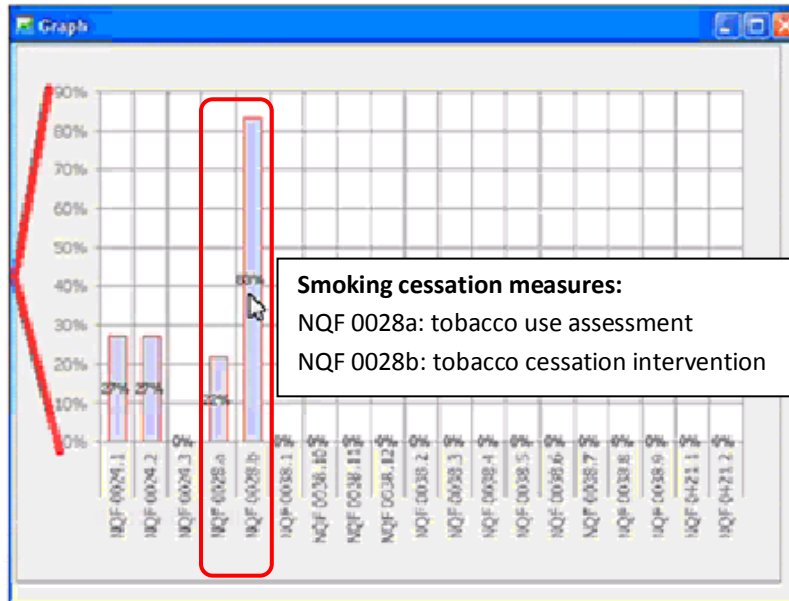
Additional Learner(s) Present

Spouse Mother
 Daughter Sibling
 Family member Significant other
 Friend Son
 Grandfather Other
 Grandmother Father

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Monitoring & Reporting

Cerner includes an analytics package – Discern Analytics – with its Ambulatory EMR/EHR, which allows users to generate reports on various quality measures. Users can access Discern Analytics from the Explorer menu. Performance reports on smoking cessation measures are available under “Clinical Quality Measures → *Core Measures”. Reports can be viewed in grid or chart format. Filters are also available to refine the reports as needed. Below is an example of a bar chart with the smoking cessation measures noted.



Example 2. NextGen Ambulatory EHR (3)

This example describes how smoking cessation treatment is addressed in the context of chronic condition management.

If current tobacco use is documented during the intake assessment, a provider may choose to provide treatment recommendations in the context of disease management for other chronic conditions because smoking cessation is recommended as part of the treatment for many other chronic conditions like heart disease and diabetes. In the example below, the provider is reviewing recommended care for a diabetes patient who smokes.

Smoking cessation appears in the Recommended Care grid near the bottom of the screen. If the provider double-clicks on the row containing smoking cessation, the 'ngkbm_rec_care_chronic' popup will open.

Chronic Conditions - HPI

Chronic Conditions

Last Addressed	Condition	Code	Comments
/ /	DM, uncomplicated, type II	250.00	
07/06/2010	Hypertension, benign essential	401.1	

Conditions addressed:
DM, uncomplicated, type II (onset 07/08/2009; Controlled. The patient is checking blood sugars twice/daily. All reported fingersticks are acceptable. There are occasional lapses in diet but for the most part, the patient is following the diet.) Hypertension, benign essential (onset 07/06/2008; Stable. Positive for

Associated symptoms/pertinent negatives

Fatigue No Yes Weight gain No Yes
Pain No Yes Weight loss No Yes

Vital signs

Home blood pressure range: Timeframe: **Blood Pressure Classification**
100-130 / 75-85 1 Week Add discrete home BP to vitals
(Double click on data grid to add new.)

Date	Time	BP	Method	Side	Site	Measured By
07/07/2010	2:41 PM	120/80	manual	right	Brachial	

Medications

Start Date	Medication	Dose	Compliance

"ngkbm_rec_care_chronic" - [1 of 19]

Date	Condition	Type	Recommended Care	Goal	Status	Compliance / Exclusion
/ /	DM	Education	Smoking Cessation			

All new entries and modifications to existing guidelines must be managed on the practice template ngkbm_recommended_care.

Buttons: << < Clear for Add Delete Save Close > >>

due	Health Maintenance	Sigmoidoscopy	/ /	07/06/2010	5 years
due	Health Maintenance	PAP	/ /	07/06/2010	1 year
due	Health Maintenance	Mammogram	/ /	07/06/2010	1 year

Recommended Care Addressed today All

Date	Condition	Type	Recommended Care	Goal	Status	Compliance / Exclusion
/ /	DM	Education	Smoking Cessation			
/ /	DM	Management	Blood Pressure			
/ /	DM	Management	Fingerstick Glucose			

Buttons: Save and Close Cancel

The provider can complete the information in the popup for smoking cessation education by first entering the goal of "Tobacco Cessation", the status, and compliance, which are selected from lists generated by clicking their respective drop-down arrows. When done, click 'Save' and then the '>' symbol. This will bring you to the next item in the treatment recommendations grid without having to exit the popup.

Medications **Medication Review** **History**

"ngkbm_rec_care_chronic" - [1 of 19]

Date	Condition	Type	Recommended Care	Goal	Status	Compliance / Exclusion
07/08/2010	DM	Education	Smoking Cessation	Tobacco cessation	counselled	continues to use tobacco

All new entries and modifications to existing guidelines must be managed on the practice template ngkbm_recommended_care.

Buttons: << < Clear for Add Delete Save Close > >>

due	Health Maintenance	Sigmoidoscopy	/ /	07/06/2010	5 years
due	Health Maintenance	PAP	/ /	07/06/2010	1 year

Summary

The NextGen and Cerner examples illustrate the versatility of CDS for smoking cessation. Apart from providing vendor-specific guidance, these examples can help implementers think about how different CDS intervention types can match work processes for a particular clinical condition.

References

1. University of Michigan Health System. National Guideline Clearinghouse: Smoking Cessation [Internet]. Agency for Healthcare Research and Quality July 20, 2009 cited 06/08/11]. Available from: <http://www.guideline.gov/content.aspx?id=9800>
2. Cerner Corporation. Training materials for Cerner Ambulatory EMR/EHR (unpublished). Kansas City, MO; Shared with authors May 2011.
3. NextGen Healthcare Information Systems, Inc. Training materials for NextGen Ambulatory EHR (unpublished). Atlanta, GA; Shared with authors May 2011.