Alaska's Tobacco Quit Line:

It's free. It's confidential. And it works.

Alaska's Tobacco Quit Line

- 1-800-QUIT-NOW
  - (formerly 1-888-842-QUIT)
  - 7 days a week, 4am-11pm
  - All Alaskan adults eligible for services
  - Free and confidential
  - Translation services available
  - Unlimited and easy access to Quit Coaches through a toll-free number

Alaska Division of Public Health
Prevention Promotion Protection

Who is a Quit Coach?

All Quit Coaches are professionals trained to assist Alaskans in quitting tobacco

- Bachelor's degree in health education, counseling or related field
- A minimum of 120 hours of training in behavioral therapy
- Experience in counseling for behavior change and helping others quit tobacco
- Special training in serving Alaskan participants

"They were helpful. They called consistently. They were not judging. They were there to listen and give advice. "

Alaska Tobacco Quit Line Services

Materials

- Written Quit Guide sent to people interested in more information on how to quit tobacco
- Written materials for family/friends interested in helping a loved one quit tobacco
- Print materials available in both English and Spanish

One-Time Call Program

- Counseling support for tobacco users who want to talk about quitting but are not prepared to set a quit date
- One-time sessions with a Quit Coach on how to prepare for a quit attempt
- Counseling for tobacco users who have quit and would like maintenance support

Multiple-Call Program

- On-going coaching support for callers ready to set a quit date
- Up to 4 proactive calls from a Quit Coach, scheduled at a day and time determined by the caller
- Up to 8 weeks of free NRT
- Participants may call to speak to a Quit Coach at any time between scheduled calls
- Expanded services for pregnant women

Free Nicotine Replacement Therapy

- **All callers who enroll in a multi-call program are eligible to receive free Nicotine Replacement Therapy (NRT).**
  - No income or insurance restrictions
  - 8 weeks of nicotine patch, gum or lozenge
  - Participants who have had a heart attack or stroke in the last two weeks or <u>who are currently pregnant</u> will need authorization from their health care provider to receive NRT

Enhanced Program for Pregnant Women

"Cigarette smoking during pregnancy is the greatest modifiable risk factor for pregnancy-related morbidity and mortality in the United States."

--Treating Tobacco Use and Dependence: 2008 Update

- Special training on how to assist expectant mothers
  - Women-centered, rather than baby-centered approach
  - Focus on benefits of quitting and risks of continued tobacco use, not only during pregnancy but after delivery
- Additional materials on the risks of tobacco use during pregnancy

Enhanced Program for Pregnant Women

- Up to 10 proactive follow-up calls during pregnancy and postpartum
  - Several intervention calls in the two-week period following a quit attempt
  - Another call just before due date
  - Two further calls within two months of delivery
- NRT may be available, with written approval from the women's health care provider

Smoking and Pregnancy

When you are pregnant, the things you do affect your unborn child. Smoking – or even being around other people who smoke – exposes your baby to harmful chemicals that can have a lifelong impact. No matter how far along you are in your pregnancy, your baby will be healthier if you quit.

When you quit smoking:

- Your baby will get more oxygen which helps your baby grow.
- Your baby's lungs will be more likely to work well.
- Both you and your baby will likely have fewer colds.
- Your baby will be less likely to have asthma, allergies and other lung problems.
- Your baby will be less likely to suffer from attention deficit hyperactivity disorder (ADHD).
- Your breast milk will be healthier for your baby.

By quitting smoking you can:

- Reduce the chances that your baby will miscarry.
- Reduce the chance that your baby will be born too early, before the lungs and other organs are fully formed.
- Avoid having your baby go through nicotine withdrawal at birth.
- Decrease your baby's risk of sudden infant death syndrome (SIDS or crib death).
- Save money to buy more things for your baby – and yourself.

Medical Authorization for NRT

To Physician:

Your patient, **Joe Camel,** is enrolled in the **Free & Clear Quit for Life™ Program**. During the course of our assessment call your patient said he/she wanted to use Nicotine Replacement Therapy (NRT) to help him/her quit. However, your patient **self-reported** that does not allow us to send NRT without the written permission of the physician.

If you want your patient to use NRT to help him/her quit tobacco, please complete the enclosed form indicating the beginning dosage level, and return it to the Alaska Tobacco Quit Line. **Please return the form even if you do not want your patient to use NRT.**

See attached fax form.

For additional information regarding NRT contraindications and physician precautions, please consult your PDR or a pharmacist. As you weigh the relative risks of NRT use versus its potential benefit towards helping your patient successfully quit tobacco, our medical team is available for consultation at 1-800-QUIT-NOW (784-8669).

For additional information about the Alaska Tobacco Quit Line, please visit: www.freeclear.com.

Thank you,

Alaska Tobacco Quit Line

Dear Physician,

If your assessment is that NRT is medically appropriate for your patient, please check **one of the first two boxes** below. If you choose the second box, check the NRT type and dosage level you prefer for your patient:

- ❑ I authorize **Alaska Tobacco Quit Line** to treat **Joe Camel** with NRT, according to treatment recommendations from the US PHS Clinical Practice Guideline.
- ❑ I authorize **Alaska Tobacco Quit Line** to treat **Joe Camel** with NRT, as below:

  NICOTINE PATCH, beginning at the:
  - ❑ 21 mg patch level
  - ❑ 14 mg patch level
  - ❑ 7 mg patch level

  NICOTINE GUM, using:
  - ❑ 2-mg gum
  - ❑ 4-mg gum

  NICOTINE LOZENGE, using:
  - ❑ 2-mg lozenge
  - ❑ 4-mg lozenge

- ❑ **I DO NOT** authorize **Alaska Tobacco Quit Line** to dose **Joe Camel** for NRT

PHYSICIAN:

- ✓ **Please sign this form**, including your **address and phone number with area code**
- ✓ **Fax to Alaska Tobacco Quit Line via fax at (800) 483-3114. Please return with your clinic's cover sheet.**
- ✓ If you have any questions or would like to consult with our Medical Director, please call **1-800-QUIT-NOW (784-8669).**

Referring Tobacco Users to the Quit Line

- Provide tobacco users with Alaska Tobacco Quit Line print materials
  - Provided free by the State of Alaska. To order email tobacco@alaska.gov
- Proactively refer tobacco users to the Quit Line through the Fax Referral Program
- Enroll online at http://www.quitnow.net/alaska

Quit Line Fax Referral Program

- Creates a partnership between the Quit Line and healthcare providers
- When a provider refers a patient to the Quit Line they fill out the referral form together during a regular office visit.
  - A Quit Coach will call the referred patient within 48 hours
    - Initial call made by Quit Coach rather than patient
    - Encouraging voicemail left if no answer
    - Letter sent if not reached
  - Patient-specific outcome report sent back to referring clinic/provider

FAX REFERRAL FORM

When complete fax to: 1-800-483-3114

ALASKA'S TOBACCO QUIT LINE 1-800-QUIT-NOW IT'S FREE. IT'S CONFIDENTIAL. AND IT WORKS.

Alaska Tobacco Quit Line Fax Referral Form

Fax Referral is for patients who are **ready to quit in the next 30 days** AND **ready to accept a call from the Quit Line in the next 48 hours**. If neither of these conditions is met, Fax Referral is not appropriate at this time. Instead, provide patient with Quit Line or other tobacco resource information.

Provider Information: **Fax Sent Date:** _____/_____/_____

Clinic Name: _____

Health Care Provider: _____

Contact Name: _____

I am a HIPAA-Covered Entity (Please check one) ☐ **Yes** ☐ **No** ☐ **I Don't Know**

Fax: (_____) _____ - _____ **Phone** (_____) _____ - _____

Comments: (e.g. Patient has COPD, diabetes, any information that might be helpful to the Quit Line)

Client Information: **Gender:** ☐ **Male** ☐ **Female** **Pregnant?** ☐ **Y** ☐ **N**

Client Name: _____ **DOB:** _____/_____/_____

Address: _____ **City:** _____ **Zip:**_____

Primary #: (_____) _____ - _____ **Type:** ☐ **HM** ☐ **WK** ☐ **CELL** ☐ **OTHER**

Secondary #: (_____) _____ - _____ **Type:** ☐ **HM** ☐ **WK** ☐ **CELL** ☐ **OTHER**

Language Preference (check one): ☐ **English** ☐ **Spanish** ☐ **Other -** _____

Tobacco Type (check ALL that apply): ☐ **Cigarettes** ☐ **Smokeless Tobacco** ☐ **Cigar** ☐ **Pipe**

____I am ready to quit tobacco and request the Alaska Tobacco Quit Line contact me to help me with my quit plan. **(Initial)**

_____I **DO NOT** give my permission to the Alaska Tobacco Quit Line to leave a message when contacting me. **(Initial)**

Client Signature: _____ **Date:** _____/_____/_____

The Alaska Tobacco Quit Line will call you. Please check the BEST 3-hour time frame for them to reach you. The Quitline is open 7 days a week; call attempts over a weekend may be made at times other than during this 3-hour time frame.

☐ **6am - 9am** ☐ **9am - 12pm** ☐ **12pm - 3pm** ☐ **3pm - 6pm** ☐ **6pm - 9pm**

Within this 3-hour time frame, please contact me at (check one): ☐ **Primary** ☐ **Secondary**

Comments: (e.g. I'm not available weekends, prefer Tues or Thurs, etc.)

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OUTCOME REPORTING FORM

Free&Clear

ALASKA'S TOBACCO QUIT LINE 1-800-QUIT-NOW IT'S FREE. IT'S CONFIDENTIAL. AND IT WORKS.

Participant Outcome Report

Your Clinic recently referred a patient to the Alaska Tobacco Quit Line Fax Referral Program. This form describes the type of service the patient received through the program. Please place this in the patient's file.

Clinic Information:

Clinic Name:

Clinic Phone Number:

Clinic Fax Number:

Clinic ID #:

Patient Information:

Participant Name:

Participant Address:

Participant Primary Phone Number:

Date Signed:

Outcomes:

Disposition:

Contact Date if Contacted:

Planned Quit Date (If accepted services):

Stage (If accepted services):

Note:

Info Only: Participant requested written materials only.

Accepted Multiple Call Program: Participant accepted enrollment into multiple call service.

Unreachable: Attempts were made to contact the participant during his/her best time, but the participant could not be reached.

Declined: Participant refused program services.

CONFIDENTIALITY STATEMENT

The documents accompanying this facsimile transmission may contain confidential information, belonging to the sender that is protected by Washington State and/or federal law. This information is solely for the use of the addressee named above. You may be exposed to legal liability if you disclose this information to another person. You are obligated to maintain this information in a safe and secure manner. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or other use of the contents of this faxed information is strictly prohibited. If you have received this facsimile in error, p ease notify the sender immediately by telephone to arrange for return of the documents to us.

Print Date: 5/21/2010 7:38:04 AM

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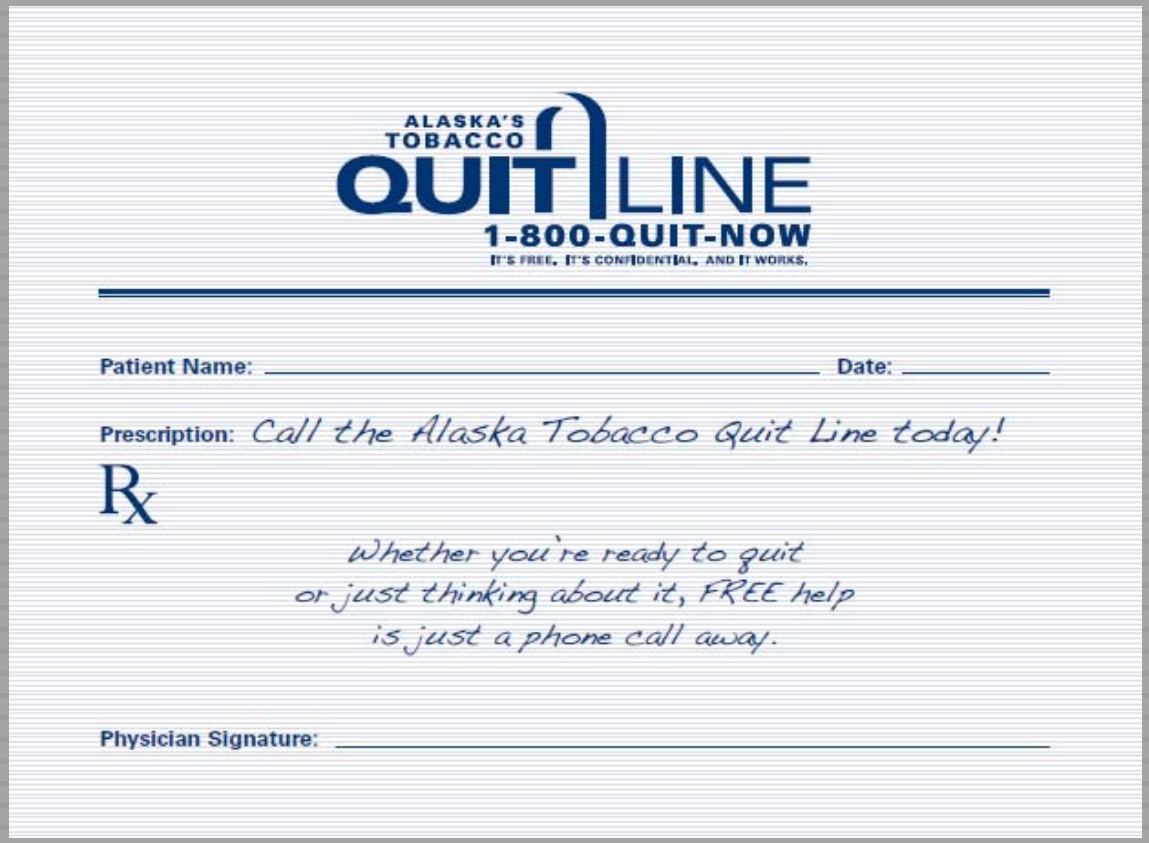
Additional Resources

- *The Brief Tobacco Intervention: Helping Alaskans Quit*
  - Provider Demonstrations
  - Demo Quit Line Calls
  - Local Cessation Resources
  - CME accreditation pending

http://www.akbriefintervention.org

Additional Resources

- Tobacco Education and Alaska Tobacco Quit Line Outreach Specialist Program. Services include:
  - Tobacco education and cessation trainings for providers and staff
  - Alaska Tobacco Quit Line materials
  - Technical assistance in implementing site-specific recommendations on meeting CDC Best Practices for Tobacco Cessation
- Visit http://www.alaskaquitline.com or email Marlene Adams (mmadams@anthc.org) for more information or to request services



Empower your patients to Quit

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