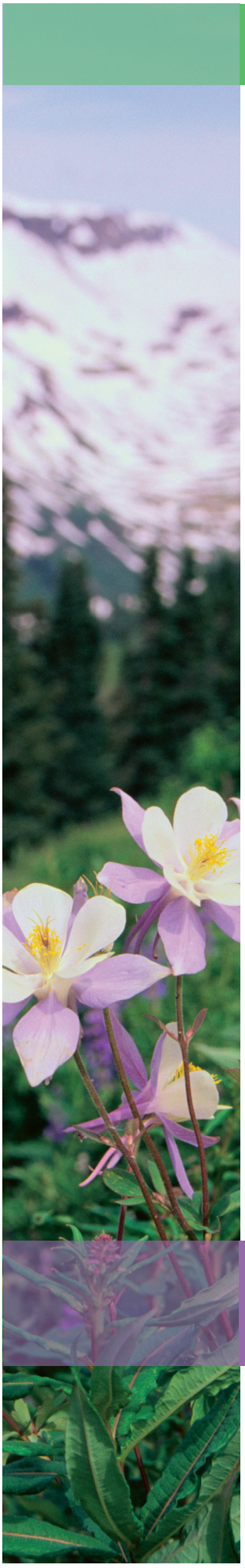


Behavioral Health & Wellness Program

University of Colorado Anschutz Medical Campus
School of Medicine

A Patient-Centered Tobacco Cessation Workflow for Healthcare Clinics

25 February, 2015

School of Medicine
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Behavioral Health & Wellness Program

University of Colorado Anschutz Medical Campus • School of Medicine

A Patient-Centered Tobacco Cessation Workflow for Healthcare Clinics

was developed by the

University of Colorado Anschutz Medical Campus, School of Medicine,

Behavioral Health and Wellness Program

in collaboration with the

Colorado Department of Public Health and Environment

February 2015

For further information about this workflow, please contact:

Behavioral Health and Wellness Program
University of Colorado Anschutz Medical Campus
School of Medicine
1784 Racine Street
Mail Stop F478
Aurora, Colorado 80045

Phone: 303.724.3713
Fax: 303.724.3717
Email: bh.wellness@ucdenver.edu
Website: www.bhwellness.org

A Patient-Centered Tobacco Cessation Workflow for Healthcare Clinics

About This Resource

The "Triple Aim" of the healthcare system is better health for the population, better quality healthcare for individuals, at less cost (Berwick, Nolan, & Whittington, 2008). Within primary care settings, one of the most expedient means of accomplishing this triple aim is to address patients' tobacco use. Tobacco use, poor diet, and sedentary behaviors are the leading causes of death and disability in the United States today (Mokdad et al., 2004), and primary care teams have a critical role in addressing unhealthy behaviors.

Populations most at-risk for tobacco-related health disparities, such as low income patients or patients with behavioral health disorders, often present initially to primary care, and may be seen exclusively in primary care settings. For example, the majority of people in the U.S. seek and receive care for mental health, substance abuse and health behavior problems in the primary care settings. About one third of primary care patients have a mental illness and another one third have psychological symptoms or problems impairing their functioning (Kessler et al., 2005). A large proportion of these individuals will have co-occurring tobacco use dependence.

Tobacco cessation strategies are proven to save lives, improve quality of life, and save money. In the general population, only 4–7% of unaided quit attempts are successful, but evidence-based counseling and medication treatments exist that significantly enhance these odds (Fiore et al., 2008) with quit rates reaching as high as 30-40%. From a return-on-investment perspective, every dollar spent on tobacco program costs is associated with medical savings. At the same time, healthcare reform and other federal and state mandates increasingly require that tobacco screening, assessment, treatment, and referral are included in service offerings.

While primary healthcare agencies are often motivated to begin addressing the high prevalence of tobacco use in their patient populations, agencies typically have questions regarding how to most effectively integrate these services into daily practice. This *Patient-Centered Tobacco Cessation Workflow* or "workflow" was created to provide practical strategies for implementing agency and clinic tobacco cessation services. The workflow outlines needed staffing, as well as their roles and responsibilities. In addition, further clinic training is recommended that will provide staff the skill-sets necessary to implement the workflow. The workflow is a general model which can be readily tailored to primary care, behavioral health, integrated care, hospital clinics, as well as other community healthcare settings.

The Patient-Centered Tobacco Cessation Workflow Model

Tobacco Use Disorder is a problematic pattern of tobacco use leading to clinically significant impairment. The most effective intervention for tobacco dependence is a combination of counseling and nicotine replacement therapy (NRT) or other FDA-approved smoking cessation medications. Even minimal interventions, such as asking patients about tobacco use and advising them to quit, will significantly increase tobacco quit attempts and abstinence rates. Tobacco dependence demands the same long-term chronic care management approach warranted by other common conditions such as asthma, diabetes, or cardiovascular disease (Gould, 2013; Rigotti, 2013; Wagner, Austin, & Von Korff, 1996).

Consistent with the chronic care model, an effective tobacco cessation workflow includes continuous monitoring and ongoing coordination within a health home framework. Within this workflow, treatment is offered irrespective of "readiness" or "motivational stage" as offering treatment may in itself alter motivation. All tobacco users are offered evidence-based care at some level, and care *is not* contingent on patient motivation. As with other chronic medical conditions, patients are free to decline interventions and can "opt out" from care (Richter & Ellerbeck, 2014).

Tobacco use disorder is best approached from an interdisciplinary health team and patient-centered approach. Community and hospital primary care practices are increasingly embracing patient-centered medical homes (PCMH) and other enhanced quality improvement models. PCMHs have been touted as one solution for a fragmented healthcare system. PCMHs are defined by being patient-driven, interdisciplinary sites of care coordination with enhanced access and a commitment to quality, safety, and evidence-based care (AHRQ, 2013). PCMHs are widely supported by the Affordable Care Act (ACA) and new emergent healthcare network models, such as Accountable Care Organizations (ACOs), because they offer potential financial incentives for health systems that engage in care coordination and cost control measures.

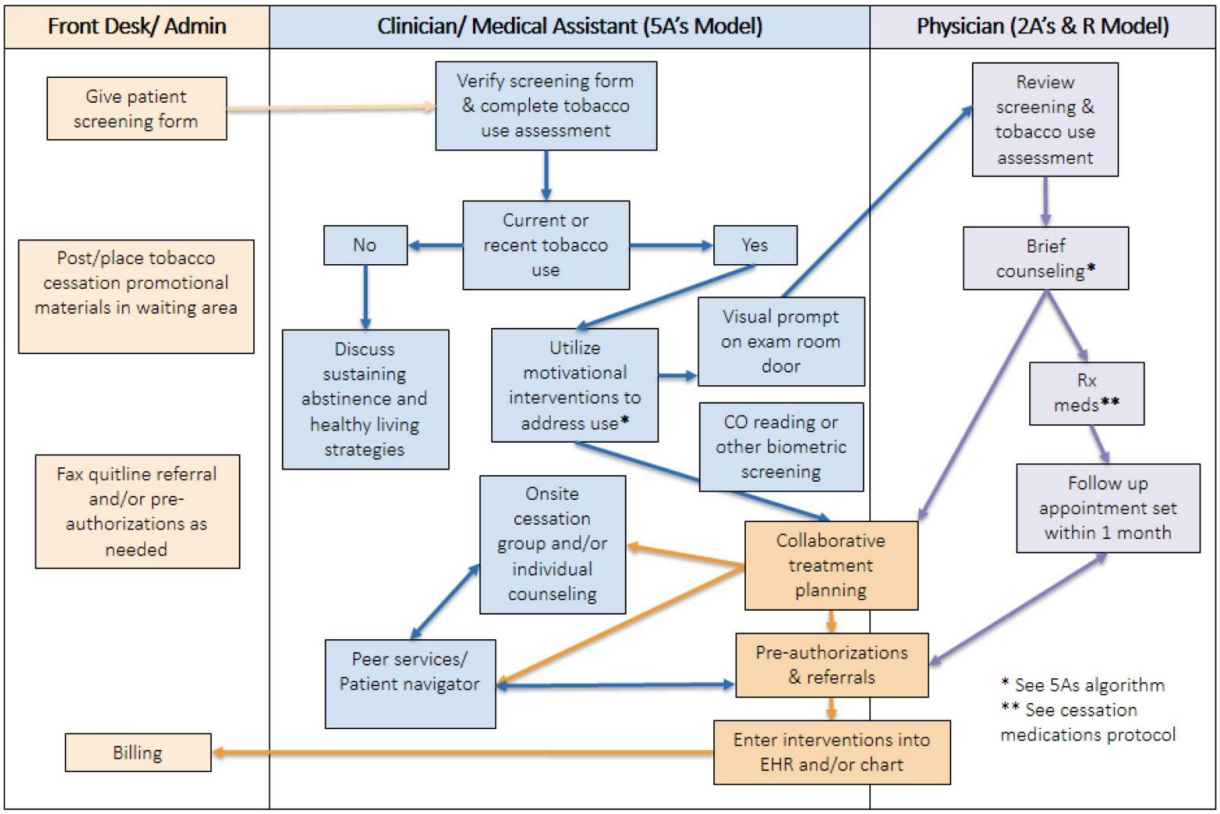
At the core of PCMHs and the workflow model, well executed care coordination requires ongoing communication, collaboration and shared decision making amongst the healthcare team and the patient (Meyers et al., 2010). The healthcare team is encouraged to consult the patient as a whole person who has individual preferences in a social context (Dwamena et al., 2012). Patients are viewed as full partners with clinicians in developing their treatment plan (Gruman et al., 2009). The clinical goal is to assess the patient so that treatment meets the patient "where they are at," and interventions are then adjusted as needed during follow-up visits.

Healthcare Team Roles and Responsibilities

The workflow (***Figure 1***) provides recommendations for the roles and responsibilities of staff with the expectation that an interdisciplinary team will often be providing services. Potential healthcare team members are consistent with the composition of teams for other chronic care conditions. Interdisciplinary teams are often comprised of physicians, psychologists, nurses, physician assistants, masters level clinicians, certified educators, and peer navigators. Referencing *Figure 1,* we will describe the roles and responsibilities of specific staff. Several roles, that of clinic leadership and site champion, are not included in this figure but are instrumental to tobacco cessation efforts and are described below.

Clinic Leadership: Clinic leadership must communicate that tobacco cessation efforts are not a temporary initiative but will be a core component of prevention and wellness services which are aligned with the clinic/agency mission and values. Leadership further demonstrates support by empowering a site champion to prepare the practice and implement any needed site redesign to support tobacco cessation. This will necessitate allocating dedicated time so that the site champion might integrate tobacco cessation into the clinic's daily practice. Another effective way to lead change is to create a strong tobacco-free policy for the agency campus which applies equally to staff, patients, and visitors. For additional step by step guidance on tobacco-free policy implementation see The *Tobacco-Free Toolkit for Community Healthcare Facilities* at http://www.bhwellness.org/toolkits/Tobacco-Free-Facilities-Toolkit.pdf

Figure 1. Tobacco Cessation Workflow



Site Champion (Coordinator): The staff person who will champion the initiative must be passionate about assisting patients to increase healthy living through tobacco cessation. Without a clinic champion the chances of creating a sustainable initiative is minimal. While clinic leadership is necessary for workflow success, due to competing demands, agency senior management is typically not the best hub of coordination. The clinic champion recommends, schedules, implements, and reinforces needed system changes. Key responsibilities include:

- Assessing the practice environment for readiness to implement a tobacco cessation workflow
- Coordinating evidence-based tobacco cessation trainings
- Supervising tobacco cessation clinicians' and patient navigators' services
- Ensuring tobacco cessation screening, assessment, and treatment is captured in the vitals, electronic health records (EHR) and treatment plans
- Identifying provider reminder systems to build into office-based technology
- Maintaining relationships with the quitline and other community partners offering cessation services
- Synthesizing and reporting results (e.g., extracting service numbers and outcomes from the EHR)
- Linking the tobacco cessation workflow to continuous quality improvement and accreditation efforts
- Identifying promotional materials for patients and staff from the state/county health department or national sources such as American Academy of Family Physicians at http://www.aafp.org/patient-care/public-health/tobacco-nicotine.html
- Organizing agency communications with marketing and human resources

Front Desk/ Administrative Assistants: The initial "face" of all services, including tobacco use interventions, is the front desk staff and administrative assistants. It is important that staff have a basic understanding of the importance of tobacco cessation for the patient population. They will set the initial tone for any waiting room/pre-visit requests. Workflow duties might include:

- Assisting to collect tobacco use screening information incorporated into general screening forms
- Placing or posting tobacco cessation promotional materials in the waiting area and exam rooms
- Batch faxing quitline referrals and any needed preauthorization forms
- Billing for services rendered

Clinician/ Medical Assistant: Potential health team clinicians include nursing staff, physicians, psychologists, masters level clinicians, and certified tobacco treatment specialists. The clinicians will provide the majority of tobacco cessation services using the *5A's Model* which is described below. They will be:

- Completing needed screening and assessment of the history of tobacco use
- Utilizing motivational interventions to encourage cessation and sustained abstinence
- Administering carbon monoxide tests using a CO monitor
- Engaging in collaborative treatment planning with patients
- Offering individual and/or group tobacco cessation services
- Offering self-help materials
- Providing "warm hand-offs" to community resources, particularly the state quitline and texting services
- Coordinating with the health team, including the physician (prescriber) and patient navigator
- Recording all interventions in the EHR and/or medical chart

Peer Specialist/ Patient Navigators: Empowerment and participatory approaches are essential to tobacco cessation efforts. Peer interventions are now a central part of many healthcare and recovery models. Peers are an effective augmentation to PCMH's. Having the lived experience with chronic illnesses, peers are often able to create rapport with patients, help them navigate fragmented healthcare systems, and provide healthy positive modeling. These staff work in close coordination with the site champion, clinicians, and physicians, with duties to include:

- Assisting patients to link to other community resources
- Offering self-help materials
- Facilitating or co-facilitating motivational or group cessation interventions
- Reviewing workflows and materials to ensure a patient-centered approach
- Outreaching to the community through newsletters, health fairs, in-services etc.

Physician (Prescriber): Physicians are encouraged to utilize the *2A's & R Model* described below. Within this workflow physicians are:

- Reviewing screening and assessment results
- Offering brief counseling
- Providing self-help materials
- Prescribing both counseling and FDA-approved cessation medications
- Engaging in collaborative treatment planning with patients
- Referring to both internal and community-based resources
- Following-up with patient to determine if cessation goals have been met

Recommended Staff Trainings

There are a number of brief trainings that will support a healthcare team's ability to successfully implement and sustain the workflow's tobacco cessation interventions.

Tobacco Cessation Guidelines for Colorado Healthcare Providers

This one hour webinar created by the Colorado Department of Public Health and Environment and the University of Colorado Behavioral Health & Wellness Program is a great introduction and overview for healthcare networks, agencies, and providers as they begin to plan or improve a tobacco cessation workflow. The training provides an overview on implementing tobacco cessation clinical guidelines in practice, the latest on medication protocols, practical tips on using motivational interviewing, information on resources such as the Colorado QuitLine, and guidance on addressing emerging tobacco products such as e-cigarettes with patients. The training also highlights the recently released 32nd tobacco-related Surgeon General's Report "The Health Consequences of Smoking-50 Years of Progress" which presents new data on the health consequences of smoking. You can access that webinar at: http://www.coprevent.org/2014/05/new-colorado-healthcare-provider.html?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+Coprevent+%28COPrevent%29

DIMENSIONS: Tobacco Free Toolkit for Healthcare Providers

This toolkit is designed for a broad continuum of healthcare providers. Materials are intended for direct providers, as well as administrators and healthcare organizations. The toolkit contains a variety of information and step-by-step instructions about:

- Education about tobacco use
- Skills for engaging individuals in tobacco cessation discussions
- Efficient methods for assessing people's readiness to quit
- Information and research on treatments

The foundation for this workflow is the ***5A's Model*** (see ***Figures 2 and 3***), as well as the briefer version of the 5A's Model referred to as the ***2A's & R Model***. The 5A's stands for "Asking, Advising, Assessing, Assisting, and Arranging" and is a practical structure for addressing tobacco use and dependence. This toolkit provides further details for how to utilize the 5A's model. To access the toolkit, go to http://www.bhwellness.org/toolkits/Tobacco-Free-Toolkit.pdf.

Toolkit addendums provide further guidance for at-risk populations including behavioral health, young adults, and low-income populations. To access the addendums, go to http://www.bhwellness.org/resources/toolkits/tobacco/.

Additional training resources can be found at https://www.colorado.gov/pacific/cdphe/providers.

Figure 2.

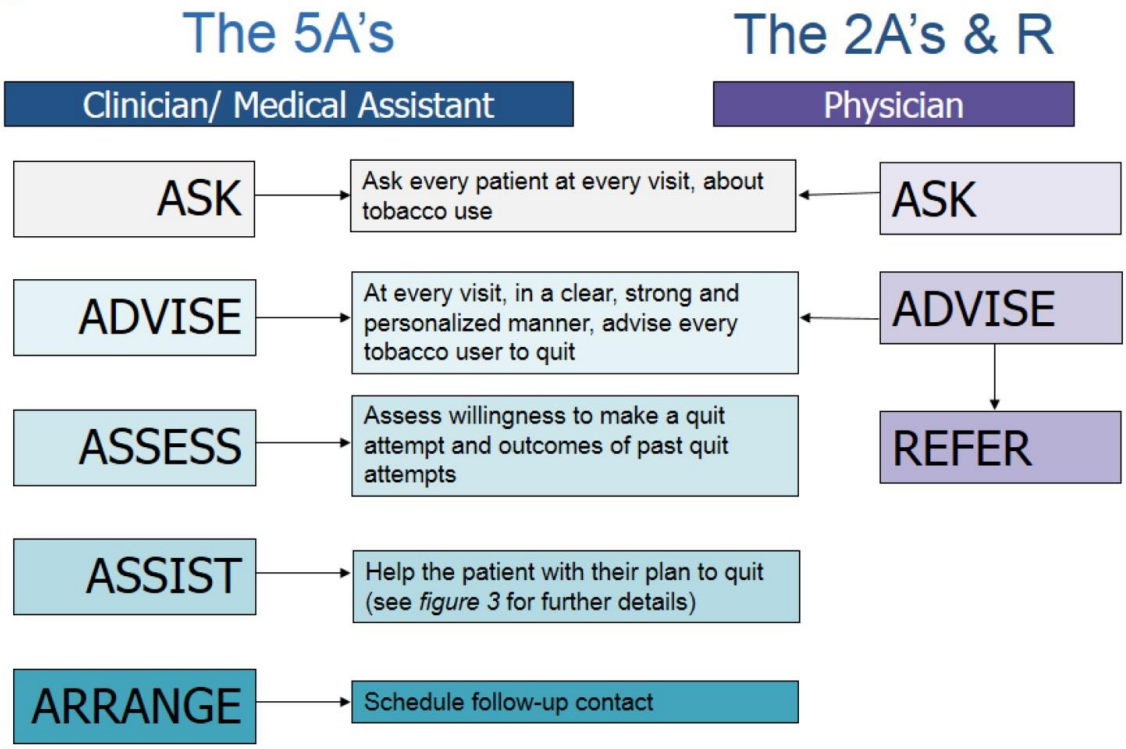
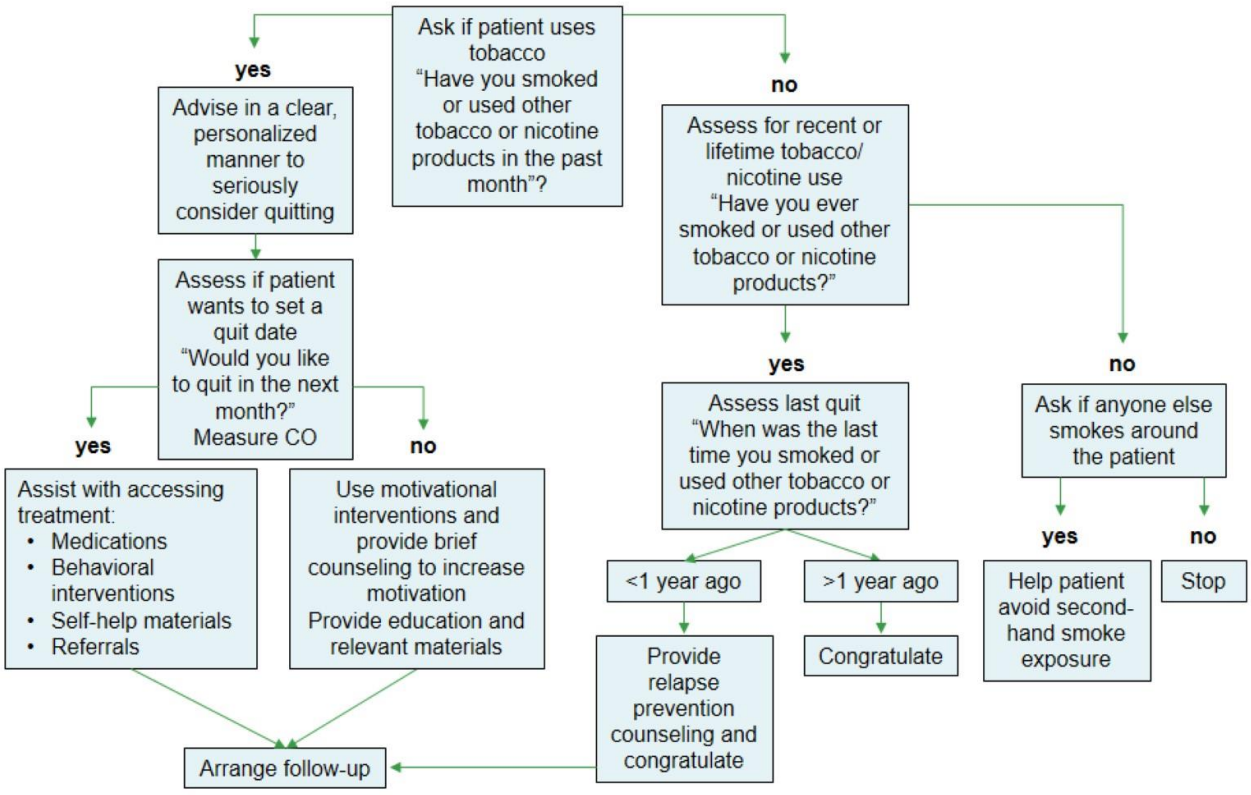


Figure 3. The 5A's Model



Motivational Interventions

Motivational interventions are aligned with *Self-Determination Theory*, which suggests that providers can assist patients in becoming autonomously motivated and competent to make cessation attempts. Providers can elicit and acknowledge patients' perspectives, support their initiative, offer choice regarding treatment, and provide relevant information, while minimizing pressure and control. This approach stands in contrast to strategies focused on pressure through threats of negative health consequences, shame, or guilt. There are a number of good resources on brief motivational interventions in healthcare settings such as:

Rollnick, S., Miller, W. R., & Butler, C. C. (2008). *Motivational interviewing in healthcare: Helping patients change behavior*. New York, NY: The Guildford Press.

It can be difficult for healthcare professionals to effectively implement motivational interviewing techniques for tobacco cessation during the limited amount of time they spend with patients. Even after a tobacco cessation workflow has been implemented, clinicians often report difficulty in addressing tobacco cessation with patients. While ***Figure 3*** provides the basic flow of screening and assessment questions, it is highly recommended that clinics provide a series of brief 1 to 2 hour in-services provided by behavioral change experts who can model how to efficiently assess patients, increase motivation, and develop self-efficacy. Trainings should focus on common issues that arise such as:

- Reframing "non-adherence" as misalignment with a patient's readiness to change
- Setting realistic treatment goals
- Proactively identifying barriers to reach self-identified goals
- Establishing daily healthy behaviors and coping skills

As one component of these in-services, clinics can introduce use of biometric measures such as cotinine testing or carbon monoxide (CO) readings. For example, CO monitors are an effective motivational tool. Sometimes referred to as "the stethoscope of smoking cessation," CO monitors measure the percentage of blood hemoglobin bound to carbon monoxide molecules with measurement in parts per million (PPM). Smokers, even those who do not intend to quit, are typically very motivated by the visual and physiological cues CO monitors offer.

Individual and Group Cessation Services

Like most chronic care conditions, the most effective treatment approach is a mix of counseling and medications. Counseling interventions beyond "asking" and "advising" can be provided by your agency or you can refer to community-based services. The main community referral sources in Colorado are The Colorado QuitLine and CO Quit Mobile.

The Colorado QuitLine: Healthcare providers and smokers can easily access services at https://www.coquitline.org/ or 1-800-QUIT-NOW (784-8669). The Colorado QuitLine services are provided by National Jewish Health and administered by the Colorado Department of Public Health and Environment through Colorado's Amendment 35 voter-approved funding. Smokers who use Colorado QuitLine services are significantly more likely to successfully quit than smokers who try to quit on their own. Trained coaches work closely with individuals to develop coping skills to quit tobacco use and remain tobacco-free. The program consists of:

- A bilingual call center
- Proactive, positive coaching sessions
- Web-based COQuitLine.org for 24/7 support

- Provision of nicotine replacement therapy products to eligible participants
- Printed materials

To refer a client to the Colorado QuitLine, please print out the Fax-To-Quit form and fax it to 1-800-261-6259. The English and Spanish versions of the fax referrals forms are attached at the end of this document and can be found online at https://www.coquitline.org/providers_partners/default.aspx.

CO Quit Mobile is another patient resource. This is a free text message-based program that assists patients to quit tobacco use. CO Quit Mobile provides instant support and coaching when and where patients need it through their cell phones. The program helps patients prepare for quitting and suggests specific techniques to overcome cravings. Learn more at http://coquitmobile.org/.

Tobacco Cessation Groups

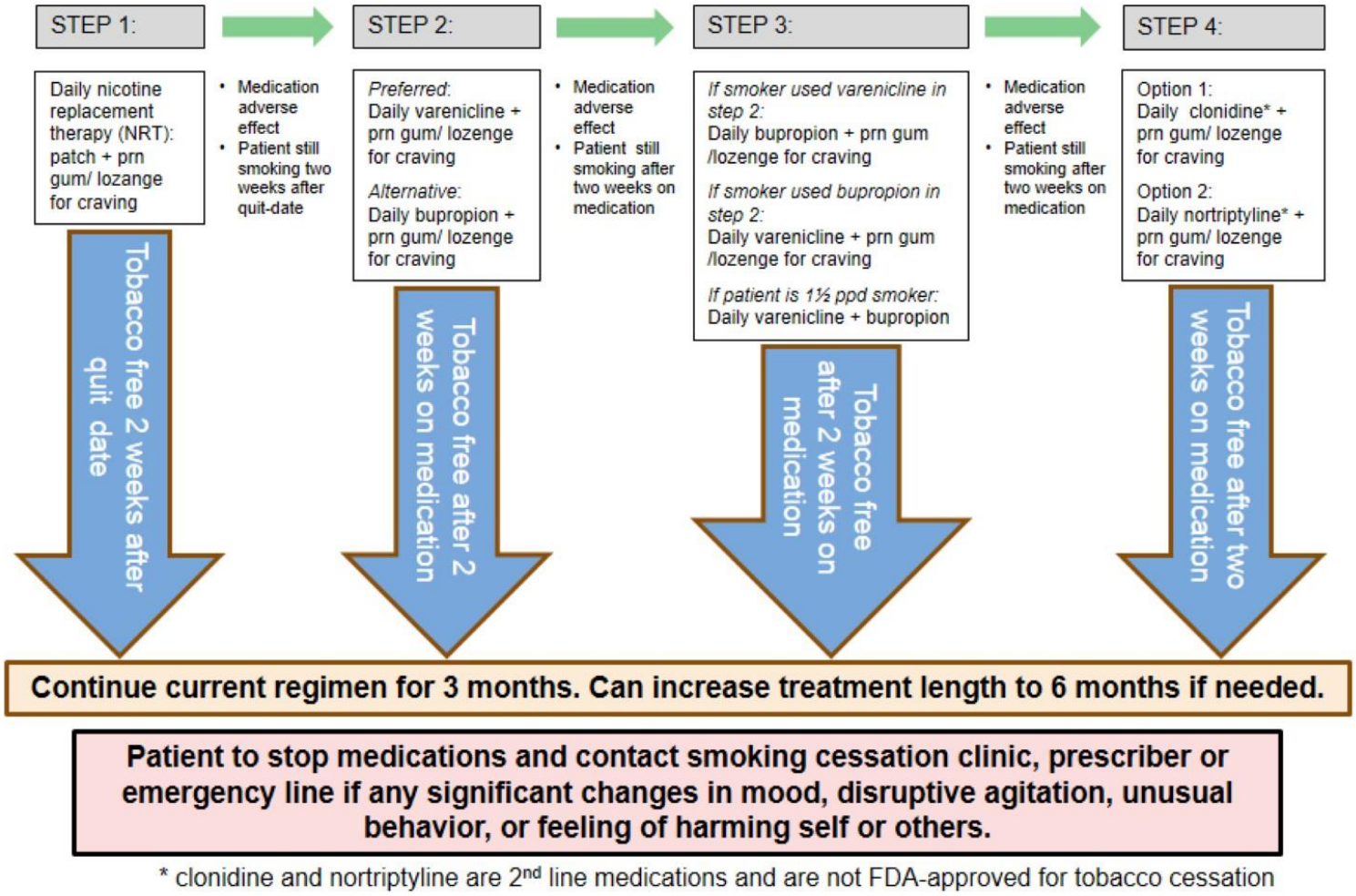
There are number of different tobacco cessation counseling programs. While cessation groups are effective and often an ideal way to maximize resources, it can be difficult to fill groups. Therefore it is recommended that clinics implement educational and support strategies that can be used either with individuals or in a group format. Group programs with 8 or less sessions are also more likely to sustain participation.

One example of such a group structure is the University of Colorado's, *DIMENSIONS: Tobacco Free Advanced Techniques* training. This is a one and a half day training intended for interdisciplinary healthcare providers including peer advocates. Using a train-the-trainer model attendees learn how to facilitate brief motivational strategies, as well as a 6-week tobacco free groups. More information can be found at http://www.bhwellness.org/programs/tobaccofree.

Physician and Prescriber Trainings

While the ***Tobacco Cessation Guidelines for Colorado Healthcare Providers*** webinar described above is an excellent foundation for prescribing FDA-approved cessation medications, it is recommended that physicians and prescribers receive additional, brief in-service trainings on stepped medication treatment and the most up-to-date evidence base on tailoring medications to specific populations served such as pregnant/perinatal mothers and persons with mental illnesses and addictions. *Figure 4* offers an example of a primary clinic's approach to tobacco cessation medication management. This is only one example, not necessarily a recommended process. Clinics should always strive for comprehensive coverage of all FDA-approved tobacco cessation medications, allowing providers to prescribe pharmacotherapy to meet patients' individualized needs and tobacco use history. While specific medication guidance will need to account for the primary populations served and available resources, clinic protocols should never be employed primarily for cost-savings purposes.

Figure 4. Example of an Approach for Cessation Medication Management



* clonidine and nortriptyline are 2nd line medications and are not FDA-approved for tobacco cessation

Provided by Denver Health, Internal Medicine; Denver Public Health; University of Colorado

Additional Resources

American Academy of Family Physicians (2013). Treating Tobacco Dependence Practice Manual: Build a Better Office System. http://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/practice-manual.pdf

Association for the Treatment of Tobacco Use and Dependence (ATTUD): Members are tobacco treatment specialists and other professionals who are interested in providing evidence-based tobacco cessation services. www.attud.org

Center for Tobacco Research and Intervention, University of Wisconsin (2012). Treating Tobacco Use and Dependence in Hospitalized Patients: A Practical Guide. http://www.ctri.wisc.edu/hospitals

National Behavioral Health Network for Tobacco and Cancer Control: Jointly funded by CDC's *Office on Smoking & Health* & *Division of Cancer Prevention & Control* the network provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addiction. To access toolkits, training opportunities, virtual communities and other resources visit www.BHtheChange.org.

Colorado Department of Health and Environment (CDPHE), Tobacco Education, Prevention and Cessation Grant Program:

This website offers a catalogue of resources and information including core tobacco information, policy, cessation and health system change, youth tobacco prevention, and secondhand smoke. Technical assistance and training opportunities are also noted. Please visit: https://www.colorado.gov/cdphe/A35-tobacco

Additional CDPHE resources for healthcare providers are available at: https://www.colorado.gov/pacific/cdphe/providers

Partnership for Prevention, Action to Quit (2012). Helping Patients Quit: Implementing the Joint Commission Tobacco Measure Set in Your Hospital. http://www.prevent.org/data/files/resourcedocs/hpq,%20full,%20final,%2010-31-11.pdf

The Smoking Cessation Leadership Center: Offers many archived trainings, tools, and resources for interdisciplinary healthcare providers. http://smokingcessationleadership.ucsf.edu/

The World Health Organization (2013). Building Capacity for Tobacco Control/Training Package: Strengthening Health Systems for Treating Tobacco Dependence in Primary Care. Part II: Training for Primary Care Service Managers. http://www.who.int/tobacco/publications/building_capacity/training_package/treatingtobaccodependence/en/

References

Agency for Healthcare Research and Quality [AHRQ]. (2013). *Defining the PCMH.* U.S. Department of Health and Human Services. Retrieved from http://pcmh.ahrq.gov/page/defining---pcmh

Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The tripe aim: Care, health, and cost. *Health Affairs, 27*(3), 759-769.

Bittoun, R. (2008). Carbon monoxide meter: The essential clinical tool — the 'stethoscope' — of smoking cessation. *Journal of Smoking Cessation, 3*(2), 69–70. DOI 10.1375/jsc.3.2.69

Cerimele, J. M., Halperin, A. C., & Saxon, A. J. (2014). Tobacco use treatment in primary care patients with psychiatric illnesses. *Journal of the American Board of Family Medicine, 27*: 399-410.

Dwamena, F., Holmes-Rovner, M., Gaulden, C. M., Jorgenson, S., Sadigh, G., Sikorskii, A., ... & Beasley, M. (2012). Interventions for providers to promote a patient-centred approach in clinical consultations. *Cochrane Database of Systematic Reviews 2012, 12.*

Fiore, M. C., Jaén, C. R., Baker, T. B., et al. (2008*). Treating tobacco use and dependence: 2008 update. Clinical Practice Guideline.* Rockville, MD: U.S. Department of Health and Human Services. Public Health Service.

Gould, G. S. (2013). Patient-centered tobacco management. *Drug and Alcohol Review*, 1-6.

Gruman, J., Jeffress, D., Edgman-Levitan, S., Simmons, L., & Kormos, W. (2009). Supporting patient engagement in the patient centered medical home. Washington DC: Center for Advancing Health.

Kessler, R. C. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62*(6), 593-602.

Meyers, D., Peikes, D., Genevro, J., Greg, P., Fries, T. E., Lake, T., ... Grumbach, K. (2010). *The roles of patient-¬centered medical homes and accountable care organizations in coordinating patient care.* Rockville, MD: Agency for Healthcare Research and Quality.

Mokdad, A. H., Marks, J. S., Stroup, D. F., & Gerberding, J. L. (2004). Actual causes of death in the United States, 2000. *Journal of the American Medical Association, 291*, 1238-1245.

Richter, K. P. & Ellerbeck, E. F. (2014). It's time to change the default for tobacco treatment. *Addiction, 110*(3), 381–386. doi: 10.1111/add.12734

Rigotti, N. A. (2012). Strategies to help a smoker who is struggling to quit. *Journal of the American Medical Association, 308*, 1573-1580.

Wagner, E. H., Austin, B. T., & Von Korff, M. (1996). Organizing care for patients with chronic illness. *The Milbank Quarterly, 74,* 511-544.

FAX-TO-QUIT REFERRAL FORM

Date _____

COLORADO QuitLine™ Be tobacco free

Use this form to refer patients who are ready to quit tobacco in the next 30 days to the Colorado QuitLine.

PROVIDER(S): Complete this section

Provider name _____ Contact name _____

Clinic/Hosp/Dept _____ E-mail _____

Address _____ Phone ( ) –

City/State/Zip _____ Fax ( ) –

PLEASE INDICATE IF THE PATIENT HAS MEDICAID: ☐YES ☐NO

If yes, and you are prescribing tobacco cessation medication, please complete the Medicaid prior-authorization form on the back of this form and provide patient with a prescription. All FDA-approved tobacco cessation medications are available.

Does patient have any of the following conditions?

☐pregnant ☐uncontrolled high blood pressure ☐heart disease

☐**YES**, I authorize the QuitLine to send the patient over-the-counter nicotine replacement therapy.

Provider signature _____

A provider signature is required to authorize the QuitLine to dispense nicotine replacement therapy for patients with any of the above conditions.

Comments _____

PATIENT: Complete this section

_____ *Initial* Yes, I am ready to quit and ask that a QuitLine coach call me. I understand that the Colorado QuitLine will inform my provider about my participation.

Best times to call? ☐morning ☐afternoon ☐evening ☐weekend

May we leave a message? ☐Yes ☐No

Are you hearing impaired and need assistance? ☐Yes ☐No

Insurance? ☐Yes ☐No

Insurance carrier: _____

Member ID: _____

Medicaid? ☐Yes ☐No

Date of birth: / / Gender ☐M ☐F

Patient name (Last) (First) _____

Address _____ City _____ CO

Zip code _____ E-mail _____

Phone #1 ( ) – Phone #2 ( ) –

Language ☐English ☐Spanish ☐Other _____

Patient signature _____ Date _____

PLEASE FAX THIS PATIENT FAX REFERRAL FORM TO: 1-800-261-6259

Or mail to: Colorado QuitLine, National Jewish Health, 1400 Jackson St., M305, Denver, CO 80206

COLORADO MEDICAID PHARMACY
PRIOR AUTHORIZATION FORM

21442

Request Date / /

PATIENT INFORMATION

Patient's Medicaid ID Number

Patient's Date of Birth / /

Patient's Full Name

PRESCRIBER INFORMATION

Prescriber's Full Name

Prescriber Street Address

City **State** **Zip Code** -

Prescriber Phone: - -

Prescriber Fax: - -

Prescriber NPI #

Prescriber DEA # -

Drug Requested:

Strength _____ **Quantity** _____ **Frequency of Dosing** _____

Diagnosis:_____ **Method of Diagnosis (if applicable)**_____

Failed Medications:_____

Contraindications / Allergies:_____

Current Medications:_____

Relevant Lab Values:_____ **Date of Lab Results**_____

Medical Justification:_____

Where will medication be administered? Circle one:

Client's home, Long-term care facility, Dr's office, Dialysis unit or Hospital

Requests that do not include the required information will experience a delay in the approval process. To expedite this process, please review the prior authorization criteria in Appendix P at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542571132.

Signature of Prescriber_____ **Date** / /

By signature, the Prescriber confirms the criteria information above is accurate and verifiable in patient records

FAX TO: COLORADO Medicaid Prior Authorizations
Fax: (888)-772-9696
PA HELPDESK: (800) 365 - 4944

21442

Revised 08/2009

FAX-TO-QUIT REFERRAL FORM

Date _____

COLORADO QuitLine™ Be tobacco free

Use this form to refer patients who are ready to quit tobacco in the next 30 days to the Colorado QuitLine.

PROVIDER(S): Complete this section

Provider name | Contact name

Clinic/Hosp/Dept | E-mail

Address | Phone ( ) –

City/State/Zip | Fax ( ) –

PLEASE INDICATE IF THE PATIENT HAS MEDICAID: ☐YES ☐NO

If yes, and you are prescribing tobacco cessation medication, please complete the Medicaid prior-authorization form on the back of this form and provide patient with a prescription. All FDA-approved tobacco cessation medications are available.

Does patient have any of the following conditions?

☐pregnant ☐uncontrolled high blood pressure ☐heart disease

☐**YES**, I authorize the QuitLine to send the patient over-the-counter nicotine replacement therapy.

Provider signature

A provider signature is required to authorize the QuitLine to dispense nicotine replacement therapy for patients with any of the above conditions.

Comments

PATIENT: Complete this section

_____ *Initial* Sí, estoy listo para dejar de fumar y pido que un orientador de QuitLine me llame. Comprendo que Colorado QuitLine le informará a mi proveedor de salud sobre mi participación.

Indique la mejor hora para llamarle ☐mañana ☐tarde ☐noche ☐fin de semana

¿Podemos dejar un mensaje? ☐Sí ☐No

¿Padece deficiencia auditiva (problemas con su sentido de oír) y necesita ayuda? ☐Sí ☐No

¿Tiene seguro medico? ☐Sí ☐No

Compañía de seguros medico: _____

No. de identificación de miembro: _____

¿Medicaid? ☐Sí ☐No

Fecha de nacimiento: / / Sexo ☐M ☐F

Nombre del paciente:

Dirección | Ciudad | CO

Código postal | E-mail

Teléfono #1 ( ) – | Teléfono #2 ( ) –

Idioma ☐inglés ☐español ☐otro _____

Firma de paciente: | Fecha:

POR FAVOR ENVÍE ESTE FORMULARIO DE REFERENCIA DE PACIENTE VÍA FAX AL: 1-800-261-6259 O ENVÍELO POR CORREO A:
Colorado QuitLine, National Jewish Health, 1400 Jackson St., M305, Denver, CO 80206

COLORADO MEDICAID PHARMACY
PRIOR AUTHORIZATION FORM

21442

Request Date / /

PATIENT INFORMATION

Patient's Medicaid ID Number

Patient's Date of Birth / /

Patient's Full Name

PRESCRIBER INFORMATION

Prescriber's Full Name

Prescriber Street Address

City **State** **Zip Code** -

Prescriber Phone: - -

Prescriber Fax: - -

Prescriber NPI #

Prescriber DEA # -

Drug Requested:

Strength _____ **Quantity** _____ **Frequency of Dosing** _____

Diagnosis:_____ **Method of Diagnosis (if applicable)**_____

Failed Medications:_____

Contraindications / Allergies:_____

Current Medications:_____

Relevant Lab Values:_____ **Date of Lab Results**_____

Medical Justification:_____

Where will medication be administered? Circle one:

Client's home, Long-term care facility, Dr's office, Dialysis unit or Hospital

Requests that do not include the required information will experience a delay in the approval process. To expedite this process, please review the prior authorization criteria in Appendix P at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1201542571132.

Signature of Prescriber_____ **Date** / /

By signature, the Prescriber confirms the criteria information above is accurate and verifiable in patient records

FAX TO: COLORADO Medicaid Prior Authorizations
Fax: (888)-772-9696
PA HELPDESK: (800) 365 - 4944

21442

Revised 08/2009