

Memorandum

To: Board Members

Date: April 3, 2004

**From: Communication and Public Education
Committee**

**Subject: Committee Activities – April Board Meeting
Update**

The Communication and Public Education Committee met March 26, 2004, in a public meeting held in the board's conference room. Minutes of this meeting are provided in this tab section as Attachment A.

Also provided at the end of this tab section is the quarterly update report to the board on the committee's strategic objectives.

Action Items:

Recommendation 1: Initiate a pilot program with the schools of pharmacy at UCSF and UCSD for their pharmacist interns to develop consumer fact sheets on various health care topics.

Background:

The committee has been seeking ways to integrate pharmacy students into public outreach activities. One promising proposal is to have students develop new public education materials on specific topics they learn about during their internships or classes, or topics that are emerging public policy matters (e.g., flu vaccines: inhalation forms vs. shots). The board would develop a prototype template/format for a series of fact sheets, and each student could complete the information and be acknowledged with a credit at the bottom of the fact sheet. The board could check the accuracy of the information and assure it is written at an appropriate reading level.

This would benefit the resumes of those students who prepare the fact sheets, and via the availability of the information, the public and the board would benefit. The standardized format would make it easy for students and the board to develop and produce, and easy for the public to reference.

A sample of a proposed format for a fact sheet is provided as Attachment 1.

The UCSF's Center for Consumer Self Care is very interested in working with the board on such a project. During the March committee meeting, Associate Dean of External Affairs Lorie Rice of the UCSF School of Pharmacy shared a written project proposal. She indicated that this project would fit in with the Center for Consumer Self Care's focus, and faculty of the school of pharmacy could review the fact sheets for accuracy as part of the project plan.

The committee determined that due to staff resources, the board should start with a limited program at UCSF and UCSD. Then if successful and viable, it would offer a similar project to other California pharmacy schools.

This project fits within the committee's strategic plan, and could be implemented and maintained with nominal expense to the board (photocopying of fact sheets in addition to placing them on the board's Web site).

The UCSF's project proposal is also provided in Attachment 1

Recommendation 2: Approve UCSF's Proposal for a Joint Project to Develop Pharmacists Information on Atrial Fibrillation

Background:

At the March meeting, Associate Dean Lorie Rice of the UCSF School of Pharmacy advised the committee that the UCSF School of Pharmacy wishes to work with the board to produce educational materials on Atrial Fibrillation (Afib). The audience would be pharmacists and physicians. Funding for this issue would come from a drug manufacturer, which has already committed the funding. The board's role would be to place the materials on the board's Web site and help publicize the materials. The components would include:

1. A description of Afib
2. A description of risk factors
3. A description of signs and symptoms
4. Diagnosis tools
5. Potential consequences of Afib
6. Treatment (medications and other treatments), side effects duration of treatment, influence on other diseases
7. Future for "cure"

There would be no direct costs to the board.

The committee supports this project.

Recommendation 3: Add Three Tasks to the Committee's Strategic Plan for 2004/05

The committee recommends the addition of three tasks to its strategic plan to reflect several activities initiated or planned for the next year.

Recommendation 3a: For Objective 4.1

Add as new task 5: Evaluate the need for public education for patients who need to request prescription labeling in a language other than English.

Background

At the last committee meeting, a discussion took place regarding the need for patients to understand that they can ask to have their prescription containers labeled in a language other than English, if this will aid them. A discussion was scheduled for the January board meeting, but the individuals who brought the matter before the board could not attend the meeting. The committee determined it wished to follow up on this matter in the future.

Recommendation 3b: For Objective 4.2

Add as new task 5: Create a consumer fact sheet series in conjunction with California schools of pharmacy on topics of interest

Recommendation 3c: For Objective 4.2

Add as new task 6: Create public education activities to educate prescribers, dispensers, patients and law enforcement about changes in law regarding dispensing of controlled substances.

Background

The board has produced a Powerpoint presentation on SB 151 and is developing a much larger public information program for prescribers and dispensers about the new requirements; this task would allow the board a specific area for reporting its activities.

Item 1: *Health Notes* -- Current and Proposed Issues

Health Notes is a monograph, produced by the board, that contains up-to-date drug therapy guidelines for a specific subject area. Because *Health Notes* is produced by the board, it conveys what the board believes is current drug treatment in a particular area. Pharmacists can earn continuing education credit by completing a test published at the back of the monograph. Thus the board provides information and actually is sponsoring CE in an area of importance to the board. Seven issues have been produced since 1996.

Health Notes was developed during the mid 1990s by the board. Typically it is produced via contract with recognized experts (often UCSF) who identify qualified authors, provide technical editing and coordination services, leaving the board to executively edit the articles and coordinate distribution of the published copies. A graphic artist does the layout.

Usually one issue is published annually. Total costs for development, printing and mailing to all pharmacists are about \$100,000 per issue. The last issued published was in April 2003. The board paid for the graphic artist and postage (about \$35,000); funding for development and printing was paid for by other sources.

Pain Management Issue:

The board is currently developing a new issue on pain management, which should be published in mid 2004, probably June or July. The new issue will contain new pain management therapies and the new prescribing and dispensing requirements for controlled substances. It is planned as an interdisciplinary issue for pharmacists as well as physicians, dentists, and nurse practitioners. Prominent pain management authors have written the articles, and board staff and Board Member Schell are editing and coordinating the issue. The CSHP is seeking funding for production and mailing costs. Depending on how many grants the CSHP obtains for this issue, the board hopes to spend \$0 on this issue.

Recommendation 4: Work with the UCSF to develop a *Health Notes* on smoking cessation, and seek funding for this issue from manufacturers of smoking cessation products.

Background:

The UCSF School of Pharmacy, Center for Consumer Self Care has proposed a joint project with the board to develop a *Health Notes* on smoking cessation.

Over the years, the board has worked with the UCSF School of Pharmacy to produce several of its *Health Notes* monographs. Typically in such arrangements, the UCSF produces the manuscript and editing services, and the board pays for printing and mailing costs.

This year, the UCSF has proposed that the board work with UCSF to produce an issue on smoking cessation. Associate Dean Lorie Rice will attend the meeting to respond to questions. The UCSF's initial project proposal is provided in Attachment 3. Essentially the UCSF proposes to develop the manuscript for \$40,000 from the board, and then the board would publish and mail the copies. This is similar to the manner in which the board published the quality assurance programs issue of *Health Notes* (for which the board

received one-time funding as part of a legislative budget change proposal). The board spent \$110,000 on producing and mailing quality assurance.

However, during the committee meeting, discussion focused on the board's limited finances to develop and distribute such a manuscript, and UCSF agreed with committee members' recommendations to seek funding for this issue from the manufacturers of smoking cessation products.

The committee also reviewed tobacco cessation materials recently published for primary care practitioners by the California Tobacco Control Alliance. A copy of this "Tool Kit" is provided in Attachment 3. The tool kit provides practitioners with advice on integrating smoking cessation materials into their practices.

The committee was impressed with this material, and the California Tobacco Control Alliance is interested in working with the board on joint projects.

Information Only

Item 2: Update on *The Script*

The March 2004 issue of *The Script* was mailed to California pharmacies at the end of March. A copy is now on the board's Web site. This issue focuses on the many substantial changes to pharmacy law that took effect in 2004 (e.g., changes in the prescribing and dispensing of controlled substances, new pharmacy technician requirements, new pharmacist licensure examinations).

The CPhA's Pharmacy Foundation of California will be again mailing the issue to California pharmacists.

Production and mailing of this issue cost the board approximately \$17,500.

Item 3: New Public Education Materials

- **Federal Medicare Drug Discount Program**

Board President John Jones asked the committee to develop consumer information about the new federal Medicare Prescription Drug Improvement and Modernization Act of 2003. This act will provide Medicare beneficiaries with discounts on their prescription drugs as well as provide comprehensive prescription drug coverage effective January 1, 2006. Starting June 1, 2004, Medicare beneficiaries will be able to purchase a Medicare-approved discount card program that will offer discounts on prescription drugs.

The focus of the fact sheet is on prevention of fraud or scams aimed at seniors in the sales and distribution of the prescription discount cards.

A short fact sheet has been developed by board staff and placed on the board's Web site advising the public about how they can avoid becoming a victim of a consumer scam involving the drug discount card. The federal government's Medicare Web site has a wealth of information to assist the public. The board's information refers the public to this Web site and to an 800 number for more information about the cards.

A copy of this material is provided in Attachment 4.

▪ **FDA Consumer Information Campaign on OTC Pain Relievers**

The FDA has recently released a public education campaign on using caution with OTC pain relievers. There is a consumer brochure, and various fact sheets and flyers that emphasize the dangers of taking OTC pain relievers that sometimes are also contained in a diversity of OTC products. The goal is to educate the public to read the labels and understand what is in the OTC products they take to assure they do not get excessive dosages of certain active ingredients that can substantially harm consumers.

Copies of these materials are in Attachment 5.

Item 4: Establishment of Internet Subscriber Lists for Board Materials and Information

Staff has been researching a way to set up a subscriber list on the board's Web site. This feature would send e-mails to interested parties announcing that the board's Web site has been updated. The interested parties would subscribe themselves to the board's Web site, and be responsible for keeping their e-mail addresses current.

This service has the potential to substantially reduce the board's mailing expenses as well as printing costs. Materials that the board currently publishes and mails could be sent without cost via e-mail. Such a notification system would allow the board to update licensees far more quickly about new information and laws.

The department's Office of Information Services has identified two software programs that could permit the board to establish such a subscriber list.

Staff hopes to will purchase and install a software program and start a trial for this project before the end of fiscal year. The next *The Script* will contain information about how to sign up on this subscriber list.

After being contacted by the board, the Department of Consumer Affairs has recognized the value of such software, and is interested in pursuing this for the rest of the department.

Item 5: Emergency Contraception Fact Sheet

The new version of the Emergency Contraception Fact Sheet, created by the Pharmacy Access Partnership, has been translated into nine languages – Cambodian, Chinese, Farsi, Hmong, Korean, Russian Spanish, Tagalog and Vietnamese. These versions have been added to the board's Web site.

Item 6: Public Outreach Activities

Since the January board meeting, the board has not attended any consumer outreach events; however, the board provided a number of consumer materials to the Department of Consumer Affairs for handouts during outreach events for seniors and young people during National Consumers Week in February.

Since the last board meeting, staff has revised its Powerpoint presentation on the board that highlights key board policies and pharmacy law. This is a continuing education course, provided by a board member and a supervising inspector. Questions and answers typically result in a presentation of more than two hours; these presentations are usually are well-received by the individuals present.

Since the beginning of the year, the board has begun providing presentations on SB 151 and the new requirements for prescribing and dispensing controlled substances in California. The committee reviewed the slides of this Powerpoint presentation.

Public outreach activities performed since the January 21, 2004 Board Meeting:

- Board inspectors staffed a booth at Outlook 2004, the annual meeting of the California Pharmacists Association. Additionally, Board members and staff provided information on the new examination structure, new pharmacy law and board operations as part of the published program events.
- Board staff presented information on SB 151 to 15 investigators at a FBI Drug Diversion Meeting in Northern California on January 26, 2004.

- Board President Jones and staff presented “Law Update 2004” (the board’s CE program) to 125 students and pharmacists at USC School of Pharmacy, February 5, 2004.
- Board Member Ruth Conroy presented information on SB 151 at a session held by the San Francisco Health Plan P & T Committee in February.
- Board staff presented information to 125 UCSF students on legislative changes to Pharmacy Law on February 24.
- Board Member Ruth Conroy provided information about board activities at a February 27th Circle of Advisors Meeting of the Pharmacy Access Partnership.
- Board staff presented information to 125 UCSF students on the Board of Pharmacy on March 2, 2004.
- Board staff presented information on SB 151 to 60 people at the California Coalition for Compassionate Care Train the Trainers meeting in Sacramento on March.
- Staff presented information on SB 151 to 60 members at the Northern California Pain Coalition meeting on March 8 to 60, a “train the trainer” event.
- Board staff provided a training session to complaint staff of the Medical Board of California on March 17.

Scheduled presentations in the future

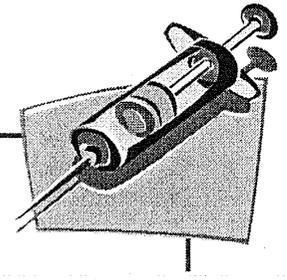
- Board Member Ken Schell will present information to the San Diego Association for Healthcare Risk Management on March 23.
- Board Staff will present information on SB 151 to physicians and pharmacists as part of a noon CE program offered by teleconference on March 23.
- Board staff will present information on SB 151 to the California Coalition for Compassionate Care on March 29.
- Board staff will present information on SB 151 to physicians at Sharp in San Diego on March 28.
- Board Members and staff will present the board’s CE program at a May 13 meeting of the San Diego Pharmacists Association Meeting.
- Board staff will present information on the new examination process for pharmacists to 200 UOP students on May 11.
- Board presentation scheduled on May 19th at USC’s School of Pharmacy.
- The board’s CE presentation will be provided at a July 22 meeting of the Santa Barbara Pharmacists Association.
- The board’s CE program will be presented at a future Catholic Healthcare West meeting.

- Supervising Inspector Robert Ratcliff has been asked to give the keynote address at CSHP's 2004 Seminar in Long Beach, November 2004.
- Board staff will present an "Update and What's New in Pharmacy Compounding" at the CSHP's 2004 Seminar in Long Beach in November 2004.

Attachment 1

*Consumer Fact Sheet Template
And
Project Proposal from UCSF*

**MEDICATION
FACTS FOR
BETTER HEALTH**



**TOPIC:
Flu Vaccines**

ANECDOTAL SITUATION:

An enticing real-life hypothetical situation provided here that relates to the Topic above. Include in discussion a description of the impact on the patient if left untreated.

FACTS PATIENTS SHOULD KNOW:

Information provided on the topic here. For example, discussion surrounding the importance of flu vaccines in the prevention of contacting various flu strains that could result in death.

**KEY POINTS FOR
PATIENT HEALTH**

- ✓ Key Point #1
- ✓ Key Point #2
- ✓ Key Point #3
- ✓ Key Point #4
- ✓ Key Point #5
- ✓ Key Point #6

For additional resources, you may want to check:

Project Proposal for Developing Consumer Fact Sheets for the California School of Pharmacy

March 26, 2004

Objective: Create a sustainable cost-efficient health communications outreach to consumers on current topics in pharmaceutical care that meets the educational goals of the California Board of Pharmacy for both health professionals and consumers, as well as those of the UCSF Center for Consumer Self Care.

Approach: Develop a partnership between the California board of Pharmacy and the School of Pharmacy at the University of California, San Francisco. The UCSF School of Pharmacy is a well-recognized academic institution with a well-developed drug information service and high standard of pharmacy education for its students, interns and residents. The aim of this partnership would be to create a series of Consumer Fact Sheets on topics consistent with the Board's educational outreach plan and linked to the University's educational objectives for its students, interns and residents.

Why UCSF: The UCSF School of Pharmacy is recognized as the number one pharmacy school in the nation.

The UCSF Drug Information Analysis Service (UCSF-DIAS) is a mature operational organization with students, interns and residents engage in community service activities tailored through Faculty oversight to developing their health communication expertise in meeting the drug information needs of consumers and health professionals.

Among its ongoing projects, UCSF-DIAS services the drug information needs of Blue Shield, Long's and other groups relating to written and oral health communications on simple-to-complex drug therapy issues.

- The UCSF Drug Information Analysis Service has an operational system with checks and balances in place that ensures the quality of the student and resident health communication materials, using faculty oversight and approval of all materials.
- Consumer-oriented health communications from the UCSF Drug Information Analysis Service are written for the consumer, in a format and with content that can be specified by clients for specific reading levels (e.g., 6th grade, 10th grade).

The UCSF Center for Consumer Self Care, within which the UCSF-DIAS functions, has initiated reconstruction of its website to include a Consumer section containing health communications on a variety of health-related issues relevant to consumer-centered self care. Partnering with the California Board of Pharmacy to distribute materials prepared for the Board on the Center's website, with attribution to the Board and the UCSF-DIAS, would be a win-win opportunity for both organizations.

Outline of the Project	<p>Develop a prioritized list of potential Consumer Fact Sheets.</p> <p>Obtain agreement from selected interns and residents to create a specified number of Fact Sheets per month.</p> <p>Develop the operational plan for ensuring quality criteria for each Consumer Fact Sheet are met, with approval of the plan by the Board.</p> <p>Develop 6 trial Consumer Fact Sheets for review by the Board by a specified date (e.g., 2 months from agreement of services, or after agreement on the prioritized list, which ever is first).</p> <p>Pending Board approval of the pilot Fact Sheets, initiate the operational plan to achieve the specification in the agreement of services.</p>
Major Categories	<p>Prevention and Treatment Guidelines Drug Ingredients Drug Policy</p>
Fact Sheet Examples	<p>To be determined</p>

Addendum

Current "Consumer Tips" on the California Board of Pharmacy Web Page

[Taken from: http://www.pharmacy.ca.gov/subpage_consumer.htm]

- Tips To Save You Money When Buying Prescription Drugs
- New Prescription Drug Discount Program for Medicare Recipients
- Things You Always Wanted to Know About the Board of Pharmacy...!
- Get the Answers
- How to take your pain medications effectively and safely
- Side effects of narcotic pain relievers
- Facts about older adults and medicines
- About your child's medication
- 14 reasons to talk to your pharmacist

Attachment 2

*UCSF Project Proposal for
Development of Materials on Atrial Fibrillation*

Patricia Harris
02/04/2004 10:17 AM

To: Virginia Herold/Pharmacy/DCANotes@DCANotes
cc:
Subject: FW: UCSF monograph on Atrial Fibrillation (AFib)

FYI

----- Forwarded by Patricia Harris/Pharmacy/DCANotes on 02/04/2004 10:16 AM -----



"Rice, Lorie"
<RiceL@pharmacy.ucsf.edu>
02/04/2004 08:20 AM

To: <patricia_harris@dca.ca.gov>
cc:
Subject: FW: UCSF monograph on Atrial Fibrillation (AFib)

Patty-

Just thought you might want to see what the Med Board response is.
Thanks.
Lorie

-----Original Message-----

From: Ron Joseph [mailto:rjoseph@medbd.ca.gov]
Sent: Tuesday, February 03, 2004 12:27 PM
To: Rice, Lorie
Subject: Re: UCSF monograph on Atrial Fibrillation (AFib)

The Medical Board can place the document (or a link to the document) on its Web site. The Department can link also. Alternatively, we can send it to physicians, but this would be very expensive (123,000 on the mailing list). Funding would need to come from another source. Finally, we could prominently advertise its availability in the quarterly Action Report so they would be aware of availability.

I will copy Candis to see if she can think of any other method of distribution.

>>> "Rice, Lorie" <RiceL@pharmacy.ucsf.edu> 02/03/04 9:57 AM >>>

The School of Pharmacy is negotiating an unrestricted grant from Astra Zeneca to develop a monograph on Afib. This will look like previous Health Notes. The purpose of this e-mail is to pursue maximum distribution of this document to both pharmacists and physicians. (You should also be advised that we are preparing a distribution plan to consumers.)

This monograph will be prepared by UCSF faculty with an open peer review.

Topics to be included are:

1. A description of Afib
2. A description of risk factors
3. A description of signs and symptoms
4. Diagnosis tools
5. Potential consequences of Afib
6. Treatment - medications and other treatments - side effects, duration of treatment, influence on other diseases
7. Future for "cure"

In the past, Health Notes was printed and mailed. We would like to disseminate this document via the net. Is it possible for you to include this on your web site - or do you have another alternative mechanism for distribution?

Thank you for your response.

Lorie Rice

Attachment 3

*UCSF Project Proposal for a Health Notes on
Smoking Cessation*

*California Tobacco Control Alliance's "Tool
Kit" for Primary Care Practitioners to Aid
Patients on Smoking Cessation*

Proposal for Health Notes on Tobacco Cessation UCSF School of Pharmacy

Situation

1. The former U.S. Surgeon General C. Everett Koop noted that "Cigarette smoking is the chief, single avoidable cause of death in our society and the most important public health issue of our time." In the United States, cigarette smoking is the primary known preventable cause of death, accounting for over 400,000 deaths annually. Despite the well-known negative effects of smoking, approximately 1 in 4 Americans continue to smoke. The estimated prevalence of California smokers is 17%.

2. Public health efforts continue to work to find effective ways to prevent the onset of tobacco use and help patients quit using tobacco. Health care professionals can have an important public health impact by helping counter tobacco use. Given that nicotine replacement therapies are available to the public through pharmacies, community pharmacists are uniquely positioned to provide tobacco cessation counseling. They also may be the only health care provider to be in contact with a prospective quitter during a quit attempt.

3. Research shows that California pharmacists have received little training on tobacco cessation counseling. A survey of Northern Californian pharmacists showed that only 9% of pharmacists received formal training in tobacco cessation counseling (n=711); 87.5% were interested in receiving training and 93.4% felt training would increase the quality of their counseling. Eight-five percent of pharmacists felt the profession should be more active in helping patients quit smoking (n=1164). (Hudmon et al)

4. Currently all CA pharmacy students receive formal tobacco cessation training using the Rx for Change: Pharmacist-Assisted Tobacco Cessation curriculum. This curriculum was collaboratively developed by the California schools of pharmacy (UCSF, USF and Western), Pharmacy Partnership of the CA Medical Association Foundation and the University of Pittsburgh. Rx for Change is being disseminated across the nation to pharmacy schools (~90% participation).

Target

Short-term

To educate a large number of California pharmacists and consumers on tobacco cessation counseling.

Long-term

California pharmacists become more active in tobacco cessation counseling services.

Plan

Through collaboration with the CA Board of Pharmacy, UCSF faculty would develop a tobacco cessation Health Notes for distribution to pharmacists and consumers.

Brief description of contents of the tobacco cessation Health Notes

- Epidemiology
- Forms of tobacco
- Pharmacology of nicotine
- Principles of addiction
- Drug interactions with smoking
- Assisting patients with quitting
 - Nonpharmacologic/Behavioral (the 5 "A"s: Ask, Advise, Assess, Assist, Arrange)
 - Pharmacologic therapy
- How to implement tobacco cessation services in various pharmacy settings
- Case studies
- Pharmacologic product guide for quick reference
- Patient education materials; Consumer education sheet

All contents will be heavily based on the Practice Guideline for Treating Tobacco Use and Dependence published in 2000 by the United States Public Health Service.

Three to four authors will participate in development of the publication. [Lisa Kroon, Pharm.D., Robin Corelli, Pharm.D., Karen Hudmon, Dr. PH, M.S., RPh]

Funding

The UCSF School of Pharmacy requests \$40,000 for publication development. The School is also open for inclusion of a CE component.

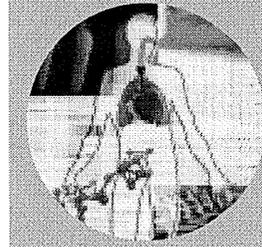
Prepared by
Lisa Kroon, Pharm.D.
Associate Professor of Clinical Pharmacy
UCSF School of Pharmacy

Lorie Rice
Associate Dean of External Affairs
UCSF School of Pharmacy



NEXT GENERATION
CALIFORNIA TOBACCO CONTROL ALLIANCE

Health Care Provider's Tool Kit



for Delivering Smoking Cessation Services

exercise

pills

therapy

cold turkey



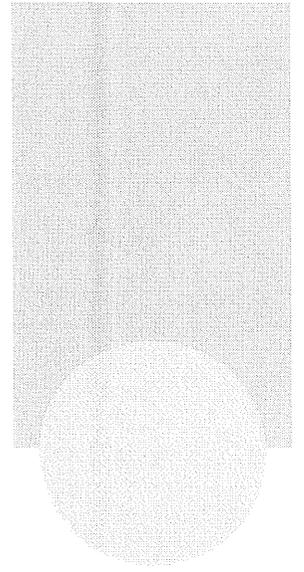
the patch

support

..... *one step at a time*

ABOUT NEXT GENERATION CALIFORNIA TOBACCO CONTROL ALLIANCE

*Next Generation California Tobacco Control Alliance (NGA)
is a statewide coalition working to reduce tobacco use in
California. NGA accomplishes this through collaboration
between traditional tobacco control constituencies and new
partners not traditionally associated with tobacco control.*



NGA wishes to acknowledge the following valuable contributors
to the Health Care Provider's Tool Kit for Delivering Smoking
Cessation Services.



Francisco Buchting, Ph.D.
University of California, Office of the President
Tobacco Related Disease Research Program



Larry Dickey, M.D., M.S.W., M.P.H.
Department of Health Services
Office of Clinical Preventive Medicine



Steve Hansen, M.D.
San Luis Obispo Tobacco Control Coalition



Janet Kirkpatrick, M.D.
Health Net



Lowell Kleinman, M.D.
California Academy of Family Physicians



Patricia Porter, RN, MPH
Integrating Medicine and Public Health
UCSF Institute for Health and Aging



Tami Anderson-Rush, M.S.
Hill Physicians Medical Group, Inc



Robin Flagg Strimling, MPH
California Medical Association



Scott Thomas, Ph.D.
Bay Area Community Resources



Cathy McDonald, M.D.
Thunder Road Adolescent Drug Treatment Program



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Authored by: Traci Verardo
Edited by: elliot communications
Designed by: designstyles

Published 2003

FACTS ABOUT SMOKING CESSATION

●
More than 43,000 smoking-related deaths occurred in California in 1999.

●
Smokers have 30 to 40 percent more hospital visits than those who quit smoking.

●
More than 70 percent of California smokers wish they did not smoke.

●
In 1999, over 60 percent of smokers in California tried to quit smoking.

●
Over the last decade, attempts to quit by California smokers have increased by 25 percent.

●
When smokers try to quit on their own, without support or health care services, their long-term success rate is only about five percent.

●
70 percent of smokers visit a physician at least once a year.

●
Physician advice to quit can increase cessation rates by as much as 30 percent.

●
Only 46 percent of California smokers report being advised to quit smoking by their physician.

●
Smokers who quit have lower rates of hospital use within two to four years of quitting.

●
In 1999, 33 percent of the smokers who received advice to quit from a physician made a quit attempt.

●

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Section 1

Why Should We Promote Smoking Cessation?

Dispelling the Myths

In today's health care environment, clinicians and medical staff have a host of demands on their time. Shorter patient visits have become the norm, and medical offices strain to continue to balance providing quality care with serving increasing numbers of patients.

Providing assistance to help patients quit smoking is a proactive, preventative step that can help decrease time spent on smoking-related illnesses later. Your role is critical—and the reality is that your patients need your help. Recognize the myths for what they are and help promote smoking cessation in your office.

MYTH: There aren't that many smokers in California overall, why go through a lot of trouble for such a small percentage of people?

REALITY: While California's smoking prevalence may be one of the lowest in the nation, the absolute number of smokers in California is still extremely large, given the size of the state's population. Our 17 percent prevalence translates into over 4.7 million smokers annually. In 1999, over 60 percent of smokers tried to quit. Clearly, the health care system needs to respond to an epidemic that is taking its toll on millions of Californians.

MYTH: Simply telling my patient to quit smoking isn't going to make a difference.

REALITY: Physician advice to quit is often cited as a major motivation for a patient to make a quit attempt. In 1999, 33 percent of smokers who received advice to quit from a physician made a quit attempt. The credibility and authority of health care providers makes them unique messengers for delivering advice to quit and positive reinforcement to the patient. However, the provider's role does not stop with simply telling a patient to quit. Other office personnel can also be effective by assisting with setting a quit date, making a referral to external counseling resources and following up with the patient.

MYTH: If I advise a patient to quit smoking and they don't quit, they don't want to give up the habit. Why should I keep badgering them?

REALITY: Patients don't view your advice as badgering. In fact, providing advice to quit and offering resources to the patient has been shown to result in higher patient satisfaction scores for providers. Most successful quits occur after multiple attempts by smokers to stop. Expressing continued concern for the patient's health and their family's health isn't badgering them, it's doing your job.

●

When smokers try to quit on their own, without support or health care services, their long-term success rate is only about five percent.

●

About This Tool Kit

This Tool Kit was developed by Next Generation California Tobacco Control Alliance (NGA) in collaboration with health provider associations, managed care organizations, tobacco control experts, researchers and community advocates. Information in this Tool Kit draws on the evidence-based Treating Tobacco Use and Dependence Guidelines developed by the U.S. Public Health Service.

MYTH: It will take too much time to focus just on smoking; time with patients is already too limited.

REALITY: More often than not, the illness for which a smoking patient comes into your office is related to their smoking. Given the known adverse health effects of smoking, consider how much time it takes to provide treatment to a patient with Chronic Obstructive Pulmonary Disease (COPD), hypertension, lung cancer or other smoking-related illnesses.

MYTH: I'm not sure what reputable programs exist in my area that are available for me to refer patients for more help in quitting.

REALITY: You and your office staff don't have to do it all. Providing advice to quit and noting the patient's smoking status is an excellent first step. In the Tools section of this Tool Kit is a list of statewide resources for smoking cessation that can be photocopied for office staff and provided to patients.

MYTH: Smokers make a choice to pick up smoking in the first place and they choose to continue smoking.

REALITY: The addictive property of nicotine requires health care providers to be more persistent in offering positive encouragement for smokers to make quit attempts. Some smokers who say they don't want to quit are ashamed of failed past quit attempts and are afraid to try again. They need your support and encouragement to give it another try.

MYTH: I don't offer nicotine replacement therapies (NRTs) or medication to patients because their insurance usually doesn't cover it.

REALITY: Insurance coverage CAN sometimes be a barrier. But some local resources can help provide low-cost or free alternatives to patients. All Californians, regardless of insurance status, can contact the toll-free California Smokers' Helpline (see Section 7 of this Tool Kit) for free, telephone-based counseling sessions. For those patients who are enrolled in Medi-Cal, certain medications and NRTs can also be provided without a Treatment Authorization Request (TAR) as an adjunct to counseling.

How Will This Tool Kit Help?

This Tool Kit was designed to assist physicians, medical office personnel and medical group staff in their daily efforts to establish office-based systems to track smoking status, conduct cessation interventions with patients, and refer patients to additional resources for more intensive assistance in their quit attempts.

Section 2

Simple Methods for Tracking Patient Smoking Status

Establishing an office system that simplifies identifying and tracking a patient's smoking status can help make encounters with smokers more effective and efficient. By making questions about smoking status a routine part of the intake process for all patients, medical office staff save time by not having to select which patients to query. Including assessments of tobacco-use status as a routine part of care also ensures that the patients' smoking status can be updated at every visit. This enables physicians and medical office staff to target appropriate interventions to patients when they most need assistance in quitting.

Create Achievable Goals

It is important to set goals that are both meaningful and achievable in their scope. Find a method of tracking your patients' tobacco use and cessation efforts that works for YOUR office. In Section 7 of this Tool Kit is a checklist for establishing an office-wide system for documenting tobacco use.

Make it a Simple Part of Your Staff Routine

Assessing the smoking status of patients and advising them to quit at every visit takes very little time and

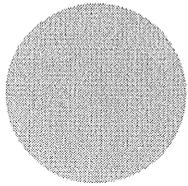
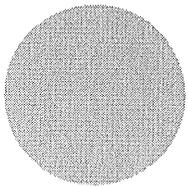
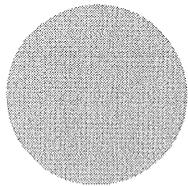
sends a clear message that their tobacco use is an important aspect of their health. Methods such as incorporating smoking status into vital sign records, using a reminder system that includes chart stickers, or inserting a prompt for smoking status into computer reminder systems or electronic medical records increase the likelihood of clinician intervention.

Section 7 of this Tool Kit contains a template for chart stickers that can be photocopied onto standard office labels (Avery labels #5162 and #5262 - 1.33"x4"). The stickers incorporate tobacco as a vital sign and signal whether the patient is a current smoker, former smoker, or non-smoker. Because medical offices vary widely in their approach to tracking tobacco use status, assess what tracking tools will best help you in your practice. Whatever method you chose, remember that once a patient's smoking status is documented in their file, providing the rest of the intervention is simple. The next steps – offering advice to quit, providing brief behavioral counseling and assisting in making arrangements for more intensive counseling services – can be effectively provided to help a smoker's quit attempt be successful.

●

Physician advice to quit can increase cessation rates by as much as 30 percent.

●



Only 46 percent of California smokers report being advised to quit smoking by their physician.



Section 3

Using the 5 A's to Help Patients Quit

The 5 A's are a simple road map for health practitioners to use during visits with patients who are smokers. Everyone in the medical office can play a role in helping patients quit.

ASK – Establish an office system to consistently identify tobacco use status for every patient at every visit. Congratulate former smokers on their continued abstinence to prevent relapse. Be sure to make note of patients exposed to second hand smoke.

ADVISE – Deliver a clear, strong and personal message. “As your clinician, I think it is important for you to quit and I can help. Quitting smoking is the most important thing you can do to protect your health now and in the future.” Mention the impact of smoking on the patient’s health and the health of others in the household.

ASSESS – Ask the patient if they are ready to try to quit. If they are, provide assistance and/or arrange for more intensive services to assist with the quitting process. If the patient isn’t ready to quit, don’t give up on them. Providers can conduct effective motivational interventions that keep the patient thinking about quitting. Conduct a motivational intervention that helps the patient identify quitting

as personally relevant and repeat motivational interventions at every visit.

ASSIST – Provide practical counseling to encourage patients who are ready to quit that their decision is a positive step. Help set a quit date, ideally within 2 weeks. Remind the patient about the need for total abstinence and encourage them to remove cigarettes from the home, car and workplace and avoid smoking in those places. Help the patient anticipate challenges to quitting and identify actions to take to avoid relapse. Recommend the use of pharmacotherapies to increase cessation success and discuss options for addressing behavioral changes (e.g. cessation classes, telephone counseling from the California Smokers Helpline, individual counseling).

ARRANGE – Schedule follow up with the patient, ideally within the first week of the quit date. Congratulate success and encourage the patient in their quit attempt. If the patient relapses, encourage recommitment to abstinence and discuss circumstances that led to relapse. Assess pharmacotherapy use and consider referral to more intensive services or treatment programs.

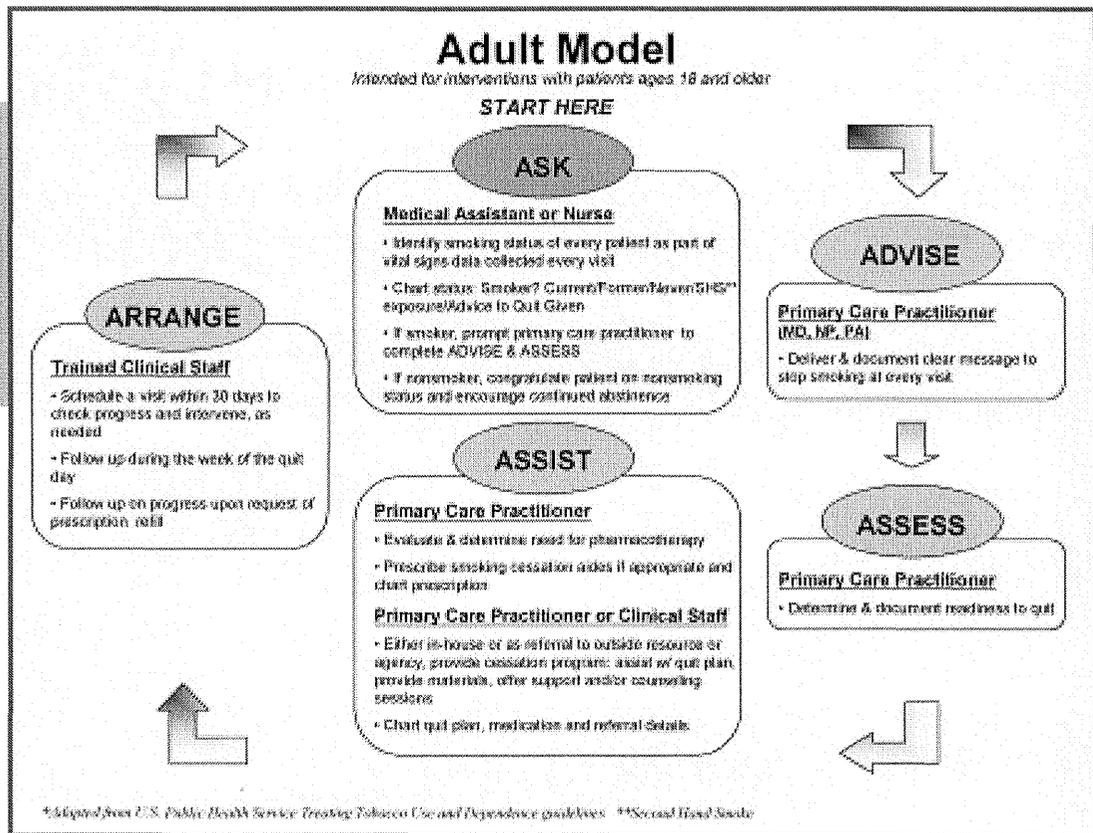
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70 percent of smokers visit a physician at least once a year.

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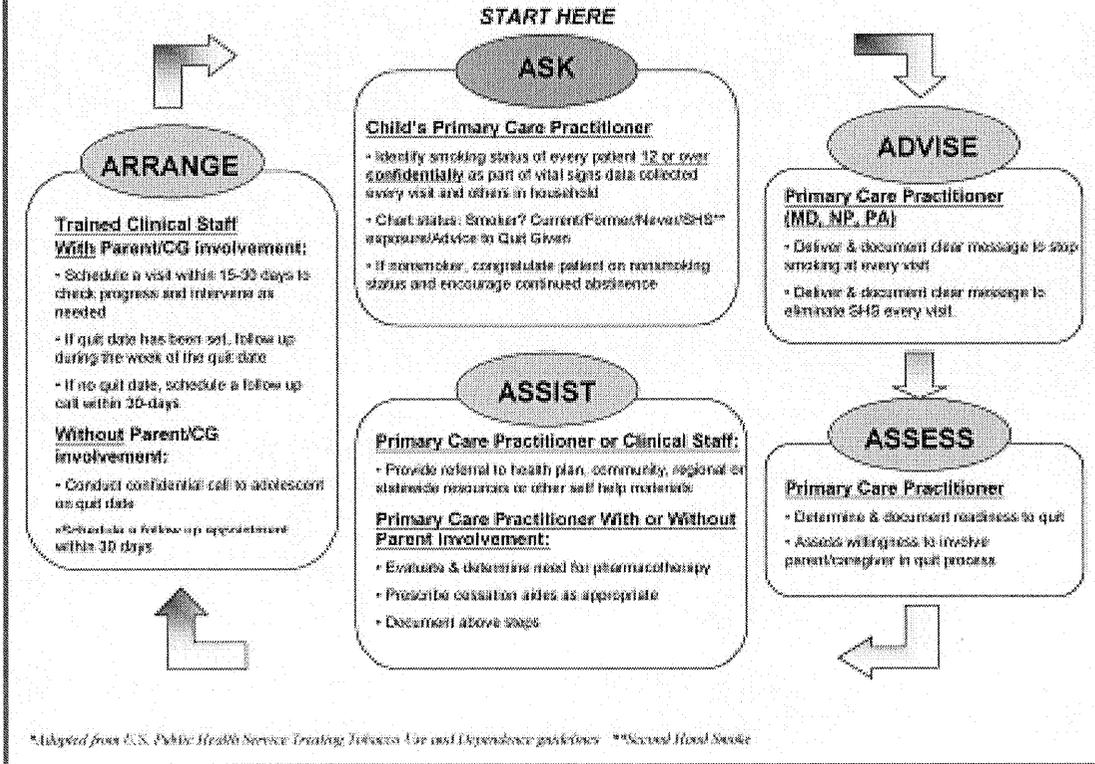
Delivery Models for the Cycle of the 5 A's

Delivering the 5 A's is a process that starts with asking every patient about their smoking status. Because quitting is difficult for most smokers, the 5 A's is a cycle that is often repeated. Based on the U.S. Public Health Service Treating Tobacco Use and Dependence clinical guidelines, NGA developed service delivery models to assist medical offices in applying the 5 A's to diverse patient populations: adults, youth, and pediatric patients. In addition to delivering the 5 A's as depicted in these models, creating an office environment that discourages tobacco use (by displaying anti-tobacco posters, making anti-tobacco buttons available, placing consumer-oriented cessation materials in waiting areas, etc.) can help facilitate discussions with a patient or a patient's parents or caregivers regarding tobacco use and cessation.



Youth-Adolescent Model

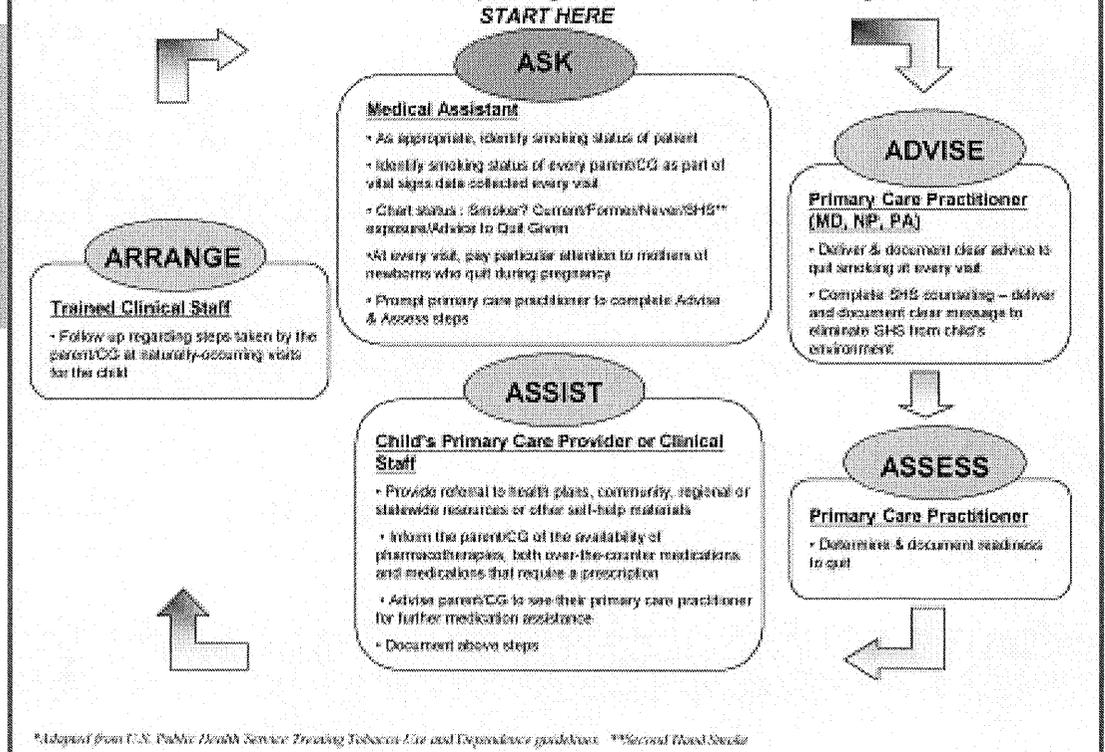
Intended for interventions with patients ages 12-17



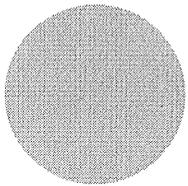
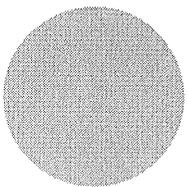
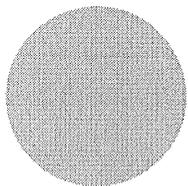
Youth

Pediatric Model – Interventions with Parents/Caregivers (CG)

Intended for interventions with patients ages 11 and under and their parents or caregivers



Pediatric



In 1999, 33 percent of the smokers who received advice to quit from a physician made a quit attempt.



Section 4

Prescribing Guide for Cessation Pharmacotherapies

Helping patients quit smoking means treating the highly addictive nature of nicotine. Studies have shown that tobacco dependence meets the criteria for drug dependence: use of tobacco produces tolerance for continued use, a well-characterized withdrawal syndrome, and an inability to control future use. For some people, the nicotine in tobacco products can be just as addictive as heroin or cocaine. Within seconds of puffing on a cigarette, nicotine travels to the brain, and triggers a chemical release that makes the smoker crave more nicotine.

Studies and analyses of first-line cessation medications have shown that the medications can generally double long-term quit rates for smokers when compared to placebos. It is difficult, however, to compare the “success rate” of one medication to another, since the methods used to study and evaluate the different medications vary.

Medications to treat tobacco dependence have been found to be effective in helping smokers suppress withdrawal symptoms and gradually reduce their exposure to nicotine. However, it is important to remind patients that cessation med-

Nicotine Replacement and Other Pharmacotherapy: Quick Reference Guide for Prescribing
Must individualize nicotine replacement for those smoking <10 cigarettes/day (CPD)

Pharmacotherapy	Precautions/ Contraindications	Side Effects	Dosage	Duration	Availability
First-line Pharmacotherapies – approved for use for smoking cessation by FDA					
Zyban (Wellbutrin, Bupropion SR) Can be used with NRT (FDA Class B)	<ul style="list-style-type: none"> Hx of seizure Hx of eating disorder AOD Withdrawal MAO Inhibitor within 2 wks 	<ul style="list-style-type: none"> Insomnia (Take dose at 8 AM and 4PM) Dry mouth 	150 mg qam x 3 days, then 150 mg BID Start 1 week before quit day	7-12 weeks maintenance up to 6 months	Prescription only 12 weeks covered by MediCal with scrip and group certificate
Nicotine Patch <i>**has an increase in efficacy when combined with Zyban</i> place on hairless part of body between neck and waist – rotate (FDA Class C)	<ul style="list-style-type: none"> Pregnant or lactating* 2 wks post myocardial infarction/serious arrhythmias/serious or worsening angina NASAL INHALER ONLY: Hx of severe reactive airway disease 	<ul style="list-style-type: none"> Local skin reaction (treat with Hydrocortisone cream) Insomnia (Remove patch at night) 	Nicoderm CQ 21 mg/24 hours 14 mg/24 hours 7 mg/24 hours	4 weeks then 2 weeks then 2 weeks	Nicoderm CQ (OTC) Generic patches (OTC and scrip)
			Nicotrol 15 mg/16 hours Use lower dose if smoking ≤ 10 cigs/d	8 weeks	Nicotrol (Prescription only) 6 weeks covered by MediCal with scrip and group certificate
Nicotine Gum (Nicorette/Nic Mint) chew at least 10 pieces, chew until tingly park-repeat x 30min/ water only x 10-15min (FDA Class D)		<ul style="list-style-type: none"> Mouth soreness Dyspepsia 	1-24 cigs/day: 2 mg gum (up to 24 pcs/day) 25+cigs/day: 4 mg gum (up to 24 pcs/day)	Up to 12 weeks	OTC (MediCal requires TAR with tapering schedule)
Nicotine Inhaler (Nicotrol Inhaler) (FDA Class D)		<ul style="list-style-type: none"> Local irritation of mouth and throat/cough/rhinitis 	6-16 cartridges/day	Up to 6 months	Prescription only
Nicotine Nasal Spray (Nicotrol NS) (FDA Class D)		<ul style="list-style-type: none"> Nasal irritation 	8-40 doses/day	3-6 months	Prescription only
Second-line Pharmacotherapies - not approved for use for smoking cessation by the FDA					
Clonidine (Oral Clonidine generic, Catapres and Transdermal catapres (FDA Class C)	<ul style="list-style-type: none"> Rebound hypertension 	<ul style="list-style-type: none"> Dry mouth Drowsiness Dizziness Sedation 	0.15-0.75 mg/day 0.10-0.20 mg/day transdermal	3-10 weeks	Prescription only
Nortriptyline (Nortriptyline HCl-generic)	<ul style="list-style-type: none"> Risk of Arrhythmias 	<ul style="list-style-type: none"> Sedation Dry mouth 	75-100 mg/day	12 weeks	Prescription only

Source: adapted from the U.S. DHHS *Treating Tobacco Use and Dependence* reference guide for clinicians. ISSN-1530-6402 – Available by calling 1-800-CDC-1311

*Urge to quit on own; use pharmacotherapy if increased likelihood of smoking abstinence outweighs the risk of pharmacotherapy and potential concomitant smoking.

**Patients should be encouraged to combine patch with other NRT or Zyban if unable to quit with patch alone.

ications are not a “magic bullet.” The patient still needs to take an active role in changing the many smoking habits that they have developed over the years. Combined with a desire to quit smoking and appropriate behavioral modification (avoiding situations associated with smoking, identifying positive alternatives to replace smoking habits, etc.), nicotine replacement therapy and other cessation medications can be very effective for some smokers.

Below are some tips about information to consider when prescribing cessation medications. (NOTE: When prescribing medications, patients must be reminded not to smoke when using any nicotine replacement therapy (NRT) product.)

- nicotine patch use generally results in better adherence to the therapy than with the gum, spray or inhaler
- nicotine gum may be a good alternative for individuals who have skin reaction to patches, prefer oral stimulation, or prefer to control their dosing of nicotine
- nicotine nasal spray provides a rapid nicotine delivery and provides greater potential for the user to self-administer nicotine doses
- nicotine inhaler delivers nicotine in a manner that simulates the behavioral and sensory aspects of smoking
- bupropion may be a good alternative for individuals who prefer not to use nicotine replacement methods
- second-line medications (clonidine and nortriptyline) are recommended for use on a case-by-case basis after first-line medications have been tried or considered

California’s Medi-Cal program covers a variety of medications for Medi-Cal enrollees. A prescription and a letter or certificate of enrollment for the

patient from a behavioral modification smoking cessation program is required to receive medications.

Additionally, a small number of studies have shown that utilizing a combination therapy approach of combining NRTs with bupropion or the patch with other NRTs may lead to some increase in quit rates when compared to using only one form of NRT. At present, the FDA has not approved combination therapy for smoking cessation. The U.S. Public Health Service Treating Tobacco Use and Dependence clinical guidelines suggest that combination therapy be used only with those patients unable to quit using a single form of pharmacotherapy.

This prescribing guide was developed by the Alameda Health Consortium’s American Legacy Foundation-funded Tobacco Use Intervention Project and the Alameda County Alcohol Tobacco and Other Drugs (ATOD) network funded by the Alameda County Master Settlement, based on information from the U. S Public Health Service Treating Tobacco Use and Dependence Clinical Guidelines. This prescribing guide is intended solely for the convenience of the prescribing provider. Please consult the Physician’s Desk Reference for complete product information and additional description of contraindications and potential side effects.

Section 5

Treatment Recommendations for Special Populations

Special populations are defined in this section as those groups of individuals that may benefit from extra attention both in how cessation services are presented to them and in their response to the cessation process itself.

One example of this is when working with a patient from a cultural group that may have negative associations to seeing a “counselor.” In this example, referring to the cessation counselor with another term, such as a health educator, may make the difference between whether that patient seeks support in quitting or not. Another example is when working with patients on psychiatric medication, where increased monitoring of dosage levels may be required. When a patient with a psychiatric diagnosis stops smoking, medications for their psychiatric condition may increase in potency. The medications may require an adjustment in dosage because the suppressive effect of the nicotine has been eliminated.

In addition to primary care providers, many different health care practitioners are involved with smokers during their quit attempts. Mental health providers, substance abuse counselors, hospital discharge planners, case managers and certain specialists can have a key role in treating smokers when they present for other medical issues or comorbidities.

The following table contains an overview of the unique needs of several special populations and recommendations for treatment techniques to meet those needs. All providers are encouraged to adopt the following recommendations for populations that may benefit from increased attention to the cessation process.

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More than 70 percent of California smokers wish they did not smoke.

●

Recommendations for Cessation Interventions with Special Populations

Population	Unique Needs	Recommendations
Elderly	<ul style="list-style-type: none"> • Cessation for older adults can reduce the risk of lung cancer, death from coronary heart disease, myocardial infarction • Smoking cessation in older adults can be effective & allow older smokers to realize health benefits of quitting • Rarely a primary target in media campaigns/social norm change efforts 	<ul style="list-style-type: none"> • Older patients should be screened for tobacco use and encouraged to quit in the same manner that non-elderly patients are screened & advised
Hospitalized Patients	<ul style="list-style-type: none"> • Continued smoking may slow or complicate a hospitalized patient's recovery • Smoking negatively affects bone and wound healing • Among cardiac patients, second heart attacks are more common in those who smoke 	<ul style="list-style-type: none"> • Hospital staff should capitalize on a smoker's increased motivation to quit, due to the link between tobacco use and initial cause for hospitalization, by: <ul style="list-style-type: none"> - Asking patients on admission for tobacco use status - Documenting tobacco use status on admission problem list - Offering pharmacotherapies and counseling - Incorporating cessation treatment into discharge planning • Hospital staff should utilize the mandatory cessation required of patients while in hospitals to encourage long-term abstinence
Patients with Mental Illnesses or Psychiatric Disorders	<ul style="list-style-type: none"> • Individuals with psychiatric illnesses are nearly twice as likely as the general population to smoke • Some smokers with psychiatric conditions may experience exacerbated conditions when they stop smoking • Smoking cessation may impact the effectiveness of some psychiatric medications 	<ul style="list-style-type: none"> • Patients with mental illnesses or psychiatric disorders should be screened for tobacco use and encouraged to quit in the same manner that other patients are screened & advised • Mental health providers should utilize the frequency of mental health treatment visits as an opportunity for monitoring progress in smoking cessation • Smoking cessation strategies should be integrated and coordinated with treatments for mental illnesses and psychiatric conditions • Bupropion and nortriptyline should be considered for prescriptions to patients with depression diagnoses • Clinicians should closely monitor actions or side effects of psychiatric medications in smokers making quit attempts
Patients with Substance Abuse History	<ul style="list-style-type: none"> • Individuals with a history of substance abuse or chemical dependence have smoking rates greater than 70 percent • There is little evidence that patients with chemical dependencies relapse to other drug use when they stop smoking 	<ul style="list-style-type: none"> • Comprehensive cessation treatments should be integrated and coordinated with treatments for chemical dependency or substance abuse • Smoking cessation strategies should be integrated and coordinated with treatments for chemical dependency or substance abuse • Patients with substance abuse histories should be screened for tobacco use and encouraged to quit in the same manner that other patients are screened & advised
Pregnant Women	<ul style="list-style-type: none"> • Although cessation prior to pregnancy will reduce risks to the fetus and the mother, quitting at any point in pregnancy is beneficial • Pregnant women who smoke have higher risk of low birth weight babies than nonsmokers • Women who have maintained abstinence during pregnancy have high rates of relapse postpartum 	<ul style="list-style-type: none"> • Pregnant women should receive advice to quit at every visit during pregnancy • Pregnant women who have quit smoking should receive advice to stay quit during all postpartum visits with OB/GYNs AND during well-child visits to pediatricians
Racial/Ethnic Groups	<ul style="list-style-type: none"> • In California, African Americans and Non-Hispanic Whites have the highest smoking prevalence rates, followed by Hispanics and Asians/Pacific Islanders (However, there are significant variations in smoking rates and patterns among various Asian Americans and Pacific Islander groups) • Immigrants from countries with high smoking rates may need additional education about why quitting smoking is beneficial • Racial and ethnic groups experience high mortality among a number of smoking-related disease categories 	<ul style="list-style-type: none"> • Patients from diverse ethnic and racial groups should receive advice to quit and assistance in the same manner that other patients are screened & advised • Cessation materials should be offered that include culturally appropriate examples and are in a language understood by the smoker

Section 6

Delivering Cessation Services is an Important Quality Goal

Studies have shown that delivering smoking cessation interventions during physician visits is associated with increased patient satisfaction, even when a smoker reports no interest in quitting at the time of the visit. Because cessation has the potential to improve health, decrease health care costs, and lessen the burden on the health care system, interventions by health care providers are being recognized as critical components of delivering care.

Given the potential that cessation interventions have for demonstrating quality health care interactions, advising smokers to quit is one of the quality measures developed by the National Committee on Quality Assurance (NCQA). By administering the Consumer Assessment of Health Plans Survey (CAHPS) to individual consumers after visits to their physicians, NCQA measures overall performance of health plans on specific clinical and screening activities and provides meaningful information for health care purchasers and consumer to make their health care choices.

Currently, CAHPS includes three questions related to smoking cessation:

In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?

On how many of these visits was medication recommended to assist you with smoking cessation (for example nicotine gum, patch, nasal spray, inhaler, Bupropion SR)?

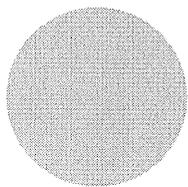
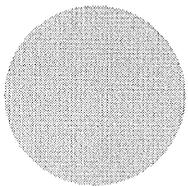
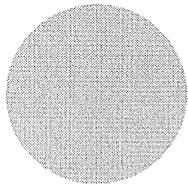
On how many of these visits did your doctor or health provider discuss methods and strategies (other than medication) to assist you with smoking cessation?

Measuring patient responses to these questions encourages providers to be additionally diligent in offering services and treatments to help smokers quit. Providers can show progress toward these important quality measures by utilizing information in this Tool Kit to become familiar with evidence-based recommendations, best practices and strategies for providing effective cessation counseling and interventions.

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High patient satisfaction occurs for physician visits even for smokers who report no interest in quitting at the time of visit.

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**More than 43,000 smoking-related deaths occurred
in California in 1999.**



Section 7

Tools to Track Patients' Smoking Status and Encourage Cessation

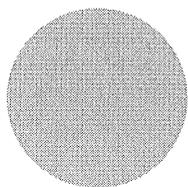
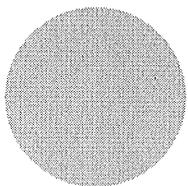
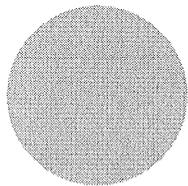
This section contains several resources and tools for use in tracking patients' smoking status and providing cessation services in a medical office environment. The Tools section has been prepared on perforated pages to allow for easy removal and duplication. Laminating or enclosing the double-sided Tools pages in plastic sheet protectors can help ensure their durability. Offices may wish to post the Community-Based Cessation Programs listing in a prominent office location, so all staff can easily access the list of resources. Copies of Statewide Resources for Community-Based Cessation and Tips for Preparing to Quit Smoking may also be distributed to patients preparing to make a quit attempt.

Resources

- Checklist for Documenting Tobacco Use at Every Visit
- Online Professional Resources for Continuing Medical Education (CME) Credits and Cessation Training

Tools

- Template of Stickers to help Track Patients' Smoking Status
This template can be photocopied onto Avery labels #5162 and #5262 (1.33"x4") to make the tracking of patient smoking status easy and efficient. For additional label designs, visit our web site at www.cessationcenter.org for more label templates.
- Prescribing Guide for Cessation Pharmacotherapies
This has been displayed twice to help offices photocopy multiple copies and provide to each physician in the office.
- Statewide Resources for Community-Based Cessation Interventions
This document contains:
 - Local Tobacco Control and Cessation Program Listings by County
 - Health Plan Customer Service Numbers
 - Online Cessation Resources
- Tips for Helping Patients Quit Smoking
 - *This summary is provided to help answer questions that may arise from patients during their quitting process.*
- Tips for Preparing to Quit Smoking
 - *This tip sheet is provided for offices to photocopy and distribute to patients getting ready to quit, or patients with family members getting ready to quit.*



**Smokers who quit have lower rates of hospital use
within two to four years of quitting.**



Online Professional Resources for CME Credits and Cessation Training

The University of Wisconsin Medical School Center for Tobacco Research and Intervention and Office of Continuing Medical Education (CME) have created a free web-based continuing medical education program that provides training in the treatment of tobacco dependence. The program is based on the U.S. Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence and provides education in conducting brief interventions with smokers, guidelines for use and prescribing cessation pharmacotherapies, suggestions for following up with patients and case studies for practical application. One hour of category 1 credit toward the AMA Physician's Recognition Award is offered. Visit <http://www.cme.uwisc.org/> to access the program, under the Substance Abuse: Tobacco, Alcohol and Drugs section.

**Center for Tobacco
Research and
Intervention
Free CME-eligible
Cessation Course
for Clinicians**

HealthCME.com offers an online course on tobacco cessation that includes multiple case studies, clinical information and a list of printable patient handouts. Hypothetical patient scenarios are offered to allow CME-users to conduct interviews to determine each patient's tobacco use status, willingness to quit, concerns about quitting, and appropriate types of interventions. Individualized feedback is provided for each decision and survey response. The program takes from 45 minutes to 2 hours to complete and a printable CME certificate is provided at the close of the program. Visit <http://www.HealthCME.com> to access the course.

HealthCME.com's Tobacco Cessation CME course can be accessed at <http://www.HealthCME.com>.

**HealthCME.com
Free CME-eligible
Tobacco Cessation
Course**

Providers may also review the complete U.S. Public Health Service Treating Tobacco Use and Dependence guidelines for in-depth information on the efficacy of cessation interventions and the vast body of evidence that is the foundation for the guidelines. The guidelines may be accessed by visiting <http://www.surgeongeneral.gov/tobacco/>.

**U.S. Public Health
Services Guidelines**

Checklist for Documenting Tobacco Use at Every Visit

Staff Resources & Knowledge

- Have staff been assigned clear roles and responsibilities for conducting interventions with smoking patients?
- Are clinicians knowledgeable in discussing the risks of tobacco use and the benefits of quitting and the physiological and emotional process a patient may go through when quitting?
- Are clinicians/medical staff familiar with the process of setting a realistic quit date for smokers?
- Is staff time set aside to call patients to follow up on their quit date?
- Is the clinician/office staff aware of the internal (e.g. medical group programs) and external (e.g. health-plan sponsored programs, hospital programs, community-based organizations, and telephone quit line, etc.) opportunities for patients to attend cessation classes, group programs or individual counseling sessions for smoking cessation?
- Is the clinician/office staff familiar with the process of referring patients to internal or external cessation programs?
- Is the clinician/office staff aware of appropriate billing codes or reimbursement policies and requirements that may be used to bill for a patient visit for smoking cessation?

Material Resources

- Do intake forms include a section for charting smoking status, a sticker for smoking status or some other mechanism for prominently noting a patient's smoking status?
- Are tobacco use assessments included in vital sign-taking process?
- Does the intake form or sticker provide space for updating information during subsequent patient visits?
- Is a current copy of county-specific resources – available from the California Smokers Helpline - available and accessible to all medical office staff?
- Are listings of community-based resources accessible to all medical office staff?
- Are patient materials describing the benefits of quitting available to patients? In appropriate non-English languages?

Prescribing Information

- Is information regarding prescribing guidelines for cessation pharmacotherapies available to clinicians?

Sticker Template — Use with Avery Labels #5162 and #5262 (1.33"x4")

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
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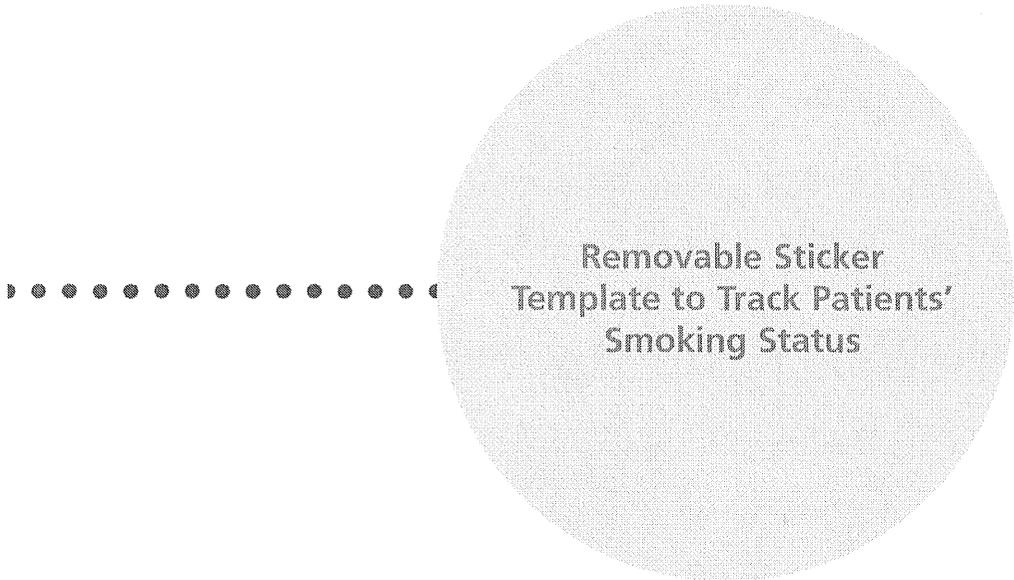
Date _____ Weight _____ BP _____
Pulse _____ Temp _____ Resp _____
Smoking Status: Current Former Never
Advice Given:

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**Removable Sticker
Template to Track Patients'
Smoking Status**

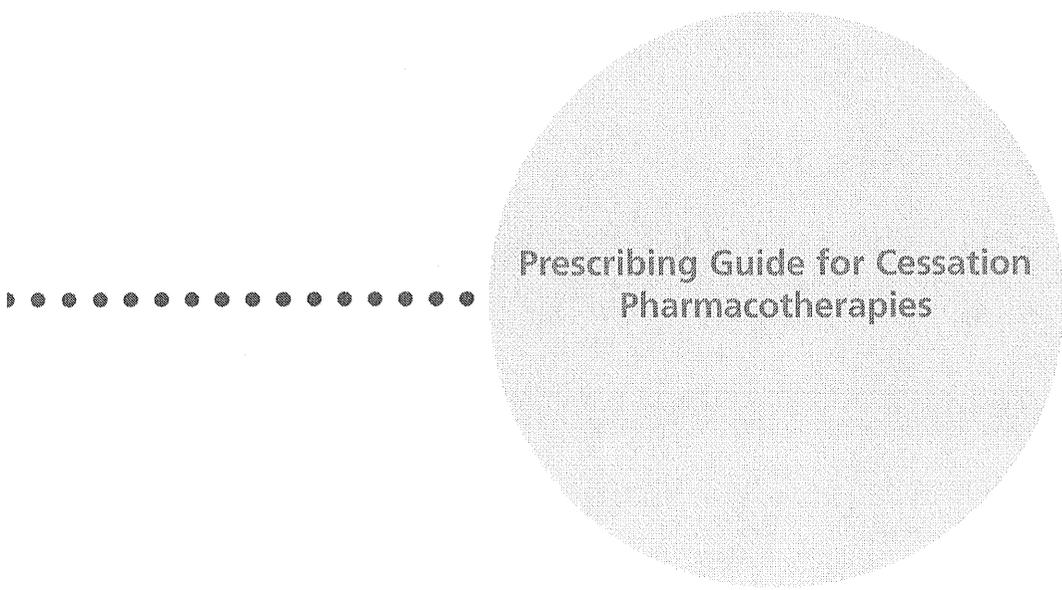
Prescribing Guide for Cessation Pharmacotherapies

Nicotine Replacement and Other Pharmacotherapy: Quick Reference Guide for Prescribing Must individualize nicotine replacement for those smoking <10 cigarettes/day (CPD)					
Pharmacotherapy	Precautions/ Contraindications	Side Effects	Dosage	Duration	Availability
First-line Pharmacotherapies – approved for use for smoking cessation by FDA					
Zyban (Wellbutrin, Bupropion SR) Can be used with NRT (FDA Class B)	<ul style="list-style-type: none"> Hx of seizure Hx of eating disorder AOD Withdrawal MAO Inhibitor within 2 wks 	<ul style="list-style-type: none"> Insomnia (Take dose at 8 AM and 4PM) Dry mouth 	150 mg qam x 3 days, then 150 mg BID Start 1 week before quit day	7-12 weeks maintenance up to 6 months	Prescription only 12 weeks covered by MediCal with scrip and group certificate
Nicotine Patch <i>**has an increase in efficacy when combined with Zyban</i> place on hairless part of body between neck and waist – rotate (FDA Class C)	<ul style="list-style-type: none"> Pregnant or lactating* 2 wks post myocardial infarction/serious arrhythmias/serious or worsening angina NASAL INHALER ONLY: Hx of severe reactive airway disease 	<ul style="list-style-type: none"> Local skin reaction (treat with Hydrocortisone cream) Insomnia (Remove patch at night)	Nicoderm CQ 21 mg/24 hours 14 mg/24 hours 7 mg/24 hours	4 weeks then 2 weeks then 2 weeks	Nicoderm CQ (OTC) Generic patches (OTC and scrip)
			Nicotrol 15 mg/16 hours Use lower dose if smoking ≤ 10 cigs/d	8 weeks	Nicotrol (Prescription only) 6 weeks covered by MediCal with scrip and group certificate
Nicotine Gum (Nicorette/Nic Mint) chew at least 10 pieces, chew until tingly park-repeat x 30min/ water only x 10-15min (FDA Class D)		<ul style="list-style-type: none"> Mouth soreness Dyspepsia 	1-24 cigs/day: 2 mg gum (up to 24 pcs/day) 25+cigs/day: 4 mg gum (up to 24 pcs/day)	Up to 12 weeks	OTC (MediCal requires TAR with tapering schedule)
Nicotine Inhaler (Nicotrol Inhaler) (FDA Class D)		<ul style="list-style-type: none"> Local irritation of mouth and throat/cough/rhinitis 	6-16 cartridges/day	Up to 6 months	Prescription only
Nicotine Nasal Spray (Nicotrol NS) (FDA Class D)		<ul style="list-style-type: none"> Nasal Irritation 	8-40 doses/day	3-6 months	Prescription only
Second-line Pharmacotherapies - not approved for use for smoking cessation by the FDA					
Clonidine (Oral Clonidine generic, Catapres and Transdermal catapres (FDA Class C)	<ul style="list-style-type: none"> Rebound hypertension 	<ul style="list-style-type: none"> Dry mouth Drowsiness Dizziness Sedation 	0.15-0.75 mg/day 0.10-0.20 mg/day transdermal	3-10 weeks	Prescription only
Nortriptyline (Nortriptyline HCl-generic)	<ul style="list-style-type: none"> Risk of Arrhythmias 	<ul style="list-style-type: none"> Sedation Dry mouth 	75-100 mg/day	12 weeks	Prescription only

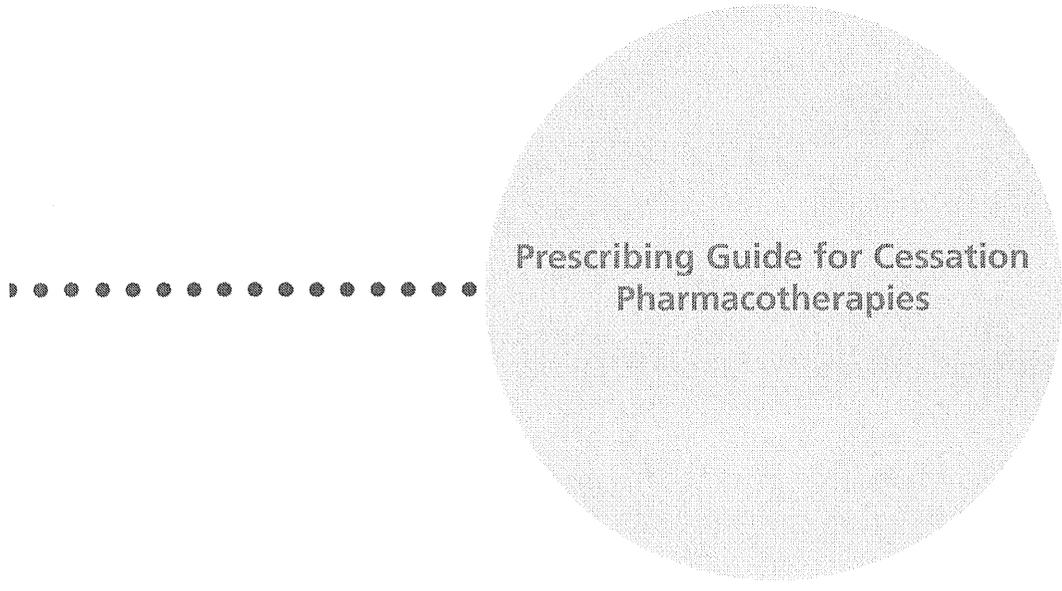
Source: adapted from the U.S. DHHS *Treating Tobacco Use and Dependence* reference guide for clinicians. ISSN-1530-6402 – Available by calling 1-800-CDC-1311
**Urge to quit on own; use pharmacotherapy if increased likelihood of smoking abstinence outweighs the risk of pharmacotherapy and potential concomitant smoking.*
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**Prescribing Guide for Cessation
Pharmacotherapies**



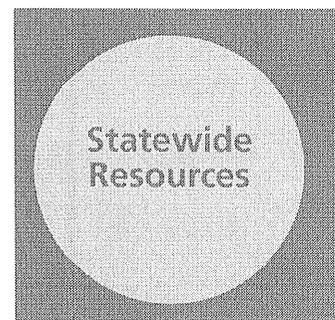
**Prescribing Guide for Cessation
Pharmacotherapies**

Statewide Resources for Community-Based Cessation Programs

CALIFORNIA SMOKERS' HELPLINE 1-800-NO-BUTTS

Provides free telephone counseling services in English, Spanish, Cantonese, Korean and Vietnamese. Also TDD for hearing-impaired. Medi-Cal callers may receive proof of participation to satisfy prerequisite for receiving pharmaceuticals. Hours: 9 a.m. – 9 p.m. Monday- Friday; 9 a.m. – 1 p.m. Saturday; 24-hour voice mail.

The California Smokers' Helpline maintains county-specific listings of tobacco cessation and education resources and can distribute local listings to medical office staff.



Local Tobacco Control and Cessation Program Listings By County

Resources may be available in your area that offer educational materials and smoking cessation programs. Select local health departments offer cessation services or partner with health care institutions to offer cessation services. Numbers for the tobacco education programs in local county health departments are listed below. Additionally, certain local offices of the American Cancer Society (ACS) and American Lung Association (ALA) provide direct services or group classes. Cessation programs offered by ACS include Make Yours A Fresh Start Family, geared to health care providers who work with pregnant women and parents of young children. Cessation programs offered by ALA include Freedom From Smoking (for adults) and Not On Tobacco (for teens). Most offices can provide referrals to other cessation services. Call for more information.

Alameda County	County Health Department: (510) 208-5920	ACS: (510) 742-8346	ALA: (510) 893-5474
Alpine County	County Health Department: (530) 694-2771	ACS: (916) 783-4181, 888-222-2836	ALA: (916) 444-5864
Amador County	County Health Department: (209) 223-6638	ACS: (916) 446-7933	ALA: (916) 444-5864
Butte County	County Health Department: (530) 538-2075	ACS: (530) 342-4567	ALA: (530) 345-5864
Calaveras County	County Health Department: (209) 754-6460	ACS: (209) 941-2676	ALA: (209) 478-1888
Colusa County	County Health Department: (530) 458-0488	ACS: (530) 741-1366	ALA: (916) 444-5864
Contra Costa	County Health Department: (925) 313-6214	ACS: (925) 934-7640	ALA: (510) 893-5474
Del Norte County	County Health Department: (707) 464-3191	ACS: (707) 442-1436	ALA: (707) 527-5864
El Dorado County	County Health Department: (530) 621-6130	ACS: (916) 783-4181	ALA: (916) 444-5864
Fresno County	County Health Department: (559) 445-3276	ACS: (559) 451-0722	ALA: (559) 222-4800
Glenn County	County Health Department: (530) 934-6506 x 213	ACS: (530) 342-4567	ALA: (530) 345-5864
Humboldt County	County Health Department: (707) 268-2132	ACS: (707) 442-1436	ALA: (707) 527-5864
Imperial County	County Health Department: (760) 482-4908	ACS: (760) 352-6656	ALA: (619) 297-3901
Inyo County	County Health Department: (760) 872-4245	ACS: (661) 945-7585	ALA: (909) 884-5864
Kern County	County Health Department: (661) 868-0571	ACS: (661) 327-2424	ALA: (661) 327-1601
Kings County	County Health Department: (559) 584-1401	ACS: (559) 584-6691	ALA: (559) 222-4800
Lake County	County Health Department: (707) 263-1090	ACS: (510) 763-8826	ALA: (707) 527-5864
Lassen County	County Health Department: (707) 251-8357	ACS: (530) 342-4567	ALA: (530) 345-5864
Los Angeles County	County Health Department: (213) 351-7890	ACS: (213) 386-7660	ALA: (323) 935-5864
Madera County	County Health Department: (559) 675-7627	ACS: (559) 673-9425	ALA: (559) 222-4800
Marin County	County Health Department: (415) 499-3020	ACS: (415) 454-8464	ALA: (707) 527-5864
Mariposa County	County Health Department: (209) 966-3689	ACS: (209) 722-3341	ALA: (559) 222-4800
Mendocino County	County Health Department: (707) 472-2694	ACS: (707) 462-7642	ALA: (707) 527-5864
Merced County	County Health Department: (209) 381-1220	ACS: (209) 722-3341	ALA: (559) 222-4800
Modoc County	County Health Department: (530) 233-6311	ACS: (530) 222-1058	ALA: (530) 345-5864
Mono County	County Health Department: (760) 934-7059	ACS: (559) 451-0722	ALA: (909) 884-5864
Monterey County	County Health Department: (831) 647-7910	ACS: (805) 434-3051	ALA: (831) 373-7306
Napa County	County Health Department: (707)253-4073	ACS: (707) 255-5911	ALA: (707) 527-5864
Nevada County	County Health Department: (530) 265-1450	ACS: (530) 741-1366	ALA: (916) 444-5864
Orange County	County Health Department: (714) 541-1444	ACS: (949) 261-9446	ALA: (714) 835-5864
Placer County	County Health Department: (530) 889-7141	ACS: (916) 783-4181	ALA: (916) 444-5864
Plumas County	County Health Department: (530) 283-6484	ACS: (530) 342-4567	ALA: (530) 345-5864
Riverside County	County Health Department: (909) 358-4977	ACS: (909) 683-6415	ALA: (909) 884-5864
Sacramento County	County Health Department: (916) 875-5869	ACS: (916) 446-7933	ALA: (916) 444-5864
San Benito County	County Health Department: (831) 636-4011	ACS: (831) 442-2992	ALA: (408) 998-5864
San Bernadino County	County Health Department: (909) 388-5777	ACS: (909) 683-6415	ALA: (909) 884-5864
San Diego County	County Health Department: (619) 692-5725	ACS: (619) 299-4200	ALA: (619) 297-3901

San Francisco County	County Health Department: (415) 581-2448	ACS: (415) 394-7100	ALA: (650) 994-5864
San Joaquin County	County Health Department: (209) 468-3415	ACS: (209) 941-2676	ALA: (209) 478-1888
San Luis Obispo County	County Health Department: (805) 781-5564	ACS: (805) 543-1481	ALA: (805) 963-1426
San Mateo County	County Health Department: (650) 573-2496	ACS: (650) 578-9902	ALA: (650) 994-5864
Santa Barbara County	County Health Department: (805) 681-5407	ACS: (805) 922-2354	ALA: (805) 963-1426
Santa Clara County	County Health Department: (408) 494-7830	ACS: (408) 879-1032	ALA: (408) 998-5864
Santa Cruz County	County Health Department: (831) 454-4318	ACS: (831) 477-9523	ALA: (408) 998-5864
Shasta County	County Health Department: (530) 225-5134	ACS: (530) 222-1058	ALA: (530) 345-5864
Sierra County	County Health Department: (530) 993-6700	ACS: (916) 783-4181	ALA: (916) 444-5864
Siskiyou County	County Health Department: (530) 841-4090	ACS: (916) 222-1058	ALA: (530) 345-5864
Solano County	County Health Department: (707) 553-5890	ACS: (707) 425-5006	ALA: (510) 893-5474
Sonoma County	County Health Department: (707) 565-6613	ACS: (707) 766-8066	ALA: (707) 527-5864
Stanislaus County	County Health Department: (209) 558-6053	ACS: (209) 524-7242	ALA: (209) 478-1888
Sutter County	County Health Department: (530) 822-7215	ACS: (530) 741-1383	ALA: (530) 345-5864
Tehama County	County Health Department: (530) 527-8491	ACS: (530) 222-1058	ALA: (530) 345-5864
Trinity County	County Health Department: (530) 623-1450	ACS: (530) 222-1058	ALA: (530) 345-5864
Tulare County	County Health Department: (559) 733-6123 x214	ACS: (559) 734-1391	ALA: (559) 222-4800
Tuolumne County	County Health Department: (209) 533-7408	ACS: (209) 524-7242	ALA: (209) 478-1888
Ventura County	County Health Department: (805) 677-5229	ACS: (805) 983-8864	ALA: (805) 963-1426
Yolo County	County Health Department: (530) 666-8645	ACS: (916) 446-7933	ALA: (916) 444-5864
Yuba County	County Health Department: (530) 741-6366	ACS: (530) 741-1366	ALA: (530) 345-5864

Health Plan Customer Service Numbers

Tobacco cessation benefits – coverage for medications, behavioral treatment sessions and classes - vary by health plan. Below is a listing of major health plans in California and their customer service numbers to contact for more information.

Aetna US Health Care

(800) 756-7039

Alameda Alliance for Health

(510) 747-4500

Blue Cross

(800) 642-4809

Blue Shield

(800) 484-6521

CalOptima

(888) 587-8088

Care 1st Health Plan

(626) 299-4299

Cedars-Sinai Provider Plan, LLC

(310) 423-3277

Central Coast Alliance for Health

(831) 457-3850

Chinese Community Health Plan

(415) 397-3190

Cigna

(800) 832-3211

Community Health Group

(800) 840-0089

Community Health Plan

(323) 780-2356

Health Net

(800) 638-3889

Health Plan of San Mateo

(800) 750-4776

Inland Empire Health Plan

(909) 890-2000

Inter Valley Health Plan

(800) 251-8191

Kaiser Foundation Health Plan, Inc.

(800) 464-4000

Kern Family Health Care

(800) 391-2000

L.A. Care

(213) 694-1250

Molina Health Care of California

(800) 526-8196

National HMO Health Plan

(800) 468-8600

On Lok Senior Health Plan

(888) 886-6565

One Health Plan

(800) 909-3447

PacificCare of California

(800) 624-8822

Partnership Health Plan of California

(800) 863-4155

Priority Plus of California

(559) 435-8366 ext. 6833

ProMed Health Care

Administrators
(909) 932-1045

San Francisco Health Plan

(800) 288-5555

San Joaquin County Health

(800) 939-3500

Santa Barbara Regional Health Authority

(800) 421-2560

Santa Clara Family Health Plan

(800) 260-2055

SCAN Health Plan

(877) 452-5898

Scripps Clinic Health Plan Services

(888) 680-2273

Sharp Health Plan

(858) 637-6500

UCSD Health Plan

(800) 478-2700

UHP Health Care

(800) 847-1222

United Health Care of California

(800) 334-4638

Universal Care

(800) 257-3087

Valley Health Plan

(888) 421-8444

Ventura County Health Care Plan

(805) 677-8787

Western Health Advantage

(888) 563-2250

Online Cessation Resources

QuitNet: www.quitnet.com Offers free and fee-based online counseling and self-help materials.

Freedom From Smoking Online: www.lungusa.org/ffs/index.html American Lung Association's free, online version of Freedom From Smoking Program.

California Smokers Helpline: www.nobutts.org General information regarding services offered through the Helpline.

Quitting smoking is an extremely difficult and often-repeated process. Health care providers can play an important role in the quitting process by congratulating patients for trying to quit, even when they make a quit attempt that was unsuccessful. What's important is to continue to encourage them to make repeated quit attempts and provide advice, counseling, medications and support that can make that next attempt a success.

Some of the most common concerns from smokers include overcoming withdrawal, weight gain and the cost of trying to quit. Below are some tips for addressing these common concerns.

Some smokers may be concerned about overcoming difficult withdrawal symptoms.

Most withdrawal symptoms start to decrease after the first few days of quitting.

- Reassure patients that these feelings will pass, and their efforts to quit smoking will help them lead healthier, longer lives.
- Inform patients that some of these symptoms signal that nicotine is being cleared out of the body – that's a good thing!

Some smokers may be particularly interested in avoiding weight gain.

Some smokers will gain weight in the first few weeks after quitting, usually less than 10 pounds.

- Reassure patients that quitting smoking does not automatically mean that they will gain weight.
- Don't let weight gain distract from the main goal.
- Remind patients that smoking is far more dangerous to their health than any weight gain.
- Encourage patients to use exercise as an alternative activity to smoking, and remind them that exercise can also help keep any weight gain down.
- Advise patients to drink plenty of water and fluids.

Some smokers may consider the cost of medications and cessation classes or programs to be too expensive for them to quit.

The immediate out-of-pocket costs to access services to quit can often seem large compared to the cost of a pack of cigarettes.

- Ask the patient to calculate the number of packs smoked over a 30-day period. Chances are, the cost of continuing to smoke is far greater than the cost of using services to quit.
- Remind the patient that quitting now means that they will soon have money available to spend on things other than cigarettes.
- Help the patient put the picture in perspective by informing them that continued smoking will likely mean that their health care costs for treating more frequent illnesses, heart attacks, strokes, or cancer will be much greater than if they were to quit.

**Tips for
Helping
Patients Quit
Smoking**

For more information
and resources for use in your
office, visit
www.cessationcenter.org.

Health Benefits of Quitting are Immediate

After 20 minutes — Blood pressure, often abnormally high while smoking, drops to a level close to that before last cigarette. Hand and foot temperature increase to normal.

8 hours — Blood carbon monoxide level drops to normal.

24 hours — Decreased chance of heart attack.

48 hours — Improved ability to smell and taste. Nerve endings start regrowing.

2 weeks to 3 months — Circulation improves. Lung function increases up to 30 percent.

1-9 months — Decreased coughing, sinus congestion, fatigue and shortness of breath. Cilia (tiny hair-like structures that move mucus out of lungs) regain normal function. Reduced chance of infection. Lungs are cleaner.

1 year — Excess risk of coronary heart disease reduced by 50 percent.

5 years — Stroke risk reduced to that of non-smoker 5-15 years after quitting.

10 years — The lung cancer death rate is about half that of a continuing smoker. Decreased risk of mouth, throat, esophagus, bladder, kidney and pancreatic cancers.

15 years — Coronary heart disease risk is that of a non-smoker.

Tips for Preparing to Quit Smoking

Congratulations on taking the first step! By making an effort to quit smoking, you're taking control of your life and your health. As your health care provider, I'm here to support you during your quitting process. To help you get started, here are some tips for preparing to quit smoking.

1. Get ready.

- Pick a time to quit when you can be successful. Don't try to quit around the holidays or when you're under a lot of stress.
- Set a specific quit date, usually within 10 days to a few weeks of when you decide to try quitting.
- Identify the situations, environments and routines that cause you to smoke.
- Remove all cigarettes and ashtrays from your home, car, and place of work.
- Don't let people smoke in your home.
- Review your past attempts to quit. What worked? What did not?
- Once you quit, don't smoke—NOT EVEN A PUFF!

2. Get support.

- Tell family, friends, and co-workers that you are going to quit and want their support. Ask them not to smoke around you.
- Talk to your health care provider about strategies to help you quit.
- Look for resources in your area to help you quit. Ask your health care provider for a referral to quitting programs, group classes, phone counseling or other support services.

3. Learn new skills and behaviors.

- Distract yourself from urges to smoke. Talk to someone, go for a walk, or start a task that will keep you busy.
- Change your routine. Use a different route to work. Drink tea instead of coffee. Eat breakfast in a different place.
- Participate in activities that make smoking difficult, like exercising, gardening, washing the car.
- Do something to reduce your stress.
- Plan something enjoyable to do every day to reward yourself for another smoke-free day.
- Drink plenty of water and other fluids.

4. Use cessation medications correctly.

- Talk to your health care provider about nicotine replacement therapies or medications that are right for you.
- Carefully read the package for any precautions or side effects.
- If you are pregnant or trying to become pregnant, nursing, under age 18, smoking fewer than 10 cigarettes per day, or have a medical condition, talk to your doctor or other provider before taking medications.

5. Be prepared for relapse or difficult situations.

- Don't be discouraged if you start smoking again. Remember, most people try several times before they finally quit.
- If you relapse, identify the circumstances that caused you to smoke again. Try to avoid those circumstances in the future.
- Start again! Your next quit attempt could be the one where you succeed.

Sources

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- Wagner et al "The Impact of Smoking and Quitting on Health Care Use" Archive of Internal Medicine 155: 1789-1795



NEXT GENERATION

CALIFORNIA TOBACCO CONTROL ALLIANCE

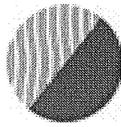
980 9th Street, Suite 370

Sacramento, CA 95814

phone (916) 554-0390 fax (916) 554-0399

www.tobaccofreealliance.org





NEXT GENERATION
CALIFORNIA TOBACCO CONTROL ALLIANCE

EVALUATION FORM

Please complete the following evaluation form to provide us with feedback on the utility of the "Health Care Provider's Tool Kit for Delivering Smoking Cessation Services." We appreciate your feedback.

Please select your job type: Dentist Dental Hygienist Health Educator Medical Assistant
 Nurse Practitioner Physician Physician Assistant Registered Nurse Other _____

Please circle the number below that best represents your response to each statement after reviewing the Tool Kit.

	Disagree					Agree
	1	2	3	4	5	
My knowledge about delivering smoking cessation services improved.	1	2	3	4	5	
I understand better my role/impact on influencing my patients' smoking status.	1	2	3	4	5	
I will incorporate Tobacco as a Vital Sign into my practice.	1	2	3	4	5	
I will utilize the patient resources including the referral information.	1	2	3	4	5	
I feel familiar enough with the document to begin implementing its recommendations.	1	2	3	4	5	
I will share the document with other staff in my office.	1	2	3	4	5	
I will recommend the document to a colleague.	1	2	3	4	5	

What about the Tool Kit did you find most valuable? _____

What about the Tool Kit did you find least valuable? _____

Is there information not included that you would have found valuable? _____

Additional comments: _____

Please fax this form to 916.554.0399
or mail to:
Next Generation California Tobacco Control Alliance
980 9th Street, Suite 370, Sacramento, CA 95814

Thank you for your time and input.

Attachment 4

Board-Produced Consumer Information
on the Medicare
Prescription Drug Discount Card

Considering the Purchase of a Medicare Drug Discount Card?

The federal government is warning the public that the Medicare drug discount card may become a way for some criminals to attempt to scam seniors, or to obtain personal or financial information from seniors.

The new discount cards will be available in late April 2004 and can be used starting June 1 to lower the price of prescription drugs by 10 to 25 percent.

Medicare beneficiaries can purchase the discount card. Those Medicare beneficiaries who qualify as low income will not need to pay a fee for the discount cards and will receive a \$600 credit on the cards to purchase their prescription medicines in both 2004 and 2005. The cards will be valid until 2006, when a new prescription drug benefit from the government will be available.

Here is what you need to know to prevent becoming a victim of a scam involving the drug discount cards:

1. The cards will be sold for no more than \$30 per year, and will have no fee for those who have annual incomes below specific levels (\$12,569 for singles or \$16,862 for married couples).
2. Only 28 companies selected by the government can offer the cards. For a list, go to www.medicare.gov or call 1-800-MEDICARE.
3. The only way to purchase the card will be from information you receive in the mail. There will be NO telephone sales or personal contacts (such as door-to-door sellers). If someone calls you or comes to your door trying to sell you a drug discount card – do not purchase one from this person, and do not give the person any information about you.

The federal government has a Web site with a lot of information to help you make wise decisions about the prescription drug discount cards. There is also printed information available if you call. Go to: <http://www.medicare.gov> or call 1-800-MEDICARE.

Attachment 5

FDA-Produced Materials on Taking OTC
Pain Relievers

Before using any
medicine, remember
to think SAFER:

Speak up

Ask questions

Find the facts

Evaluate your choices

Read the label

The best way
to take your
over-the-counter
pain reliever?
Seriously.



FDA

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DHHS Publication No. FDA03-1530A



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U.S. Department of Health and Human Services
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Over-the-counter (OTC) pain relievers/fever reducers (the kind you can buy without a prescription) are safe and effective when used as directed. However, they can cause serious problems when used by people with certain conditions or taking specific medicines. They can also cause problems in people who take too much, or use them for a longer period of time than the product's *Drug Facts* label recommends. That is why it is important to follow label directions carefully. If you have questions, talk to a pharmacist or health care professional.

What are pain relievers/fever reducers?

There are two categories of over-the-counter pain relievers/fever reducers: acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs). Acetaminophen is used to relieve headaches, muscle aches and fever. It is also found in many other medicines, such as cough syrup and cold and sinus medicines. OTC NSAIDs are used to help relieve pain and reduce fever. NSAIDs include aspirin, naproxen, ketoprofen and ibuprofen, and are also found in many medicines taken for colds, sinus pressure and allergies.

How do I use pain relievers/fever reducers safely?

These products, when used occasionally and taken as directed, are safe and effective. Read the labels of all your over-the-counter medicines so you are aware of the correct recommended dosage. If a measuring tool is provided with your medicine, use it as directed.

What can happen if I do not use pain relievers/fever reducers correctly?

Using too much acetaminophen can cause serious liver damage, which may not be noticed for several days. NSAIDs, for some people with certain medical problems, can lead to the development of stomach bleeding and kidney disease.

What if I need to take more than one medicine?

There are many OTC medicines that contain the same active ingredient. If you take several medicines that happen to contain the same active ingredient, for example a pain reliever along with a cough-cold-fever medicine, you might be taking two times the normal dose and not know it. So read the label and avoid taking multiple medicines that contain the same active ingredient or talk to your pharmacist or health care professional.

Drug Facts	
Active ingredient (in each tablet)	Purposes
Ibuprofen 200 mg	Pain reliever/Fever reducer
Uses	
<ul style="list-style-type: none"> ■ temporarily relieves minor aches and pains due to: <ul style="list-style-type: none"> ■ headache ■ backache ■ the common cold ■ minor pain of arthritis ■ toothache ■ menstrual cramps ■ muscular aches ■ temporarily reduces fever 	
Warnings	
<p>Allergy alert: Ibuprofen may cause a severe allergic reaction which may include:</p> <ul style="list-style-type: none"> ■ hives ■ facial swelling ■ asthma (wheezing) ■ shock <p>Stomach bleeding warning: Taking more than recommended may cause stomach bleeding.</p> <p>Alcohol warning: If you consume 3 or more alcoholic drinks every day, ask your doctor whether you should take ibuprofen or other pain relievers/fever reducers. Ibuprofen may cause stomach bleeding.</p> <p>Do not use if you have ever had an allergic reaction to any other pain reliever/fever reducer</p>	

Drug Facts	
Active ingredient (in each caplet)	Purposes
Aspirin 500 mg	Pain reliever/fever reducer
Uses for the temporary relief of:	
<ul style="list-style-type: none"> • headache • muscle pain • toothache • pain and fever of colds • menstrual pain • minor pain of arthritis 	
Warnings	
<p>Reye's syndrome: Children and teenagers should not use this medicine for chicken pox or flu symptoms before a doctor is consulted about Reye's syndrome, a rare but serious illness reported to be associated with aspirin.</p>	

Drug Facts	
Active ingredient (in each caplet)	Purposes
Naproxen sodium 220 mg (naproxen 200 mg)	Pain reliever/fever reducer
Uses	
<ul style="list-style-type: none"> ● temporarily relieves minor aches and pains due to: <ul style="list-style-type: none"> ● headache ● muscular aches ● minor pain of arthritis ● toothache ● backache 	

Why is it important to know that all these medicines contain acetaminophen?



Because too much can damage your liver.

Acetaminophen is an active ingredient found in more than 600 over-the-counter and prescription medicines, such as pain relievers, cough suppressants and cold medications. It is safe and effective when used correctly, **but taking too much can lead to liver damage.** Different medicines contain different amounts, so follow dosage directions carefully. And don't take more than one acetaminophen product a day without first speaking to a health care professional. To learn more, call 1-888-INFO-FDA or visit www.fda.gov/cder. **Read the label. Know the active ingredients in your medicines.**



U.S. Department of Health and Human Services
Food and Drug Administration

FDA Consumer magazine
January-February 2003 Issue
Pub No. FDA 03-1331C

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Use Caution With Pain Relievers

Acetaminophen is a safe and effective pain reliever that benefits millions of consumers. However, taking too much could lead to serious liver damage. The drug is sold under brand names such as Tylenol and Datril, but it is also available in many cough and cold products and sleep aids, and is an ingredient in many prescription pain relievers. The Food and Drug Administration warns consumers that all over-the-counter pain relievers should be taken with care to avoid serious problems that can occur with misuse.

Acetaminophen can cause liver injury through the production of a toxic metabolite. The body eliminates acetaminophen by changing it into substances (metabolites) that the body can easily eliminate in the stool or urine. Under certain circumstances, particularly when more acetaminophen is ingested than is recommended on the label, more of the harmful metabolite is produced than the body can easily eliminate. This harmful metabolite can seriously damage the liver.

The signs of liver disease include abnormally yellow skin and eyes (jaundice), dark urine, light-colored stools, nausea, vomiting, and loss of appetite. The signs can be similar to flu symptoms and may go unnoticed for several days if consumers believe their symptoms are related to their initial illness. Serious cases of liver disease may lead to mental confusion, coma, and death.

To avoid accidental overdosing, it's very important not to take more than the recommended dose on the label. Also, you should not take acetaminophen for more days than recommended, or take more than one drug product that contains acetaminophen at the same time. Consumers should be aware that taking more than the recommended dose will not provide more relief.

If you're taking a prescription pain medicine, check with your doctor first before taking OTC acetaminophen. The prescription pain medicine may contain acetaminophen. Acetaminophen is also available in combination with other OTC drug ingredients. So, you need to check the labels of other OTC drug products for the ingredient. In some cases of accidental acetaminophen overdose, it appears that consumers used two or more acetaminophen-containing products at the same time.

Some individuals appear to be more susceptible to acetaminophen-induced liver toxicity than others. People who use alcohol regularly may be at increased risk for toxicity, particularly if they use more than the recommended dose. Further research needs to be conducted in alcohol users to determine what factors make some alcohol users more susceptible to liver injury than others.

Parents should be cautious when giving acetaminophen to children. For example, the infant drop formula is three times more concentrated than the children's suspension. It's important to read drug labels every time you use a drug and to make sure that your child is getting the

children's formula and your infant is getting the infants' formula.

Consumers should also know that there is a potential for gastrointestinal bleeding associated with the use of aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and naproxen. Aspirin is sold under brand names such as Bayer and St. Joseph's. Ibuprofen is sold under names such as Advil and Motrin. Naproxen is sold under the name Aleve. There are generic versions available for all of these products, as well.

The risk for bleeding is low for those who take these products intermittently. For those who take the products on a daily or regular basis, the risk is increased, particularly for those over 65 years of age or those who take corticosteroids (such as prednisone). Those who use hormone therapy (estrogens and progestins) for post-menopausal symptoms or birth control do not have an increased risk for bleeding.

In addition, consumers should ask health care providers about NSAID use if they have kidney disease or are taking diuretics (fluid pills).

The FDA is proposing new labeling that will inform consumers of the risk of liver toxicity from products containing acetaminophen, the risk of GI bleeding from the use of products containing NSAIDs, and factors that may increase these risks. The proposed new labeling will also better inform consumers about the ingredients contained in these products. In the meantime, read labels carefully, be sure you are getting the proper dose, and check with your health care provider to be sure that you can use these drugs safely.

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Health Hints: Use Caution with Pain Relievers

(NAPS) -- Pain relievers, when used correctly, are safe and effective. Millions of people use these medicines. Using them according to the label directions can have serious consequences.

The U.S. Food and Drug Administration (FDA) wants you to benefit from your medicines and not be harmed. You should know the active ingredients and directions of all your medicines before you use them.

Over-the-counter (OTC) medicines list all their active ingredients on the package. For prescription medicines, the package comes with your prescription lists the active ingredients contained in the medicine.

Many OTC medicines sold for different uses have the same active ingredient. Also, active ingredients in OTC medicines can be ingredients in prescription medicines. For example, a cold-and-cough remedy may have the same active ingredients as a headache remedy or a prescription pain reliever.

There are basically two types of OTC pain relievers. Some contain acetaminophen and others contain nonsteroidal anti-inflammatory drugs (NSAIDs). These medicines are used to relieve the minor aches and pains associated with:

- headaches
- colds
- flu
- arthritis
- toothaches
- menstrual cramps

These medicines are also used to treat migraine headaches, and to reduce fever.

Acetaminophen is a very common pain reliever and fever reducer. Taking too much of this active ingredient can cause liver damage. The risk for liver damage may be increased if you drink three or more alcoholic drinks a day while taking acetaminophen-containing medicines.

NSAIDs are common pain relievers and fever reducers. Examples of OTC NSAIDs are aspirin, ibuprofen, naproxen sodium, and ketoprofen. There are some factors that can increase your risk for stomach bleeding:

- if you are over 60

- taking prescription blood thinners
- have previous stomach ulcers or
- other bleeding problems

If you have any of these factors, you should talk to your Doctor before using NSAIDS.

NSAIDs can also cause reversible damage to the kidneys. The risk of kidney damage may increase in

- people who are over 60
- people who have high blood pressure, heart disease or pre-existing kidney disease
- people who are taking a diuretic

The FDA recommends that you talk with your healthcare professional if you have questions about using NSAIDs before using it in combination with other medicines -- either OTC or prescription medicine.

You can learn more about what medicines are right for you by reading the label carefully and talking to your healthcare professional or pharmacist.

For more information, visit <http://www.fda.gov> or call 1-888-INFOFDA.

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Questions and Answers on Using Over-the-Counter (OTC) Human Drug Products Containing Analgesic/Antipyretic Active Ingredients Safely

1. What is the Food and Drug Administration (FDA) announcing today?

The Agency is announcing today:

- A national consumer education campaign to help consumers understand how to safely use OTC pain relievers (analgesics) and fever reducers (antipyretics).
- The important educational role healthcare professionals can play in educating consumers in the safe use of these products.

2. What prompted this campaign?

In September 2002 FDA's Non-Prescription Advisory Committee (NDAC) held a public meeting to review the safety and labeling of certain OTC drug products such as acetaminophen, aspirin, and nonsteroidal anti-inflammatory drug (NSAIDs). Specifically, the committee reviewed cases of severe liver injury associated with the use of acetaminophen. They also reviewed cases of stomach bleeding and kidney injury related to the use of aspirin and NSAIDs. The committee recommended changes to the labels of these products to better inform consumers about the ingredients in the products and possible serious side effects with improper use. NDAC also recommended that FDA take a more active role in the education of consumers and health providers about the safe use of these products.

3. How do consumers take these medications safely?

You can take these medications safely by carefully reading the directions and by understanding what drugs are in the products you take. People can take too much acetaminophen either by not following directions or by taking products at the same time that both contain acetaminophen. Be sure and read the directions.

For NSAIDs, carefully read the label and make sure you do not have a health condition that would increase your risk. Aspirin and other NSAIDs can cause stomach bleeding. Although it is rare for these events to occur when using OTC doses and for short periods of time, some people do develop bleeding. You have an increased risk if you:

- have a previous history of stomach bleeding,
- are over the age of 60,
- drink three or more alcoholic drinks a day,
- take steroid medications, or take other NSAID medications.

4. What does NSAID mean?

Nonsteroidal anti-inflammatory drugs are often referred to as NSAIDs. This is a group of drugs that include products such as ibuprofen, naproxen and aspirin. NSAIDs are taken to reduce minor aches and pains, headaches and fevers.

5. Are these pain relievers safe to use?

Pain reliever and fever reducer drug products have been available for many years without a prescription. These products are safe and effective when used by consumers properly. The FDA believes that consumers need to know that pain relievers or fever reducers can cause serious side effects when used improperly. FDA urges people to read the labels of all the OTC medicines they take to know how to take them properly.

6. Where can I find more information on this?

You can find out more information by reading the FDA Consumer article "[Use Caution with Pain Relievers](#)". You can also ask your pharmacist or healthcare provider if you have questions about using OTC medicines with your prescription medicines.

If you have further questions regarding any medications, please contact the Center for Drug's Division of Drug Information at: 888-INFO.FDA (888-463-6332), or email us at: druginfo@cder.fda.gov.

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FDA/Center for Drug Evaluation and Research

Attachment A

Minutes of the Meeting of March 26, 2004



California State Board of Pharmacy

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STATE AND CONSUMERS AFFAIRS AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

ARNOLD SCHWARZENEGGER, GOVERNOR

Communication and Public Education Committee

Minutes of the Public Meeting of March 26, 2004

Board of Pharmacy

400 R Street, Suite 4080

Sacramento, CA

10 – 11:50 a.m.

Present: Bill Powers, Board Member and Chairperson
James Acevedo, Board Member
Richard Benson, Board Member
Ken Schell, Board Member
Patricia Harris, Executive Officer
Virginia Herold, Assistant Executive Officer

Call to Order

Chairperson Powers called the meeting to order at 10 a.m.

Update and Discussion: Future Public Education and Communication Plans

1. Concept: Develop Fact Sheet Series for Consumers using Schools of Pharmacy and Pharmacist Interns

Ms. Herold stated that the committee has expressed an interest in developing a project using pharmacist interns to become involved in board activities and public education activities. One proposed project would use pharmacist interns to prepare consumer fact sheets on a diversity of topics that the students study during their internships or on topics that are emerging public health concerns. The board would establish a template for the fact sheets, and an intern would be acknowledged directly on each fact sheet that he or she develops. At the last board meeting, the board was interested in having the committee explore this issue more fully.

Associate Dean of External Affairs Lorie Rice of the UCSF School of Pharmacy stated that UCSF is very interested in working with the board on this project. She indicated that this would fit in with the Center for Consumer Self Care's focus, and faculty of the school of pharmacy could review the fact sheets for accuracy.

The committee discussed whether the board should start with a limited program at UCSF or offer it to all California pharmacy schools. The committee concluded that the program could be initiated as a project with UCSF and UCSD, which are public schools. Once up and running and if successful, the opportunity can be offered to other schools. It would also allow staff to learn what resources are needed before full roll-out to all California schools.

In addition to medication therapy topics, Dr. Schell suggested that a fact sheet or series of fact sheets could be developed dealing with emergency preparedness in the event of a national or local emergency.

RECOMMENDATION: Initiate a pilot program with the schools of pharmacy at UCSF and UCSD for their pharmacist interns to develop consumer fact sheets on various health care topics.

2. Development of Public Information on the New Federal Medicare Drug Discount Program

Ms. Herold stated that Board President John Jones has asked the committee to develop consumer information about the new federal Medicare Prescription Drug Improvement and Modernization Act of 2003. This act will provide Medicare beneficiaries with discounts on prescription drugs as well as provide comprehensive prescription drug coverage effective January 1, 2006. Starting June 1, 2004, Medicare beneficiaries will be able to purchase a Medicare-approved discount card program that will offer discounts on prescription drugs. Low income beneficiaries will receive a purchasing credit of \$600 for prescription drug expenses.

The focus of the fact sheet would be on prevention of fraud or scams aimed at seniors in the sales and distribution of the prescription discount cards.

Ms. Herold distributed a fact sheet she developed that could be placed on the board's Web site advising the public about how they can avoid becoming a victim of a consumer scam involving the drug discount card. She added that the federal government's Medicare Web site has a wealth of information to assist the public. She stated that the fact sheet refers the public to this Web site and to an 800 number for more information about the cards.

The committee asked that the new fact sheet be added to the board's Web site.

3. UCSF Proposal for Development of Pharmacists Information on Atrial Fibrillation

Associate Dean Lorie Rice of the UCSF School of Pharmacy advised the committee that the UCSF School of Pharmacy wishes to work with the board to produce educational materials on Atrial Fibrillation (Afib). The audience would be pharmacists and physicians. Funding for this issue would come from a drug

manufacturer, which has already committed to this project. The manufacturer will have no editorial control. The components would include:

1. A description of Afib
2. A description of risk factors
3. A description of signs and symptoms
4. Diagnosis tools
5. Potential consequences of Afib
6. Treatment (medications and other treatments), side effects duration of treatment, influence on other diseases
7. Future for "cure"

Ms. Rice stated that in place of publishing this issue as a printed monograph such as *Health Notes*, instead place the issue on the Web site for downloading, possibly as a CE program. There would be no direct costs to the board.

RECOMMENDATION: Support the joint project to develop materials on Afib in conjunction with and as proposed by the UCSF School of Pharmacy.

Development of Internet Subscriber Lists for Board Materials

Since the January committee meeting, staff has been researching a way to set up a subscriber list on the board's Web site. This feature would send e-mails to interested parties announcing that the board's Web site has been updated. The interested parties would subscribe themselves to the board's Web site, and be responsible for keeping their e-mail addresses current.

If implemented, this service has the potential to substantially reduce the board's mailing expenses as well as printing costs. Materials that the board currently publishes and mails could be sent without cost via e-mail. Such a notification system would allow the board to update licensees far more quickly about new information and laws.

The department's Office of Information Services has identified two software programs that could permit the board to establish such a subscriber list.

The committee discussed whether there would be an opportunity to sell this e-mail list to others, perhaps if a warning about the sale of the e-mail address was included. However, the committee decided against moving in this direction at this time.

Ms. Herold stated that the board will purchase and install a software program and start a trial for this before the end of fiscal year. The Department of Consumer Affairs is interested in pursuing this type of system as well.

Status of *The Script*

Ms. Herold distributed the recently printed March 2004 issue of *The Script*, which will be mailed on March 29th to California pharmacies. The CPhA's Pharmacy Foundation of California will be again mailing the issue to California pharmacists.

This issue focuses on the many substantial changes to pharmacy law that took effect in 2004 (e.g., changes in the prescribing and dispensing of controlled substances, new pharmacy technician requirements, new pharmacist licensure examinations).

The board's publication and development costs for this issue are about \$17,500.

Health Notes Publication Plans

1. Pain Management

Ms. Herold stated that staff is now working to publish a wholly new Pain Management issue in mid-2004, probably June. This new issue will contain new pain management therapies and the new prescribing and dispensing requirements for controlled drugs enacted by SB 151 (Burton, Chapter 406). Staff is coordinating the development of this issue. Authors have written the articles, which are undergoing review and edits by the board.

The board is seeking outside funding sources for producing this issue. Because of the interest in pain management and in the new changes to prescribing of controlled substances, there is much interest and support for this issue. The plan is to develop an issue that will be of interest also to physicians, nurse practitioners, dentists and other prescribers. Patients who suffer from pain will also be able to use information provided in the issue to obtain improved treatment.

2. Smoking Cessation

Ms. Herold stated that representatives from the UCSF School of Pharmacy, Center for Consumer Self Care were present to present a proposal about working with the board to develop smoking cessation materials.

Chairperson Powers asked Associate Dean Lorie Rice if she wished to speak. Ms. Rice introduced Lisa Kroon, PharmD, also of UCSF's faculty, who is a specialist in this area. Dr. Kroon and Ms. Rice indicated that the UCSF would be able to provide the expertise to develop a *Health Notes* on smoking cessation. The UCSF seeks the board's financial support to develop these materials and once they are printed or placed online, to collaborate on distributing them. A project proposal prepared by the UCSF was distributed. The UCSF states that it could develop the manuscript for \$40,000.

The committee also reviewed tobacco cessation materials recently published by the California Tobacco Control Alliance. Kirsten Hansen, associate director, was present to provide information and copies of the "Tool Kit" prepared by the association for primary care practitioners. The tool kit provides practitioners with advice on integrating smoking cessation materials into their practices. Whereas these materials are not aimed at pharmacists, it might be possible to develop information pieces for pharmacists or the public. The committee was impressed with this material, and asked for copies to share with the board at its next meeting.

Concern was expressed that the board may have trouble funding the development of a new *Health Notes* during these times of budget constraints. Each issue costs the board approximately \$100,000. A proposal to seek funding from manufacturers of smoking cessation products was selected as the preferred option if the board is going to proceed with this project.

3. Additional Issues

The committee discussed that development and distribution of *Health Notes* is expensive, and the board's budget may not be able to withstand continued development of this monograph until economic conditions improve. Typically one issue per year has been developed.

In prior years, the Communication and Public Education Committee had plans to develop future issues on additional topics if funding and staffing were available. These topics are:

- "Pediatrics"
- "The 10 Most Frequent Drug Therapies in Community Pharmacy Settings"
- "Pharmacists' Care Protocols"
- A revised "Women's Health" to reflect changes in hormone replacement therapy

The committee suggested that perhaps some of these topics could become fact sheets under the proposal approved earlier during this meeting. The high cost of publishing and mailing the issues is a concern.

Emergency Contraception Fact Sheet

Since the last board meeting, fact sheet translations of the emergency contraception fact sheet into nine additional languages have been added to the board's Web site.

In February, the Kaiser Family Foundation released a study that identified that 91 percent of women aged 15 to 44 do not know that emergency contraception is available in California without a prescription. The committee discussed other findings of the survey that underlie the need for additional public information in this area.

Review and Comment on New Federal Food and Drug Administration Brochure on OTC Pain Medications

The committee reviewed a new brochure produced as part of a larger public information campaign by the federal Food and Drug Administration on taking OTC pain medications. This brochure is titled "The best way to take your over-the-counter pain reliever? Seriously."

The board will provide a link from the board's Web site to this brochure on the FDA's Web site.

Update on the Board's Public Outreach Activities

The committee reviewed the board's public outreach and licensee education programs.

Whereas the board did not attend any consumer outreach events in this quarter, the board provided a number of consumer materials to the department for handouts during outreach events for seniors and young people during National Consumers Week in February.

Since the last board meeting, staff has revised its Powerpoint presentation on the board that highlights key board policies and pharmacy law. This is a continuing education course, provided by a board member and a supervising inspector. Questions and answers typically result in a presentation of more than two hours; these presentations are well-received by those in attendance.

Since the beginning of the year, the board has begun providing presentations on SB 151 and the new requirements for prescribing and dispensing controlled substances in California. The committee reviewed the slides of this Powerpoint presentation.

Public outreach activities performed since the January 21, 2004 Board Meeting:

- Board inspectors staffed a booth at Outlook 2004, the annual meeting of the California Pharmacists Association. Additionally, Board members and staff provided information on the new examination structure, new pharmacy law and board operations as part of the published program events.
- Board staff presented information on SB 151 to 15 investigators at a FBI Drug Diversion Meeting in Northern California on January 26, 2004.
- Board President Jones and staff presented "Law Update 2004" (the board's CE program) to 125 students and pharmacists at USC School of Pharmacy, February 5, 2004.
- Board Member Ruth Conroy presented information on SB 151 at a session held by the San Francisco Health Plan P & T Committee in February.
- Board staff presented information to 125 UCSF students on legislative changes to Pharmacy Law on February 24.
- Board Member Ruth Conroy provided information about board activities at a February 27th Circle of Advisors Meeting of the Pharmacy Access Partnership
- Board staff presented information to 125 UCSF students on the Board of Pharmacy on March 2, 2004.
- Board staff presented information on SB 151 to 60 people at the California Coalition for Compassionate Care Train the Trainers meeting in Sacramento on March.
- Staff presented information on SB 151 to 60 members at the Northern California Pain Coalition meeting on March 8 to 60, a "train the trainer" event.
- Board staff provided a training session to complaint staff of the Medical Board of California on March 17.

Scheduled presentations in the future

- Board Member Ken Schell will present information to the San Diego Association for Healthcare Risk Management on March 23.
- Board Staff will present information on SB 151 to physicians and pharmacists as part of a noon CE program offered by teleconference on March 23.
- Board staff will present information on SB 151 to the California Coalition for Compassionate Care on March 29.
- Board staff will present information on SB 151 to physicians at Sharps in San Diego on March 28.
- Board Members and staff will present the board's CE program at a May 13 meeting of the San Diego Pharmacists Association Meeting.
- Board staff will present information on the new examination process for pharmacists to 200 UOP students on May 11.
- Board presentation scheduled on May 19th at USC's School of Pharmacy.
- The board's CE presentation will be provided at a July 22 meeting of the Santa Barbara Pharmacists Association.
- The board's CE program will be presented at a future Catholic Healthcare West meeting.

- Supervising Inspector Robert Ratcliff has been asked to give the keynote address at CSHP's 2004 Seminar in Long Beach, November 2004.
- Board staff will present an "Update and What's New in Pharmacy Compounding" at the CSHP's 2004 Seminar in Long Beach in November 2004.

Proposed Modifications to the Committee's Strategic Plan

The committee reviewed its strategic goals for 2004/05. At the April board meeting, the board will review and revise its strategic plan for the next year. Each committee has been directed to review its strategic goals and identify any necessary changes.

The committee identified three tasks to add into its strategic plan to reflect several activities initiated in the last year.

1. At the last committee meeting, a discussion took place regarding the need for patients to understand that they can ask to have their prescription containers labeled in a language other than English, if this will aid them. A discussion was planned for the January board meeting, but the individuals who brought the matter before the board could not attend the meeting. The committee determined it wished to follow up on this matter in the future.

RECOMMENDATION: For Objective 4.1

Add as new task 5: Evaluate the need for public education for patients who need to request prescription labeling in a language other than English.

2. Reflecting on committee actions during this meeting, the committee recommended the addition of two additional tasks:

RECOMMENDATION: For Objective 4.2

Add as new task 5: Create consumer fact sheet series in conjunction with California schools of pharmacy on topics of interest

RECOMMENDATION: For Objective 4.2

Add as new task 6: Create public education activities to educate prescribers, dispensers, patients and law enforcement about changes in law regarding dispensing of controlled substances.

Adjournment

There being no additional business, Chairperson Powers adjourned the meeting at 11:50 a.m.

**Strategic Plan Status Report
Third Quarter 2003-04
Communication and Public Education Committee**

Goal: 4: Provide relevant information to consumers and licensees. Outcome: Improved consumer awareness and licensee knowledge.

Objective 4.1:	Develop 10 communication venues to the public by June 30, 2005.
Measure:	Number of communication venues developed to the public
Tasks:	<ol style="list-style-type: none"> 1. Convert <i>Health Notes</i> articles into consumer columns or fact sheets for wide dissemination to the public. 2. Develop and update public education materials. <ul style="list-style-type: none"> <i>August 2003: Board finalizes purchasing drugs from Canada brochure and revises discount drugs available to Medicare beneficiaries.</i> <i>October 2003: Emergency Contraception fact sheet has suggested revisions to reflect new treatment guidelines. Four brochures targeted for translation into Spanish (Emergency Contraception, Purchasing Drugs for Less, Purchasing drugs from foreign countries and discount drug prices available to Medicare Beneficiaries) Board approves revised fact sheet at October Board Meeting</i> <i>February 2004: Nine translations of the Emergency Contraception fact sheet are place on board Web site.</i> <i>April 2004: Information about preventing fraud for those who are planning the purchase of Medicare Drug Discount Cards developed and put online. Board to consider project with UC schools of pharmacy to use interns to develop informational fact sheets for the public.</i> 3. Maintain a vigorous, informative Web site. <ul style="list-style-type: none"> <i>July 2003: Materials for public meetings, including board meetings and most committee meetings placed on Web site for downloading by the public.</i> <i>August 2003: New staff person assigned to revamp Web site, who completes Web site development training</i> <i>September 2003: Board completes pilot testing for integration of enforcement information into license verification portion of Web site. The board will add this look-up feature before January 1, 2004.</i> <i>October 2003: SB 361 enacted which will authorize verification of licensure when info is downloaded from the board's Web site.</i> <i>November 2003: Board adds information regarding new exam procedures and requirements to applicants for a pharmacist license</i> <i>December 2003: Enforcement status data undergoes pilot testing before full implementation and activation into license verification section of Web site.</i> <i>Address of records of board licensees added to Web site</i>

	<p><i>January 2004: Board updates Pharmacy Law and Index to reflect new laws. New pharmacy technician form placed online</i></p> <p><i>February 2004: Security printer applications and instructions placed online. Emergency contraception fact sheets in 10 languages now available online</i></p> <p><i>March 2004: Material explaining new prescribing and dispensing requirements for controlled substances placed online. California pharmacist examination Candidates' Handbook placed online. Sample test questions also developed and placed online. <u>The Script</u> March 2004 added to Web site. Legislative analyses on bills affecting the practice of pharmacy or the board's jurisdiction placed online.</i></p> <p><i>April 2004: Information about preventing fraud for those who are planning the purchase of Medicare Drug Discount Cards developed and put online.</i></p> <p>4. Sponsor "Hot Topics" seminars to the public.</p> <p><i>July 2003: This series, sponsored by UCSF, the Department of Consumer Affairs and the board, concluded in May 2003. All parties are interested in resuming this project if staff are available to coordinate.</i></p> <p><i>The first of consumer fact sheets developed from this series is drafted for board review by the Department of Consumer Affairs.</i></p>
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Objective 4.2:	Develop 10 communication venues to licensees by June 30, 2005.
Measure:	Number of communication venues developed to licensees
Tasks:	<p>1. Publish <i>The Script</i> two times annually.</p> <p><i>October 2003: The Script is published and mailed to all pharmacies. CPhA's Education Foundation will print and mail the newsletter to all California pharmacists</i></p> <p><i>November 2003: CPhA's Education Foundation mails October The Script to all pharmacists.</i></p> <p><i>January 2004: Articles for the next issue of The Script are completed and sent for legal review.</i></p> <p><i>March 2004: The Script is published and mailed to all California pharmacies.</i></p> <p><i>April 2004: The March issue is provided to CPhA's Pharmacy Foundation of California for printing and mailing copies to California pharmacists.</i></p> <p><i>Board begins contract solicitation for future issues.</i></p> <p>2. Publish one <i>Health Notes</i> annually.</p> <p><i>September 2003: Discussions begin to coordinate a major revision to "Pain Management" Health Notes, updating treatment information as well as new requirements for prescribing and dispensing controlled drugs in California enacted by SB 151, which will take effect in a series of stages throughout 2004.</i></p> <p><i>November 2003: Authors for "Pain Management" selected and commit to writing articles, which are due in late January.</i></p> <p><i>February – April 2004: board receives and edits articles from authors.</i></p>

3. Develop board-sponsored continuing education programs in pharmacy law and coordinate presentation at local and annual professional association meetings throughout California.
- July 2003: Board presents Powerpoint continuing education program to 35 MediCal staff in Los Angeles and 60 pharmacists at local association meeting in Santa Barbara.*
- September 2003: presentation to 40 pharmacists at the Long-Term Care Academy .
Board Member Jones attends the Indian Pharmacist Association Meeting*
- October 2003: Presentation and information booth provided at CSHP's Seminar 2003*
- December 2003: Board provides continuing education to 80 pharmacists at Coachella Valley local association*
- January 2004: Board provides compounding pharmacy information to 25 health directors of large hospital chain in U.S.
Board presents information on new prescribing and dispensing requirements for controlled drugs to 15 investigators at a FBI Drug Diversion Meeting.
Board develops Powerpoint presentation on new prescribing and dispensing requirements for controlled drugs, and revises its Powerpoint CE program on the board and pharmacy law.*
- February 2004: Board presentation to 125 pharmacists and students at USC's School of Pharmacy, and later in the month new pharmacy law changes presented to 125 students at UCSF's School of Pharmacy.
Board CE presentation provided to Circle of Advisors Meeting of the Pharmacy Access Partnership
Presentation of new controlled substances requirements provided to San Francisco Health Plan P & T Committee.*
- March 2004: Board CE presentation provided to 125 students at UCSF
Presentation of new controlled substances requirements to 60 members of California Coalition for Compassionate Care "train the trainers" meeting, to 60 members of the Northern California Pain Coalition meeting, the Medical Board of California's complaint handlers, and to groups of physicians in two events.
Presentation on quality assurance programs provided to the San Diego Association for Healthcare Risk Management.*
4. Maintain important and timely licensee information on Web site.
- July 2003: All information packets for public meetings of the board placed on Web site in addition to agendas*
- October 2003: The October 2003 The Script added to Web site*
- November 2003: The board places information about new pharmacist licensure examinations on Web site*
- January 2004: Web page modified to make it easier to find pharmacist licensure examination information
Licensure verifications can be performed by printing license verification information from the Web site, eliminating need to*

	<p><i>obtain this directly from board</i></p> <p><i>Board updates Pharmacy Law and Index to reflect new laws.</i></p> <p><i>New pharmacy technician form placed online</i></p> <p><i>February 2004: Security printer applications and instructions placed online. Emergency contraception fact sheets in 10 languages now available online</i></p> <p><i>March 2004: Material explaining new prescribing and dispensing requirements for controlled substances placed online.</i></p> <p><i>California pharmacist examination Candidates' Handbook placed online. Sample test questions also developed and placed online. <u>The Script</u> March 2004 added to Web site.</i></p> <p><i>Legislative analyses on bills affecting the practice of pharmacy or the board's jurisdiction placed online.</i></p>
Objective 4.3:	Participate in 20 forums, conferences and public education events by June 30, 2005.
Measure:	Number of forums participated
Tasks:	<p>1. Participate in forums, conferences and educational fairs.</p> <p><i>August 2003: Board staffs an information booth at Sacramento's Consumer Health Fair, co-hosted by Kaiser, AARP, Area 4 Agency on Aging and Congressman Matsui:</i></p> <p><i>September 2003: Board President Jones attends NABP's District VII and VIII annual meeting</i></p> <p><i>October 2003: Board staffs an information booth at CSHP Seminar 2003</i></p> <p><i>Board staffs an information booth at Los Angeles County Health Fair and Senior Festival, over 2,000 people attend.</i></p> <p><i>Board staffs an information booth at Sacramento's Healthy Aging Summit</i></p> <p><i>January 2004: Board staffs an information booth at CPhA's Outlook 2004. Board presentations include information on new pharmacy law, board operations and new examination requirements.</i></p>
Objective 4.4:	Respond to 100 percent of information requests from governmental agencies regarding board programs and activities.
Measure:	Percentage response to information requests from governmental agencies
Tasks:	<p>1. By June 1, 2004, submit report to Legislature on statutory requirements for remedial education after four failed attempts on the California pharmacist exam.</p> <p><i>April 2004: Draft report provided to board members at April Board Meeting</i></p> <p>2. Provide information to legislators regarding board implementation of statutory requirements.</p> <p>3. Provide agency statistical data information to the department.</p> <p><i>Sept. 2003: Board submits data to department as required.</i></p> <p><i>Nov. 2003: Board provides information to department on impact of budget reductions in terms of funding and staff in response to</i></p>

	<p style="text-align: center;"><i>request from Senate Business and Professions Committee</i></p> <ol style="list-style-type: none"> 4. Board provides information to department on the Bilingual Services Program Survey due September 15, 2003. <i>September 2003: data provided</i> <i>January 2004: All staff collect data for survey of public contacts by the language of the individual</i> 5. Department of Consumer Affairs, Internal Audit of the Board released March 2003 as part of Sunset Review <i>October 2003: Board compiles 180-day post audit report to the department</i> <i>March 2004: Board compiles 360-day post audit report to the department</i> 6. Software Inventory Report of all software in use by Board of Pharmacy <i>December 2003: Board compiles this massive and detailed report</i> 7. Regulation Summary Report of all regulations enacted from 1999-2003, pursuant to Executive Order S-2-03 <i>January 2004: Report compiled and submitted timely</i> 8. Review of board operations, procedures, procedure manuals, applications, publications, etc., for underground regulations pursuant to Executive Order S-2-03 <i>January 2004: Report compiled and submitted timely</i> 9. Board meets with delegation from China Zhejiang Provincial Drug Administration at request of this agency in December 2003 10. Board compiles self-evaluation and transition plan report on services and procedures for equal access for employees, applicants to assure no policies discriminate against persons with disabilities and the public 11. Report backlogs and impacts of staffing and budget reductions on work load <i>Sept. 2003: Report compiled and submitted</i> <i>Nov. 2003: Report compiled and submitted</i> <i>February 2004: Report compiled and submitted</i> <i>March 2004: Report compiled and submitted</i> <i>April: Report compiled and submitted.</i>
Objective 4.5	Respond to 100 percent of public information requests regarding board programs and activities.
Measure:	Percentage response to information requests from the public
Tasks:	<ol style="list-style-type: none"> 1. Respond to public information requests. <i>July – Oct. 2003: the board received 340 public inquiries and four subpoenas. Nearly 80 percent of the public inquiries were responded to within 10 days, and all four of the subpoenas were responded to within required timeframes.</i> <i>Oct. – Dec. 2003: the board received to 253 public inquiries and three subpoenas. Nearly 65 percent of the public inquiries were responded to within 10 days, and all three of the subpoenas were responded to within required timeframes.</i> <i>Jan – March 2004: the board received 87 public inquiries, four subpoenas and 245 written license verifications. Nearly 72</i>

	<p><i>percent of the public inquiries were responded to within 10 days, all subpoenas were responded to within five days, and 77 percent of the license verifications were performed within 10 days.</i></p>
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